

THE
BRITISH MEDICAL JOURNAL,

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED FOR THE ASSOCIATION BY

WILLIAM O. MARKHAM, M.D.,

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BRITISH MEDICAL JOURNAL:

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EDITED BY DR. MARKHAM.

LONDON: SATURDAY, JANUARY 7, 1865.

Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

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PHYSIOLOGY AND PATHOLOGY AT CHARING CROSS
HOSPITAL MEDICAL SCHOOL; AND ASSISTANT-
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LECTURE IX.—ON ŒSOPHAGEAL DYSPHAGIA.

Narrative of Case. Analysis of Symptoms. Serial Examination of the Alternatives of the Diagnosis. Prognosis. Treatment:—Feeding; Indications of Local Treatment; Importance of avoiding Mechanical Interference.

GENTLEMEN,—Some short time ago, we had an opportunity of observing some cases of what I call tracheal dysphagia—difficulty of swallowing depending on inflammation of the mucous membrane of the windpipe—and I made them the subject of a lecture to you. I wish to-day to offer you some remarks on a case of dysphagia very different from these, which illustrates very well the principles of the diagnosis of these cases, and which is interesting to us not only intrinsically, but from the strong contrast which it offers, both in the symptoms and the prognosis, to the cases which were the subject of my former lecture:—those cases were transient, this is permanent; those were functional, this is organic; those were affections of a respiratory organ, this of an alimentary; those patients all recovered, this man will die.

Henry Norris, aged 50, by occupation a commercial traveller, temperate in his habits, had venereal disease twenty years ago. Up to April of this year, 1864, his health was perfectly good; at that date he suffered from what he calls scurvy—purpura of the legs (which were all the colours of the rainbow, especially purple), profuse epistaxis, and bleeding from the month, throat, and gums, which were very tender; the gums, he says, came entirely away from the teeth. In this condition he entered one of our Metropolitan hospitals, and was under treatment for five weeks, when he left free from all his symptoms. His doctors attributed them to want of vegetable food, and the man himself thinks that want of nourishment, and general privation, may have had a great deal to do with producing them.

Previous to leaving the hospital, now eight or nine weeks ago, he called the attention of the physician who was treating him for the scurvy to a pain that he experienced on swallowing, which he then felt for the first time in his life. It was situated then, and has

been ever since, beneath the lower part of the sternum, and was felt as each mouthful passed or reached the spot, and only then. On making oral and pharyngeal deglutition there was no pain, and a distinct interval elapsed before the pain was felt; moreover as soon as the mouthful of food had passed the spot the pain ceased, and he would feel no more of it; so that he experienced at a meal as many independent attacks of pain as he swallowed mouthfuls, and as soon as the meal was over was perfectly free from pain. He describes the pain "as if there was a dreadful sore place, and something hard was pressing on the raw skin; as if it was tearing his flesh from him." At that time it did not shoot through to the back, but for the last few days it has. I said just now the pain was felt as each mouthful "passed or reached" the spot, and I said "passed or reached" because sometimes it reached it without passing it, but came up again into the month, generally immediately, one mouthful coming up before the next was swallowed; sometimes, however, a mouthful, or even two, or three, or four, one after another, would stop and lodge at the painful part, and then all come up together. He knew when this was taking place from the continuity of the pain, which was not in this case transitory as when the food passed, or was returned at once. Whether the pain was as severe when he first felt it as it has been since, he cannot remember, but he is sure that within three or four days of its commencement it was extremely severe—as bad, he thinks, as it has been since. He felt it most at breakfast (and so indeed he does now), and it is at breakfast that the food stops and comes back again most. He will sit down to his breakfast feeling perfectly well, with only a slight sensation, as of indigestion, beneath the bottom of the sternum, and commence eating, but the moment the first mouthful reaches the part affected the pain is felt in all its severity, and the mouthful probably comes up. He swallows another and that comes up, and another and that comes up, and so on. At first, after a certain number of mouthfuls had thus come up in succession, sometimes as few as six mouthfuls, he would suddenly swallow perfectly easily, without any pain, and with no return of food. Sometimes, however, it would be a dozen or twenty mouthfuls that would thus return, and on one occasion as much as two whole pieces of toast thus came up in successive mouthfuls, and after that the swallowing was perfectly easy, and he made a hearty breakfast. Of late, however, for the last five or six weeks, the pain has been so great and the return of the food so uniform, that after persevering in swallowing for some time he has given it up in despair, and abandoned his meal. At the first part of the case, when the commencement only of breakfast was painful, the subsequent meals, dinner and tea, would be free from pain, and have no return of food; of late, however, the subsequent meals have been nearly as bad as the breakfast, but never quite. Thus, it was the first meal of the day that was the worst, and the first part of each meal. On the whole it is clear that the state of things has been getting progressively worse, and for the last four or five weeks he has hardly got any solid down.

As a result of this he is rapidly getting weaker, and is now extremely feeble and thin. In dressing in the morning he is obliged to sit down and rest himself, and in walking is often compelled to sit on a doorstep. The slightest exertion makes him break into a perspiration. He is constantly hungry though he dares not eat.

As he sits by me, while I am taking notes of his case, I hear from time to time—every three or four minutes—a peculiar glutching noise, which seems neither so high as the throat nor so low as the stomach; he says it is quite involuntary, and that he frequently notices it, and that when it occurs, it is a warning to him that the passage is free. He refers the sensation that accompanies it to the sternum.

On seeing him for the first time, among the out-patients, I introduced a probang which I passed down three or four inches into the œsophagus, and then I could get it no further, whether from some obstructing material, or from the resistance of the œsophagus itself, I cannot tell; but the œsophagus gripped the sponge so firmly that I had great difficulty in getting it back again. It evidently caused the patient great distress, and the pain it produced lasted for some minutes afterwards.

On the day before he saw me, he brought up, for the first time, a piece of blood, in the form of a clot, as big as the end of his finger. On the morning of the next day (the day that I saw him) when washing, as he stooped his head to the basin, a still larger piece came into his mouth, black and clotted like the other. In the evening of the same day, a much larger piece came up, in the form of a cylindrical clot, as long as his middle finger, and about the same size, and I think there can be no doubt that it was moulded in the œsophagus. Whether it was the result of the violence done to the œsophagus in introducing the probang, I cannot tell; the man himself thinks it was.

On Tuesday, October 25th, three days after the above notes were taken, this patient was admitted, as an in-patient, into the hospital. I placed him immediately upon a liquid diet, to see what the effect of that would be, and the result was that he got nearly the whole of it down. I gave him in the course of the day two extra pints of milk, four eggs beaten up with it, beef-tea, and a custard. Some portions of it were returned, but the chief part passed, and, as a consequence, the man decidedly gained strength. Before, on a solid food, he was starving—now, on a liquid food, he was fairly nourished. On the day that he was admitted, a small clot of blood was raised: three days afterwards, a considerable clot of the old shape rose into the mouth and was expectorated, and the next day another was shewn me. This was on Saturday, October 29th; and, as the patient was shewing it to me, he remarked that he was sure he had another on his chest, for he could feel it there. I had not left the ward a minute, before I was called back to see a large clot, of the same shape as before, and about three inches long, that had just come up. With the view of stopping the bleeding, I then ordered him five minims of dilute sulphuric acid and twenty grains of kino powder, in a teaspoonful of mucilage, to be swallowed every four hours. From that time to this, now twelve days, no blood has appeared.

For the first four or five days, our patient swallowed, as I have mentioned, wonderfully better, apparently in consequence of taking nothing but liquid food, and, as a result, daily gained strength and improved in appearance; but for the last week the swallowing has been gradually getting back into the old condition—less and less has been got down, and now hardly anything passes, although nothing is

attempted to be swallowed but fluids. There is, however, the same irregularity in this respect as there has been all along; and last night, after every previous meal in the day had, mouthful by mouthful, been returned, he swallowed a basin of arrowroot perfectly well, without the slightest pain or the slightest obstruction.

For the last four or five days, he has experienced a constant pain in the back, just between his scapulae, corresponding to the spaces of the sixth and seventh dorsal vertebrae. He is decidedly losing strength day by day, and is much weaker than he was ten days ago.

Such, then, is the history of this case up to the present time. To-morrow, the man, by his own wish, leaves the hospital; and I was anxious, before he went, to make some observations upon his symptoms: for in many points they are highly interesting and instructive.

The four principal symptoms which we find are:

- a. Pain on taking food, of a particular kind, at a particular place, and occurring at a particular time.
- b. Obstruction to the passage of food.
- c. Return of the food into the mouth after having been swallowed, and without vomiting.
- d. Hæmorrhage—the raising of clots of blood of a particular shape, without vomiting, and without cough.

Now, let us see if, out of these four symptoms, we can construct a diagnosis. It is in relation to diagnosis that the case is chiefly interesting; it affords a very good example of the way in which symptoms are mutually corrective; of the way in which they eliminate, one by one, the alternatives that suggest themselves, and contribute, each its mite, to the construction of the only true and tenable hypothesis.

Our first impression on seeing this man among the out-patients was that he was suffering from ulcer of the stomach. The symptoms that he complained of were—pain on taking food, the pain coming on immediately on taking the food; return of food; and the bringing up of blood, evidently not coming from the lungs. If one were asked what were the most suggestive symptoms of ulcer of the stomach, one would probably mention these four. And it is evident that the physicians of ——— Hospital, under whose care he was, men of great ability and one of them having a special reputation for a class of diseases under which this man's case would fall, were under the impression that his trouble was gastric; for one of them ordered him a mixture containing rhubarb, and the other added to this bismuth. A very slight extension of our inquiry, however, sufficed to show us that this could not be the case. The circumstance that corrected this impression was, that each mouthful the moment after it was swallowed caused an individual access of pain, and that the pain was transitory—the end of the swallowing of the meal being the end of his sufferings, and the digestion of it, from its very commencement, unattended by any pain whatever. I do not mean to say that it is absolutely certain that these features of the pain shew that the seat of it *must* have been in the œsophagus and *could not* have been in the stomach: for it is just possible to conceive that a gastric ulcer just within the œsophageal orifice might give rise to a momentary pain as each mouthful, passing over it, entered the stomach, and

that at the same time it might be sufficiently out of the way not to be irritated by the general contents of the stomach during digestion. But if it is possible to entertain such an hypothesis, the supposition is immediately corrected by another circumstance, and that is, that the individual mouthfuls were returned again to the mouth without any act of vomiting. Now, if the food had entered the stomach, it must have been returned *by* the stomach—in other words, by an act of vomiting; but this, in fact, never occurred—the man never *did* vomit. It is clear, then, that the food never reached the stomach; and if it never reached the stomach, the seat of the pain that it caused could not have been *in* the stomach.

But there was another circumstance that the subsequent history of the case furnished, that to my mind clearly shewed that the mischief was oesophageal, and that is, the shape of the clots of blood that were from time to time raised. These were cylindrical and all alike, of just such a shape as one can imagine moulded in the oesophagus, and not such a shape as one can imagine moulded in the stomach. They were all of the same calibre, though not of the same length; and on looking at them, one could not resist the impression that they were moulded in a tube. Now, if these clots were formed in the oesophagus, the question of the seat of the disease is settled; for they not only shew where the blood was poured out, but, I think also, that there existed below the point in the oesophagus where the blood was effused such an obstruction as prevented it from passing down at once into the stomach.

The disease, then, having been determined to be oesophageal, what was it? Was it simple spasmodic stricture? Was the obstruction due to some pressure from without? Was it simple organic stricture, such as that which results from the slow contraction of old cicatrix? Was it due to aortic aneurism? Was it ulceration of some kind? and if so, what?

Let us now take these different hypotheses in succession, and test them by the symptoms, and see how they respectively bear the examination.

1. Was it simple spasmodic stricture? This hypothesis would be perfectly consistent with the pain, with the obstruction, and with the return of the food; but there is one symptom that it would not be consistent with, and that is the hæmorrhage. You may have spasmodic stricture *with* hæmorrhage, but you must have something *more* than spasmodic stricture.

2. Was it due to pressure of something from without, as of a tumour in the posterior mediastinum? Against this hypothesis would be ranged, not only the hæmorrhage, but the intermittent character of the symptoms—their severity at one time and absence at another. Such a cause as external pressure is what mathematicians would call “a constant”, and therefore cannot give rise to an inconstant result. There was, moreover, the negative evidence of an entire absence of all the signs of tumour.

3. Against the supposition of simple organic stricture, without any lesion beyond the organic narrowing—such a narrowing as would be the slow and gradual result of swallowing some corrosive poison, such as vitriol or caustic alkali—I think the objections are almost equally strong. Unless such organic stricture were very slight, and largely suppl-

mented by spasmodic contraction, it would not be compatible with the occasional almost perfect freedom of deglutition; moreover, we should be here again met with the difficulty of the blood.

4. Was it aneurism? This was the first thing I thought of after I gave up the idea of ulcer of the stomach, and I think it is that which would be suggested, and reasonably so, to any one examining such a case as this. Indeed, I think one might broadly state that dysphagia, apparently organic and attended with considerable bleeding into the oesophagus, would point rather to aneurism than to anything else. At any rate, aneurism was what we did think of, and what we tried to find evidence of. But beyond the dysphagia and the blood, there was nothing to support it. There was no aneurismal *bruit*, no impulse, no percussion-dulness, no dyspnoea, no aneurismal cough, no stridor of voice or aphonia, no inequality of pulse or of pupil. The question then is, whether the symptoms present, in spite of all this negative evidence, were sufficient to prove the existence of aneurism. There can be no doubt, I think, that they were not. And besides, there are these two points, which the subsequent history of the case developed, dead against the aneurism hypothesis—one, that if the bleeding had been aneurismal, it would not have attained the extent that it did without having attained a much greater extent, would not have ceased, as it apparently has, but would probably have speedily become profuse, ungovernable, and fatal; the other, that it would not have yielded to the treatment to which it apparently did yield—the kino and sulphuric acid. You will remember that from the day the man took these styptics the bleeding ceased, although continuing freely up to that time.

5. We come now to the only remaining supposition that the symptoms were due to some organic intraoesophageal lesion, producing at once obstruction and hæmorrhage—obstruction compatible with occasional freedom of passage, and intermittent hæmorrhage. If we suppose, in addition to this, that the organic disease produced occasional spasmodic stricture, or that it was of such a nature as occasionally to block the passage and occasionally not, and that it has been gradually increasing since it first gave signs of its existence, I think we shall have arrived at a diagnosis that will cover all the symptoms, and satisfy all the demands of the clinical history. The point in the history of the case that seems the least compatible with organic disease, is the freedom with which swallowing would be performed at one time and impassably obstructed at another. There appear to me to be two ways in which this might be explained: one, that although organic disease was present, as shewn by the blood and other circumstances, yet the principal obstruction was caused by spasmodic contraction of the oesophagus; the other, that the organic lesion was of such a nature as, by some plug or valve-like condition, at one time to obstruct the passage, and at another time not—that the intraoesophageal growth, for example, might either be pressed against the side of the oesophagus and so allow the food to pass freely, or else be driven forward into the cavity of the tube and so offer a bar to its further progress.

Without saying that the oesophagus did not spasmodically contract, I am inclined to adopt the latter of these suppositions; for one can hardly

imagine spasmodic stricture existing in full force up to some particular mouthful in a meal, and then suddenly ceasing for the rest of the meal; it seems far more reasonable to suppose that this sudden change was of a mechanical nature.

The *prognosis* of such a case is involved in the diagnosis, and is necessarily unfavourable. Organic disease of the œsophagus of such a nature as I have supposed is more likely to be malignant than not. The further increase of the disease, which has already made swallowing almost impossible, will, by and by, make it quite impossible—everything will be returned, and the man will die starved. It is possible that, before the fatal event, other symptoms may shew themselves, dependent on the extension of the disease to contiguous parts, or on the more complete destruction of the œsophageal wall. For example, the extension of the ulceration may establish a communication between the œsophagus and the windpipe, and each mouthful swallowed may be coughed up through the glottis, as happened in an interesting case which occurred in my late father's practice many years ago; or the pneumogastric nerves may be involved in the disease, or other complications may occur.

As for the *treatment* of such a case as this, there is not very much to be done. Independent of the organic nature of the affection, its very situation interposes great difficulty in its treatment; there are, however, one or two points worth mentioning.

Perhaps the most important part of the management of such cases is the *feeding* of them. The direction in which death is threatened is by inanition: the prolongation of life, therefore (which is the thing the physician always aims at when the cure of disease is impossible), is best secured, and this catastrophe longest averted, by giving the patient such a food, no matter what it may be, as he can best swallow. We saw that this man, although starving on solids, became very fairly nourished when fed exclusively on liquids. By such a method of feeding, a great deal of strength may be regained, and the patient's life considerably prolonged. When the swallowing of liquids is impossible, nothing remains but to administer nutrient enemata.

The only *direct* treatment that can be of service in such a case must manifestly be local—no general treatment could possibly be of service in organic lesion of this nature. Now, there is a special difficulty in treating disease of the œsophagus *locally*. You may easily treat locally any part where there is naturally a delay of that which is applied to it, or is introduced into it. You may treat the mouth locally, you may treat the stomach locally, you may treat the rectum locally, you may, by inhalation, treat the air-passages locally; but to treat locally a part which merely transmits is very difficult—next to impossible. If you administer anything in any considerable quantity, it simply passes on. The only way to obviate this difficulty is to give the remedy in a quantity so small that it shall reach, and only *just* reach, the affected part, and not be passed beyond it. This is what I endeavoured to do; moreover, I endeavour to give it of such consistence as would be likely to adhere to the surface over which it passed. The limitation of quantity has, however, the disadvantage of limiting the dose of the remedy: for the application must not be stronger or more concentrated than the mouth will bear. This is why I was only able to give five minims of the sul-

phuric acid in the kino and mucilage I administered to arrest the hæmorrhage; for the quantity being, for the reason I have mentioned, limited to a teaspoonful, the amount of acid was also necessarily limited, or else it would have been too strong to have been comfortably swallowed. Five minims to the teaspoonful is forty minims to the fluid-ounce, and that, I think, is quite strong enough.

The objects to be aimed at in the local treatment of such cases are—the arrest of hæmorrhage and the diminution of the sensibility and irritability of the part. The former I endeavoured to achieve, and apparently *did* achieve, by the compound kino powder and acid in mucilage; the latter I succeeded in a great degree in compassing by a bolus of conium and hyoscyamus with a little opium. I must say, with regard to this last, that the disease itself made a local treatment possible that would otherwise have been very difficult, for the bolus was delayed, as I thought it would be, at the diseased part, and was gradually dissolved there, and exercised on it its full sedative influence. This was shewn by the fact that, after the bolus had been swallowed some hours, dissolved particles of it would rise to the mouth.

In conclusion, I have only one word to say in the way of warning: be very careful how you make exploratory examinations in such cases; be very chary of thrusting down probangs, or attempting to feed by the stomach-pump. The chance of getting additional information may be dearly purchased. In this case, the use of the probang appeared to be followed by an increase of the bleeding. But far worse than this might have happened—the instrument introduced might have been passed through the diseased wall of the œsophagus into the windpipe. This is no doubt what would have happened in the case that I have already referred to, that occurred in my father's practice; and this is what actually *has* happened. Nay, more than this, in attempting to feed with the stomach-pump a patient suffering from organic disease of the œsophagus, a surgeon has pumped a basin of gruel into his lungs, and killed him then and there. I say, then, beware of meddling too much with such cases in the way of exploration.

BUST TO DR. CORRIGAN. On the retirement of Dr. Corrigan from the office of President of the King and Queen's College of Physicians, it was resolved, at a meeting of the College, that a portrait of him, to be provided for out of the corporate funds, should be placed in the hall of the College, with a suitable inscription. It was further resolved, that a subscription should be inaugurated amongst the Fellows and Licentiates for the execution of a bust of Dr. Corrigan in marble. This movement was at first strictly confined to the members of the College, from whom, within a very short period, a sum considerably larger than would be required for a bust was procured. It was subsequently intimated that a very general desire existed on the part of the profession, as well as of the public, to contribute to this testimonial. The Honorary Secretary has been, therefore, authorised to receive the subscriptions of all persons who may desire to contribute, with the view of substituting for the bust originally contemplated, a marble statue by Mr. Foley, R.A., to be placed in the hall of the College, along with that of the late Sir Henry Marsh. Subscriptions may be forwarded to Dr. Lyons, 8, Merrion Square West, Dublin.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

HULL GENERAL INFIRMARY.

TUMOUR OF THYROID GLAND: TRACHEOTOMY: DEATH.

Under the care of K. KING, M.D.

DAVID BLACKBURN, aged 22, was admitted Oct. 12th, 1864. In front of the trachea, and connected apparently with the isthmus of the thyroid gland, was a prominent swelling as large as a hen's egg, which moved during deglutition, and was not painful, the skin covering it being quite natural. There was also considerable fulness of the lateral lobes of the thyroid, most marked on the right side. Breathing was very difficult, prolonged, and stridulous; and the patient spoke and coughed with difficulty, the cough having also a croupal character. In other respects, he was quite well. The swelling had been gradually coming on for three years. He was ordered to take five grains of iodide of potassium three times a day.

Oct. 22nd. There was no improvement. Ointment of biniodide of mercury was ordered to be applied occasionally.

Nov. 2nd. Breathing was more impeded; the lips were quite dusky; and he lay with his head thrown back. The skin of the neck was very sore, from the application of the ointment.

Nov. 5th. He was now much improved again, and quite as well as when admitted.

Nov. 12th, 10 P.M. During the last few hours, he became considerably worse, and he now drew his breath with great difficulty.

Nov. 13th, 2 A.M. He was becoming quite livid and insensible. An incision was made in the mesial line over the tumour, which was removed, and proved quite distinct from the thyroid gland; it was globular in form, and had a firm fibrous covering. The trachea was thus left freely exposed, but lying at the bottom of a deep wound. There was free hæmorrhage from the vessels which supplied the tumour; and these were tied *en masse* by a double ligature passed through them. The breathing seemed somewhat relieved by this, though still stridulous; but, after waiting two hours, as there was still great lividity and a failing pulse, an incision was made into the trachea, and a large tube inserted.

After this, he improved, and soon breathed with more ease than he had done for months; his pulse recovered itself, and he took milk and brandy freely.

Nov. 14th. Some muco-purulent and bloody matter was expectorated through the tube. Breathing was tolerably easy, and the pulse good. Milk and brandy were taken freely; and beef-tea was given as an injection.

Nov. 15th. Breathing was much more difficult all the early morning, and a great deal of muco-purulent matter was ejected. He continued to become worse, and died at 9 A.M.

AUTOPSY. The thyroid gland was apparently much enlarged, each lateral lobe being about five inches in length, and marked out into lobules on the surface. On section, the mass was seen to consist of separate cysts and solid tumours, varying in size from a nut

to a walnut; the contents of the cysts varied from a black treacly fluid to a clearer gelatinous fluid, and the solid tumours approached to soft cancer in appearance. Besides and behind these was the true substance of the thyroid gland, proportionally very small. The separate tumour, which was removed, had all the characters of the tumour just described, but was anatomically quite distinct from it. The trachea and larger bronchi were quite filled with muco-purulent fluid, which welled up from the divided bronchi when the lung-tissue was compressed. Several microscopists examined the tumours, but could not find evidence of malignancy.

FRACTURED RIBS: GENERAL EMPHYSEMA: RECOVERY.

Under the care of K. KING, M.D.

Peter Murphy, aged 51, was admitted August 8th, at 3 P.M. He was a stoutly built man, having a bloated appearance, the face and trunk being much swollen, and crepitating all over on pressure. The face was congested; the lips dusky; he had two black eyes, and numerous bruises. His breathing was short, but not much distressed, as he was able to walk upstairs; he had a constant short cough, but very little expectoration, and that a clear mucus; pulse 76, feeble. Two days previously, he had been beaten by some fellow labourers, when he had some ribs fractured, and soon afterwards began to swell and suffer from shortness of breath; but he had no spitting of blood.

7 P.M. The swelling had increased, and his breathing was very hurried and shallow; complexion more livid; and pulse feeble. Five incisions, about an inch long, were made into the cellular tissue over the front of the chest; air rushed out with a hissing noise, and he was soon much relieved in every respect. He was ordered to take a fourth of a grain of tartarised antimony every four hours.

Aug. 9th, 2 A.M. He was very much distressed, and unable to lie down; breathing with great difficulty; the emphysema and lividity had again increased. Three more incisions were made, and the others enlarged.

8 A.M. The skin was less tense, but crepitated everywhere, even down to the fingers. His breathing was easier; there was still much congestion; pulse 70, with more power. The mixture was omitted. He was ordered to have half a grain of calomel and a fourth of a grain of opium every four hours.

Aug. 10th. He was decidedly better; the skin was soft, but crepitating all over; breathing quiet; lips less congested. He could lie down, and had slept a little; there was scarcely any cough.

Aug. 13th. He was very comfortable. The crepitation was as marked over the trunk, but less so upon the extremities. The wounds were rather sloughy. He took his food, and slept pretty well.

Aug. 20th. The emphysema had altogether disappeared; but he had still some cough. A bandage was applied to the chest.

Sept. 2nd. He was discharged quite well.

GUNSHOT WOUND OF THE CHEST, FATAL.

Under the care of K. KING, M.D.

Jas. Layton, aged 22, was admitted November 22nd, at 9 A.M. One hour previously, whilst dragging a gun through a hedge by the muzzle, it went off, and the charge entered his chest. His flannel shirt was very bloody, and had a large hole in it; and a bandage had been applied round the chest by a surgeon before admission. On the right side, there was a ragged wound as large as a five-shilling piece over the cartilages of the seventh and eighth ribs, which

were fractured; and there was a hole admitting of the passage of two fingers into the pleural cavity, through which air passed audibly during respiration. There was very little hæmorrhage externally; and neither cough, nor hæmoptysis, nor emphysema. His breathing was hurried and catching, and his voice very feeble; pulse 120. No air entered the right lung in front; but some vesicular murmur was to be heard over the scapula. On examining the wound with the finger, a piece of costal cartilage, half an inch long, was felt loose, and removed; also several small pieces of lead and small shot, and some shreds of flannel shirt. The wound was then closed with hare-lip pins; and the side of the chest strapped, as for fractured ribs. He lay on his right side, and was very thirsty.

7 P.M. He had vomited three times during the last hour, but was much the same in other respects. He was ordered to take an effervescent draught occasionally.

11 P.M. He was considerably worse, and much distressed in his breathing, which was 80 in the minute. The pulse was 160, feeble, and rather irregular in force; the face much congested; lips slightly dusky. He had vomited again once. Ten ounces of blood, of a very dark colour, were drawn from the arm. This blanched the face, but did not produce marked faintness, though he was sitting up; and he expressed himself relieved.

12.30. He felt more comfortable as to his breathing, but it still numbered 80 respirations per minute; pulse 180.

2 A.M. The face was more dusky, and pulse feebler; and he was evidently worse. The lividity gradually increased, and he died at 5.30 A.M.

No post mortem examination was allowed.

COMPOUND COMMINUTED FRACTURE OF LEG, DISLOCATION OF FEMUR, AND FRACTURE OF ACROMION
PROCESS: RECOVERY.

Under the care of W. J. LUNN, M.D.

Benjamin Morton, aged 20, was admitted July 22nd, 1864. He was a railway navvy, and was engaged in making an embankment at Cherry Burton, when a mass of earth fell upon him,

The right tibia was fractured immediately above the ankle, and again two inches higher up; the fibula also was fractured two inches above the ankle; and there was a wound communicating with the fracture, from which there was some venous hæmorrhage, but no protrusion of bone. The left femur was dislocated, the head of the bone being on the foramen ovale; the limb was much elongated, everted, and incapable of adduction, but could be flexed upon the pelvis; the head of the bone was not to be felt at all, and the trochanter was two or three inches lower down than natural. There was also a transverse fracture of the left acromion process. He was a good deal depressed, and suffered much pain across the loins. A catheter was introduced, and half a pint of bloody urine drawn off.

The leg was first securely put up in a McIntyre's splint, and the dislocation of the thigh then reduced under chloroform. Extension by pulleys having been persisted in for some time, it was then suddenly discontinued, and the thigh was bent forcibly upon the trunk and towards the opposite side. After this had been repeated several times, the head of the bone passed with an audible snap into the ischiatic notch, leaving the limb considerably inverted, and capable of adduction, though still elongated. After this, the further reduction was easily effected.

He progressed rapidly, without a single bad symptom, and was discharged well on October 7th.

COMPOUND FRACTURE OF TIBIA AND FIBULA:
SECONDARY AMPUTATION: DEATH.

Under the care of W. J. LUNN, M.D.

Thos. Codd, aged 22, was admitted October 17th, with compound fracture of the left leg in its middle third. The wound was small; there was no protrusion of bone, and only slight hæmorrhage. He was walking up a plank into a cart, and carrying a sack of coals, when the plank tipped sideways, and he fell to the ground. He was a healthy man in appearance; but the heart's impulse was very excessive, and there was a loud systolic *bruit* at the apex—consequences of an attack of rheumatic fever ten years previously. The limb was put up with a McIntyre's iron splint.

Oct. 20th. There was much tension around the wound, which was painful and inflamed.

Oct. 22nd. Suppuration had set in, and the wound was increased in size by the formation of a small slough.

October 25th. He was feverish, with a dry tongue; and suffered a good deal of pain. The wound and parts near were much inflamed and sloughy. He was ordered to take an effervescent soda draught every four hours, and twenty-five minims of tincture of opium every night.

Oct. 31st. Considerable hæmorrhage had occurred from the wound, which was now filled with coagula.

Nov. 2nd. Hæmorrhage was still going on, and forcing out the coagula; but no bleeding vessel was to be seen.

Nov. 5th. Further hæmorrhage occurred. The wound was much extended in size by sloughing, caused by the pressure of the coagula. Pulse 120; tongue dry. He suffered much pain. Chloroform was given, and the leg was amputated below the knee. He bore the chloroform and operation well, and was not sick afterwards. The fracture was very oblique, and the ends of the bones were denuded of periosteum. The tissues around were sloughy, and infiltrated with pus.

Nov. 6th. He was still feverish, with a rapid and feeble pulse. Four ounces of wine were ordered.

Nov. 7th. The stump was dressed; the flaps were stuffed with coagula, but no blood was flowing.

Nov. 10th. Grumous pus was beginning to escape. There was no fresh hæmorrhage. The flaps were sloughy at the edges. Eight ounces of brandy were ordered.

Nov. 11th. The pulse was too feeble and rapid to be counted. The eyes were sunken. He retched frequently, and screamed and moaned a good deal. He was ordered to have soda-water, with five minims of tincture of opium every three hours.

Nov. 12th. He died at noon.

POST MORTEM EXAMINATION. The heart was hypertrophied, but not adherent to the pericardium. The mitral valve was much thickened, especially along the free borders, and contracted. There was no other visceral disease.

CERTIFICATES OF VACCINATION. It appears that the law, divested of its technicalities, is as follows. The registrar of births for the district, on the registering of the child, is to give to the parents a notice to have the child vaccinated within three months of its birth; when vaccination is successfully performed, the medical gentleman is in all cases to give a certificate of such successful vaccination to the parents, and to transmit a duplicate of the same forthwith to the registrar, who is to add the same to the register of birth.

Original Communications.

ON THE PHYSICS OF DISEASE, AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By BENJAMIN W. RICHARDSON, M.A., M.D., Senior
Physician to the Royal Infirmary for Diseases
of the Chest.

PREFATORY NOTE.

To the Members of the British Medical Association.

GENTLEMEN,—The following series of papers is based on a paper of which I had given notice to the Cambridge meeting, entitled “The Physical Pathology of the Blood”. Owing to the pressure of business at the meeting, the paper was only given in very brief abstract; but as many of my Fellow Associates have done me the honour to express a wish to see it *in extenso*, I have undertaken to send it to press in the columns of the JOURNAL, and have added some additional matter, which may, I trust, prove of interest. The object of the communication is to show the relationship that exists between physiology, in its more advanced form, and daily practice; and specially to simplify the structure of scientific medicine by indicating that disease, in however many types it may appear, is but one departure from a natural condition; that, in brief, as I expressed ten years ago: “Disease is an unity with a variety of phenomena; and the causes of disease are reducible to a few elementary forms.”* I shall endeavour to illustrate this more definitely than I have yet done; I shall try to show that life in its physical aspect—for I have nothing to do with metaphysics—is force developed through matter, and from that I shall strive to explain some of those changes—symptoms—diseases, if we must call them so—which follow when the expression of that force is disturbed, by reason of any change in the nutrition of the body or in the mechanism of the body. I shall thus embrace, and I think properly, under the head “physics”, every physiological act, whether that be the contraction of the heart, the circulation of blood, the oxygenation of the blood and tissues, secretion, or any other act which we are accustomed to connect with the thought of life.

Such is the outline of my plan; but ere it is opened let me crave the indulgence of the large, the critical and learned, audience to which the plan is submitted. The ground to be traversed is so new, the appearances it presents are so different to those that are left behind, and the course of description is so difficult, that every consideration must be asked with all due earnestness and confidence. I stand forth but as an explorer with one pair of eyes; and pretend not that my descriptions and inferences shall remain correct when the same objects as those upon which I have looked with the wonder of a little child who sees a new scene, shall have been investigated, dis-

cussed, and defined, by the many who follow with more ease, more knowledge, and more wisdom. I care not, in fact, if everything I say crumbles to the dust, should I succeed in drawing attention to the advanced work that is before the present generation of medical men. I have no dogmas to put forth, no opinions to offer beyond what facts support; and if I draw forth argument, why, then, as Julius Cæsar Scaliger hath it, “Sicut ignis lapidum collisione, ita ex disceptationibus elicitur veritas.”

CHAPTER I.

On Death or Temporary Inertia as the Extreme Form of Reduction of Animal Force, and on the Unity of the Process. On the Unity of Animal Force during Life, as mere Motion. On the Physical Origin of Animal Force or Motion.

ON DEATH.

When a man, or other animal, lies dead, the common voice of mankind, as if instinctively governed, expresses the fact in one reasoning sentence. You ask any number of persons why in their estimate they consider the man or the animal dead? The answer will be, “Because the body has ceased to move”; or, the involuntary movements having also ended, “Because the body has ceased to breathe.” It is a singular truth, and none the less a truth, that this common form of expression conveys, in what we now see to be the profoundest philosophy, the precise meaning of physical death; for death, in the physical aspect in which we are looking at it, is neither more nor less than temporary inertia, or cessation of motion. The force which kept the molecules of the body apart, and which enabled them to move freely on themselves, which enabled also certain of them to assume various mechanical forms and directions, is withdrawn; then the molecules, no longer separated, begin to come together, and the body not only is made powerless, but for a time rigid; and thus it remains until, by the setting up of new physical processes in which force is evolved, it is transformed into a new type of physical life.

But that which we designate as force is simple motion; it was motion that kept the molecules at true distance, that gave them flexibility, that limited their combinations with each other, and the cessation of which allowed them to come together, until the once flexible and tremulous tissues set like marble in one compact mass.

Do we want a visible demonstration of the influence of mere motion on organic particles, we have it in our hands. When the blood is in full and active motion through its vessels, before it reaches the extreme parts, the red corpuscles do not coalesce, but are held apart by the motion; we arrest that motion; we take a little of the moving blood, and let it lose motion on the microscope-slide; and the little particles, attracted by each other, at once come together and form rolls and columns. This is the effect of inertia, or death, of a drop of blood; but it carries with it the explanation of the whole physical phenomenon of death. Rigor mortis is the entirety of that process of which coalescence of blood-corpuscle is a part; it is molecular coalescence of all the body.

If we ask for a broader illustration, we have it in the very relation of our own bodies to the earth itself. By the force of gravitation, we are virtually chained to the earth; and we are enabled only to traverse its surface by the evolution of force, the motion that is evolved in us. Why is an emaciated man weak? He is coming under the influence of the earth, because he is not producing efficient motion. Why does

* See Introductory Chapter to *Journal of Public Health*, vol. i, page 2; January 1855.

a bleeding man faint and fall? He is losing motion, or resistance to gravitation; and the earth claims him. For the same reason that the gyroscope in motion does not fall, but at rest does fall, the man in full possession of motion stands erect and moves; and the man who has lost motion lies prostrate and is still. When a sick man says, "I am weak," he expresses what is little thought of, because it is so simple; he is telling, in his own words, that the earth is fixing him, drawing him to herself as to the natural home to which his body must return when the motion, or force that is antagonistic to gravitation and with which he is inspired, shall be withdrawn. Thus, the living man is constituted on the same principle as the planet on which he exists, and is to the planet what the planet is to the sun. The motion with which he is endowed is his centrifugal force, the attraction of the earth the centripetal. Between these he moves, in his cycle, until, his own motion failing, he falls into the earth, as the earth, did its motion fail, would fall into the sun.

The process of death is unity. All terms that tend to divide it into types are false, and lead away from the truth; it is simple breakage of that physico-chemical process through which motion is elicited. You may arrest the motion of a steam-engine by cutting off air from the furnace, or by taking away fuel from the surface; you may increase the force until you tear the machine to pieces; or you may work it until its parts fall out of gear; you may, *i.e.*, choke it, bleed it, tear it out, wear it out, but, in every case, you only do one of two things—you either destroy the force that moved the mechanism, or destroy the mechanism that was moved by the force. It is precisely the same with an animal, in a physical point of view; when an animal dies, it dies either because its force is not generated, or because the mechanism is unable to apply the force that is generated; in both cases, the phenomena observed is cessation of motion, with the earth, like a great magnet, seizing its prey when the motion is withdrawn.

Death is only to be considered perfect when all the molecules of the body come to rest; when but in one part or segment of the body the motion is suspended, we have local death, which we call disease; when the circulation, motion, is stopped effectually through a limb, and the limb putrefies, we see in the same body the two phenomena of life and death, *i.e.*, of motion and inertia; it is an experiment thus made, as it were, for us. I have seen the two phenomena in a more marked degree in cases of animals where the motion has been arrested by inhalation of nitrite of amyl. In these, I have seen the right heart beating when every other muscle was in rigor mortis.

ON THE UNITY OF THE ANIMAL FORCE AS MERE MOTION.

Various speculations have at different times been put forth as to the nature of the force by which the body is animated. We have heard of vital force, nerve force, heat or caloric, and electric force, and schools have actually been formed on these terms alone. The cause of difference has arisen from the fact that the so-called forces are but varied representations, real or assumed, of one force, which is simple motion. The term vital force is the mere expression for force resident in bodies that live; in no other sense has it any meaning. It were in truth as well to speak of the decomposition of a dead body as the mortal or dead force, as it is to speak of the movements of a living body as the vital or live force. To imagine that there is in animal bodies any physical force other than pertains to all else in nature is beyond reason superstitious and absurd. What moves

man moves the planet; and what moves the planet moves the sun; and what moves the sun moves all the infinite systems of suns and worlds in their courses. We cannot isolate an animal and break the immortal chain of life and being for the mere amusement of speculation about a special force in animals, as though an animal were not a part of the great whole of the universe, or as though a world in motion were not as much alive as a caterpillar or a moss. Impossible! We may then dismiss vital force as a human term to express the force, whatever that force may be, of an animal or vegetable body, because the force is shewn from or through the animal, not because it is itself specific and is not elsewhere.

We may dismiss the hypothesis of nerve-force on similar grounds; we might as well talk of blood-force or muscle-force as of nerve-force. It is true that force may be exhibited through nervous structure; but to isolate such force and say that it is specific or a peculiar force, is even worse than to speak of vital force in the same terms, because it is a more limited form of expression. When, however, we speak of heat-force, electric force, light-force, or pure mechanical force, we arrive at something more tangible, but we do not arrive at different forces; we meet only with one force—motion developing itself through matter, and seeming only to develop itself differently in its unity, because the matter through which it is developed is physically different. In the body we see motion in various forms. Primarily, in so far as the vegetative life is concerned, we have the motion eliminated by the oxidation of blood, which motion we call heat; again, we have motion eliminated through the nervous organism; next, we have it through light entering by the eye; and once more we have it as pure mechanical motion, in the vibrations of the tympanum when sound is produced, and in the excitation of the surfaces of the body, when the nerve filaments are set in action and sensation is produced. But when all these developments or representations of force are considered, they resolve themselves into mere motion, varying in intensity, it may be, but still the same. I breathe, I listen, I look, I feel. I move; the forces seem various, they are executed differently, but they are all simple motion. So by analogy, if I would set up a fire, I may proceed by different ways; I may take fire from fire—direct propagation; I may strike steel with flint—mechanical excitation; I may expose phosphorus in fine layer to the air—oxidation; I may set an electric machine to work and fire spirit, or drive a voltaic current through conducting substance, and produce a light on combination—electric chemistry; the acts are apparently different, the forces different, but they are all one and bring continuance of one phenomenon—motion.

It is out of character, therefore, to say that there are various forces in the body; but we may properly say that motion in the body is developed by modifications of process. At the same time these modifications are limited; for, excepting the mechanical vibration of the air on the ear, the mechanical entrance of light by the eye, and the mechanical influence of touch on the exposed surfaces, the motion of the body in all that pertains to its own power of action is through heat. It may be, that the motion which in all the soft parts of the body is manifested in the form of heat, is in the nervous centres and nervous system as a whole transformed into electric or thermo-electrical motion; but the precise source of the motion is unquestionably thermal, and it is certain that, unless through this process motion be universally diffused through the tissues, motion otherwise applied ceases to exert any local effect. Hence a frozen hand is indifferent to the most violent external excitation or mechanical motion; hence, although an electrical

current will pass readily enough through the nerves of frozen muscles and through frozen muscles, it fails to excite contraction in the absence of a thermal current. Heat is thus the sustaining motion of the organism; it holds all the active parts in such motion, that without undue waste they shall be ready under excitation or communication of new motion to act at once according to their functions. Heat, in other words, sustains the equilibrium of motion in animal bodies; it does not in the same direct manner as in the steam engine do everything, for, if it did, the body would cease to be self-regulating; but it keeps the body up to a given standard of motion and prepared for action. This reading of the value of heat-motion in the organism is of primary importance in the physics of disease.

The body thus prepared for action requires only for work extra motion, or, as the old men called it, "stimulus." It receives this from without and from within; from without in those external impressions wrought by light, sound, touch (all of which are motion); and from within by motion communicated from the nervous centres and cords; motion, which is itself derived from the combustion of the blood, and is therefore thermal in its origin.

Thus every stimulus is motion; motion communicated to parts ready to be set in motion. Just as an engine when prepared to start, by being charged with heat, waits only for the engineer to put on the pressure for its wheels to revolve and its movement to commence, so the body equally and similarly prepared moves, locally or generally, when new motion is communicated.

It was in failing to recognise the action of added motion, stimulus, that the theory of the *vis insita* of Haller fell short of the truth: Haller saw that in every muscle there was a certain standard of motion independent of nerve-stimulus: but he did not see that when by pricking a muscle he caused contraction, he was doing what the nerve normally did, communicating motion; and that, in fact, the movement he saw was nothing more than the propagation, or it might be said, the echo of the movement of his own hand; and not seeing this, he stopped short at the *vis insita*. On the other hand, the vibratory theory of Hartley failed, because it recognised nothing except the stimulus, or the motion from without. We have now more light; in truth, however we may differ as to the specific kind of motion in the healthy body, we hold demonstrative evidence of motion always present through heat, always universally diffused, and always passing from the body so as to be properly equalised. We hold also demonstrative evidence of motion as a stimulus, as derived from without and from within the organism.

OF THE PHYSICAL ORIGIN OF ANIMAL MOTION.

To endeavour to go back to the origin of animal motion would be to attempt the definition of a first cause. We might say that animal motion is derived from the motion of the earth, because, if the earth were to lose its two motions for the most infinitesimal period of time, all motion upon it would cease; or if its motions were quickened, all motion upon it would be proportionately increased. But admit so much, and thence the further argument: the earth derives its motion from the sun. But the sun has motion; and whence is that derived? Whence motion throughout all space? We must stop at the question. Without thinking, then, of the first cause of motion, we come to secondary causes—to those means by which the universal motion is conveyed through special parts, by which it develops itself through matter, or by which it is expended on matter; and in this field we have certain facts which are, I

had nearly said, sufficient for all that we would reasonably know. We find motion coming to us directly, as in light from the sun; we find motion coming to us indirectly, as in heat derived from the sun, but elicited through the earth; and we find motion that proceeds from combination of opposing conditions on a vast scale, as in electrical storms. But more: we have illustrations of secondary causes of motion in smaller details, as in the mechanical friction of bodies, and in chemical combinations. In the animal organism, we trace the origin of the motion by which its mere mechanism is animated, in the chemical union of oxygen with carbon. The union of the air and blood is precisely to the body what the mainspring is to the watch. From the union, motion results, and is universally communicated to the organic parts; nor can there be any inertia or death while that communication continues. In addition to this—the force of evolution—the body receives motion from without, and by that means it takes impressions and assumes reason. The first is essential to any manifestation of life; the second is supplementary to the higher development of life. Without the first, an animal could not be constructed; but without appreciating the second directly, the animal may live: it may neither take in light by the eye, sound by the ear, nor sensation by the touch, and yet it may live.

The perfect organism constituted for motion from its own centre, and influenced by motion from without, remains in health so long as the forces, internal or external, are in due relation to the matter of the organism. Let the internal force be unduly raised or depressed, and the body is diseased; it is overactive, or it is inactive. Withdraw from the body the external forces, and it sinks into a machine; stun it with some overwhelming external force, and its mechanism is deranged or destroyed; it is made ill, or it is killed.

In the physics of disease, all our knowledge must rest on our correct appreciation of animal motion, and mainly of that motion which is derived from the oxygenation of blood. I shall direct attention in the next chapter to this last named point.

OBSCURE CASE OF CANCER OF THE STOMACH.

By WILLIAM DATE, Esq., Ilkeston, Derbyshire.

H. M., aged 55, was an unmarried woman, of small independent means, which she eked out by winding thread for the manufacture of gloves. She came of a healthy family, none of whom had had cancer. She had always enjoyed good health, with the exception of an attack which she had when about thirty-five years of age, and which lasted about a fortnight. During that time she had a feeling of weight at the epigastrium; no pain; persistent vomiting, the vomit occasionally consisting of altered blood. She menstruated with regularity until forty-three years of age. She never suffered from shortness of breath, and, in short, since the attack mentioned, her health had been good. About the beginning of August 1864, she began to have a sensation of weight and fulness at the epigastrium, coming on about half an hour after meals, which never, however, amounted to pain, and generally passed off in about an hour. Since that date, she had been gradually and slowly losing flesh. About October 15th, she began occasionally to vomit her food mixed with acid mucus. She was of rather a penurious disposition, and therefore, although she was much distressed by the vomiting (which for the last few days had been persistent), she did not seek medical assistance until Oct. 21.

I then found her still tolerably fat, but very weak and prostrate; pulse 110, very small and thready. The complexion was sallow, but not cachectic. She could not retain on her stomach the smallest quantity even of fluid nourishment. The matter vomited had an acid taste, was of a dark grumous character, and evidently consisted of mucus and altered blood (which character it had retained for the two previous days). Pressure over epigastrium gave very slight pain. No distinct tumour could be felt, although there seemed to be some fulness. There was no apparent enlargement nor tenderness of the liver. On applying the hand to the epigastric region, the aorta could be felt pulsating very distinctly; but there was no fremitus. Auscultation over heart revealed a soft systolic apex murmur. The first sound could be heard all along the aorta, thoracic and abdominal; along the iliacs, and even as far as the femorals. The bowels had not acted for two days.

October 22. The vomiting continued in spite of remedies. In answer to an enema, she had passed a quantity of dark pasty feces, containing blood. She was free from pain. The urine was not albuminous.

October 26th. She continued in much the same state until to-day. I saw her in the morning, and found that the pulsations of the aorta were distinctly visible at the scrobiculus cordis. In the evening, she had taken a tablespoonful of beef-tea, and was vomiting after it, when she suddenly threw her head back, and ejected about a pint of bright-scarlet blood. I was fetched hurriedly to her, as the attendants thought she was dying. I found her very weak, cold, and pallid; pulse 130; skin cold and clammy. The pulsations of the aorta were become more visible, and were now apparent from the ensiform cartilage to below the umbilicus.

October 27th. She continued very prostrate. The violent pulsations continued, as also the vomiting. She passed by stool this morning a considerable quantity of black blood.

October 28th. Dr. Robertson of Nottingham saw her with me in consultation to-day. On examination, he found things pretty much as above described. There was no enlargement of liver; no distinct tumour; very slight tenderness on pressure over stomach; mitral systolic murmur; pulsation of abdominal aorta to be seen and felt; no fremitus. On listening over the spine opposite the celiac axis, he detected a single rough bruit, heard only during inspiration, and disappearing during expiration. Vomiting continued, but there was now no blood. It consisted chiefly of food swallowed, and of acid mucus.

October 29th. She gradually sank, and died this morning, exhausted.

I omitted to mention a single soft murmur heard all along the abdominal aorta.

Autopsy 48 hours after death. The body was from the first not much emaciated, the belly being covered with fat half an inch thick, and the omentum also being tolerably fatty. All the abdominal organs appeared to be *in situ*. On trying to remove the stomach, it was found firmly adherent to the liver. In breaking down the adhesions, the stomach was opened, and a quantity of dark grumous fluid escaped. The smaller curvature and the upper part of the posterior wall were occupied by an irregular, nodulated scirrhous mass, about two and a half inches in length, one and a half in greatest depth, and about half an inch in thickness. About the centre of it was a small ragged ulcer, not larger than a threepenny bit. The part attached to the liver was inflamed, and felt soft and pulpy. The liver itself was not enlarged, and appeared to be quite healthy in structure. The left ventricle of the heart was slightly hypertrophied and dilated. On the free edge of one of the flaps of the

mitral valve was a little, roundish, soft, shaggy nodule. The substance of the heart was rather soft, so that the finger penetrated it with ease. The aorta appeared to be perfectly healthy, as did also the celiac axis and its branches. There was no atheromatous deposit in any of them, and no aneurism.

REMARKS. This case presents many interesting features. Taking the symptoms as they appeared during life, what diagnosis was to be formed? The *malaise* after food, the loss of flesh, the obstinate vomiting, the hæmatemesis, and the age of the patient, would seem to indicate ulcer or cancer of the stomach. But then, on the other hand, the short duration of the attack, the almost complete absence of tenderness, the violent pulsation of the aorta, the aortic murmur, and the profuse arterial hæmorrhage, seem to speak of aneurism. And this view was supported by the presence of heart-affection; by the absence of any family history of cancer; and by the fact that the patient, although sallow, had not the peculiar cachectic appearance which cancer bestows upon its victims. Moreover, the first attack, twenty years before death, was said to have come on suddenly after lifting a heavy weight; and although, in the presence of perfect health for twenty years, it could hardly be suspected that an aneurism was all the time in existence, yet it might well be supposed that one of the coats of the artery had given way during the exertion, and that the part of the artery thus weakened had at last succumbed to the pressure of the column of blood. Then, again, the presence of scirrhous of the stomach being proved by the autopsy, it becomes interesting to inquire the significance of the former attack, so similar in its train of symptoms. It can hardly be supposed that any cancerous deposit then took place, and remained in abeyance for twenty years. What, then, could it have been? Was it due to a simple ulcer of the stomach, which afterwards healed? Altogether, the case was very interesting and difficult of diagnosis; and it was not until a *post mortem* examination revealed the true cause of the mischief that we could come to a definite conclusion. Before death, our opinion wavered between cancer of the stomach and aneurism of the aorta.

[The following letter, written to me by Dr. Robertson, in reply to my report of the *post mortem* examination, forms an excellent commentary on the case.]

Nottingham, November 5th, 1864.

MY DEAR SIR,—Many thanks for your kind note, and very interesting description of the necropsy of our poor patient.

The physical signs I noticed were these: slight dulness over the right margin of the epigastrium; no swelling nor hardness on the most careful examination; visible pulsation in the epigastrium; no fremitus felt there; a soft blowing single murmur, continuous down the course of the vessel, much rougher in the back, but only heard during inspiration there; normal and symmetrical percussion over the whole chest; soft systolic apex bruit; no abnormal respiratory sound, except slight mucous râle in both posterior bases; the complexion sallow, but not the aspect usual in malignant disease; the pulse 108, soft, jerking. The history, especially as to absence of pain, freedom until a late period from sickness, and other symptoms, etc., were exactly those so well described in your report.

I find (after looking over numerous authorities on these subjects) the following description of—

A. *Malignant disease in the stomach*, by Dr. Erinton. "Its symptoms rarely date from more than twelve or eighteen months prior to the death of the patient." (Here they dated only three months.) "It is asso-

ciated with the cancerous cachexia, often with cancerous disease of other organs." (Here neither of these existed.) "In many cases, it forms a hard but moveable tumour in the epigastrium." (Here was absolutely none.) "Its pain has generally a lancinating character, and a time of appearance that belongs rather to the later stage of gastric digestion than that which succeeds deglutition." (Here was no pain, and vomiting came on immediately after the food.) "Its hæmorrhage is more scanty, viz., than that of gastric ulcer." (Here it was very profuse and arterial.)

b. *Abdominal aneurism*, by Dr. J. H. Bennett. "A swelling more or less defined." (This was not present.) "An expansive impulse on applying the hand." (This was very marked in your case.) "A bellows murmur synchronous with or immediately following the heart's systole." (Also very distinct in your case.) "Generally loudest over the tumour, and propagated down the aorta." "The other symptoms are very various, consisting of dragging, or other pain more or less prolonged, owing to pressure, together with functional disturbance." (Dragging sensation was present, with vomiting, which might have been due to pressure.)

On reviewing the whole case with the light which the *post mortem* examination has thrown upon it, I still feel that the diagnosis between malignant ulceration and abdominal aneurism was a difficult one: and though a case which I mentioned to you as having a short time since occurred to Mr. Daniell of Kegworth and myself, where malignant disease of the stomach produced not only pulsation and murmur, but even epigastric swelling, tended very much to point my suspicions to some stomach ulceration as the disease in this instance, yet the occurrence of former hæmorrhage and apparent recovery, the date and progression of the general symptoms; the absence of hardness, pain, cancerous cachexia, or family history; the presence of concurrent cardiac disease, and the profuse arterial hæmorrhage, all went to negative this supposition, and (with the one exception of absence of tumour, which was equally an absent symptom in the other theory) seemed to favour the idea of aneurism.

"Various cases on record," says Dr. Bennett, "have presented a train of very anomalous symptoms, and at various times been considered as different diseases by medical practitioners." Dr. Gairdner gives a striking illustration in his *Clinical Medicine*, p. 495. The case was one of aneurism of the superior mesenteric, and in relation to it Dr. Gairdner remarks:—"The whole of the phenomena under observation at the time of the first attack of hæmatemesis (these were briefly: sickness and vomiting after food, dull pain with tightness and oppression at the epigastrium, anæmia from loss of blood and tendency to syncope, slight epigastric pulsation unaccompanied by any appreciable tumour) were such as to lead directly to the supposition of a chronic ulcer of the stomach."

According to Stokes, the affections which simulate abdominal aneurisms may be divided into two classes, viz., those in which belly tumours receive a communicated pulsation, and those in which there is simply an increased action of the abdominal aorta.

By the absence of tumour in the case before us, one main diagnostic symptom was denied; the murmur was not jerking, but pretty continuous, and therefore like; but it was systolic, and therefore unlike that of an abdominal aneurism. Both the throbbing and the murmur which existed did not depend probably so much upon the anæmia from loss of blood (as they were noticed before this had occurred to any great extent) as upon the irritation of the stomach disease,

analogous, as was pointed out by Dr. Stokes, and confirmed by Dr. Hope, to that form of carotid throbbing which occurs in cerebritis, or of the radials in whitlow.

The case is also interesting, as it bears somewhat upon the discussion between Dr. Gairdner and Dr. Ormerod on the significance of mitral murmur. The murmur here was exactly correspondent with the apex of the left ventricle. It commenced with the first sound when this was at its maximum of intensity, and shaded down into and almost through the pause. After death, there was found a nodule of lymph on the free edge of one flap of the mitral valve. I make no deduction here, but simply mention the facts as they stand.

Yours truly,

WM. TINDAL ROBERTSON.

William Date, Esq.

IS SIMPLE ACUTE ERYSIPELAS A LOCAL OR A CONSTITUTIONAL DISEASE?

By JOHN HIGGINBOTTOM, F.R.S., Nottingham.

IN March 1853, I read a paper before the Midland Counties Branch of the Provincial Medical and Surgical Association at Nottingham, with the following queries.

1. Is simple acute erysipelas a purely local or a constitutional disease?

2. Is it sometimes a local, and sometimes a constitutional disease?

3. Is it simultaneously, both a local and a constitutional disease?

Not having had any answers to the above queries, I repeated them in this JOURNAL on October 10th, 1864, with another query.

Why is erysipelas classed with the exanthemata?

Not having yet been favoured with an opinion from any of my medical brethren, I proceed to give my own from the following facts.

1. I have attended a number of cases of erysipelas on the face and elsewhere, at an early stage of the disease, where there have been no constitutional symptoms; in these, the disease has been directly arrested and subdued by the application of the nitrate of silver. If the erysipelas had been allowed to proceed without the local application, constitutional disturbance would have been the result.

2. If from exposure to wet or cold, etc., a feverish attack takes place, and in several days erysipelatous inflammation supervenes, on a prompt application of the nitrate of silver, along with the usual remedies for the cold, the patient becomes convalescent in a few days; but if the local application be neglected, the inflammation runs its usual course, the constitutional symptoms become more aggravated, and the illness is much prolonged.

3. If the erysipelas and constitutional symptoms appear simultaneously, a prompt application of the nitrate of silver at an early stage of the complaint, and the use of active constitutional remedies, cut short the disease; the patient is soon convalescent; but if the local application have not been used, the disease runs its usual and often destructive course, setting at defiance the most active constitutional treatment.

For many years past I have considered that simple acute erysipelas is a purely local disease, and ought not to be classed with the exanthemata, or constitutional diseases; and that the constitutional derangement alone arises from the local disturbance. I believe the application of the nitrate of silver in erysipelas fully attests it to be a local and not a constitutional disease, as it can be always arrested and subdued by its application.

Various reasons have deterred surgeons from using the nitrate of silver as an external application in erysipelas. One is, that it has been classed with the exanthemata, or as a constitutional disease; and it has been feared that the application would cause metastasis or a determination of the inflammation to internal organs. I have never entertained such an opinion; nor have I seen a single instance in which the application had produced any untoward effects, during the more than forty years I have used it.

Medical men appear to have paid more attention to the application of the nitrate of silver in erysipelas than in other complaints, although they have been treated of in my work *On the Treatment of Inflammation, Wounds, and Ulcers*.

The use of the nitrate of silver in erysipelas having been uniformly successful in my own hands, I was led to investigate the reason why it was not equally so when used by others; this soon became apparent when I observed how very inefficiently the remedy was used both as to the different degrees of the strength of the solution of the nitrate of silver, and the various methods of its application. Were I to record the erroneous directions in the manuals and authors of the present day, a page or two would not suffice. I will relate two.

Mr. Nunneley, in his monograph *On Erysipelas*, in mentioning my treatment of the disease with the nitrate of silver, recommends "from eight to twelve grains of the nitrate of silver to one ounce of distilled water, or six or eight grains in the same quantity of rectified spirit", instead of the concentrated solution I have always used of one hundred and sixty grains of the nitrate of silver to one ounce of distilled water. The weak solution named by Mr. Nunneley is insufficient to arrest the disease, but quite sufficient to bring the remedy into discredit.

In the other case, a surgeon had severe erysipelas on the face and head, and was attended by several of his medical brethren. I was informed that the nitrate of silver had been applied; when I visited him he had violent delirium, causing him to become unmanageable. I observed that the nitrate of silver had been applied on one side of his face, allowing the inflammation to spread over the remainder of the face and the scalp, producing severe cerebral disturbance. By a proper and early application of the nitrate of silver, all the mischief would have been prevented.

An early obstacle to the general and free use of the nitrate of silver arose from the impression on the minds of surgeons that it is a caustic—a *destructive agent*. From the commencement of its application I found that this was not so, and many surgeons of the present day agree with me that it is a *real preservative agent*. I have never seen the cutis vera destroyed by it; indeed, it will not even raise a blister so effectually as cantharides.

For the successful application of the nitrate of silver, the ordinary brittle stick must be used, either in substance or in the concentrated solution; not "the lunar caustic points perfectly tough," nor any of the new preparations of the nitrate of silver, as the crystals and cake used for photographic purposes. (*Vide BRITISH MEDICAL JOURNAL*, July 11th, 1863.)

I have never used a weaker solution than one scruple of the nitrate of silver to one drachm of distilled water, or eight scruples to the ounce of water.

The nitrate of silver has a specific course in its effects when applied on an inflamed skin; its progressive action continues during the first, the second, and the third days, and declines on the fourth, at which period the action of the nitrate of silver and the inflammation of the skin cease simultaneously.

In every case of external inflammation, I apply the nitrate of silver on the whole of the inflamed surface,

and beyond it on the healthy skin to the extent of one or two inches, according to the severity of the inflammation. If the inflammation should progress beyond the boundary, it is usually weaker, and is easily subdued by a repetition of the application. I have not known an instance in which I had not full control over the inflammation in acute simple erysipelas.

From mature and long experience of the nature of erysipelas, I would apply the nitrate of silver on the first appearance of the inflammation, and not run the risk of an hour's delay. If the application was not even necessary, the only inconvenience would be a blackened skin for a few days, of no consequence compared with the injury which might be caused by the spreading of the inflammation. The well known quotation is very applicable—*principiis obsta*.

Reviews and Notices.

MEDICAL ERRORS. FALLACIES CONNECTED WITH THE APPLICATION OF INDUCTIVE METHOD OF REASONING TO THE SCIENCE OF MEDICINE. By A. W. BARCLAY, M.D. Cantab. & Edin. London: 1864.

DR. BARCLAY'S words ought to set the profession thinking. From the days of Hippocrates to our own, wise physicians have never ceased to warn us of the "fallacies of experience" in matters medical; but the golden words of the sages have left us still hugging blindly and fervently as ever those fatal errors of experience. Dr. Barclay now comes and demonstrates mathematically the nature of these errors; and, if he is right in his calculations, there is no longer any excuse for our clinging to them. If we are ever to arrive at anything like truth in our dealings with disease, we must commence a totally different method in getting at facts from that hitherto pursued by us. The British Medical Association a few years ago tried to collect a body of facts concerning the treatment of diseases, upon which to found definite conclusions. The attempt, says Dr. Barclay, was of necessity vain. What can one hundred, two hundred, or even two thousand detailed cases of pneumonia, tell us positively as to the use of a remedy in that disease? Thirty thousand or forty thousand cases, at least, are required to give us any fair idea of the connexion between the remedy and the consequence in such a case!

"If there be 10 such circumstances which may each be present or absent, the number of cases which will not be exactly alike is over 1,000; if there be 15 such, the number will be over 32,000, and each additional circumstance will double the previous number. It seems to me that this gives an explanation of what must have been ever present to the minds of most of us in the whole course of our practice, that no two cases of disease are exactly alike. In the short enumeration of variable circumstances I have given, with reference to all forms of disease, the number greatly exceeds 15; and consequently the number of cases observed before we may expect to meet two similar instances must be quite beyond the bounds of any one man's experience, however extensive."

All this Dr. Barclay proves by algebraic formulæ; and, if his conclusion be right, we need say no more to show the very unsatisfactory basis upon which is founded very much of our knowledge of the effects of

remedies. The profession is deficient in logical precision in its mode of reasoning: this is Dr. Barclay's main accusation; and we think it would not be easy to deny its truth. We jump at the most unwarrantable conclusions, and then believe in the fallacies with the usual pertinacity of credulity. "No argument is more fallacious," he says, or more opposed to sound inductive reasoning, than that "which asserts the curative power of a remedy because in ten, twenty, or even one hundred cases, recovery followed its administration; and yet this is what is commonly meant when experience is appealed to. . . . Three or four rapid recoveries after the employment of a certain drug are, I might almost say, universally cited by the correspondents of medical journals as distinct evidence of its beneficial agency."

This kind of medical logic, so generally practised by our profession, is abundantly illustrated by examples. We jump at conclusions, in our eagerness to cure diseases; snatch at straws, in a fashion which is truly deplorable. Every year, even of this enlightened era of medicine, brings forth its crop of highly vaunted remedies, infallible cures of incurable diseases, or of old remedies applied in some new fashion "with the most admirable effects". But the year passes away, and the disease is still incurable! The fallacious hopes and the high-sounding promises were nothing better than the offspring of "want of precision in the mode of reasoning" of the medical mind which recommended them. Where stands quinine now as an infallible cure of continued fever? Where is *saracenia* to be placed as a cure for small-pox? And where the thousand other asserted remedies, offspring of the illogical doctor's mind?

Such and many more are the serious questions thrown out for our consideration by Dr. Barclay. But what is the remedy for the error? The constant failures of our illogical conclusions seem to teach us no useful lesson. He sees no hope for better things, unless doctors will be content to reason of facts according to the laws of reason—unless they will treat and argue of medical facts as people argue and treat of other ordinary facts which are matters of statistical inquiry. Whether people accept or not Dr. Barclay's formulæ, this we may assuredly say, that his conclusions drawn from them are exactly coincident with the painful results of our experience. Broken hopes and grievous disappointments in the effects of remedies have long been suffered by practitioners of medicine; and who can reasonably doubt that the punishment has been the natural and just consequence of our own illogical arguing? If we build our practice on a sand-bank, we must not express surprise if the superstructure comes to grief. Whether Dr. Barclay improves or not our logical processes, still the profession is greatly indebted to him. He has done for us what no one has, we believe, done before; viz., *demonstrated* the fallacies of our method of judging of the effects of remedies. If Dr. Barclay hold his ground, we now possess a means by which we may at once knock over and show the emptiness of the many crude therapeutical promises which disfigure medical literature, and lead so many of us astray; and we may add, by so frequently deceiving, make so many amongst us altogether sceptical.

Seriously, therefore, do we recommend a perusal of this little volume to our medical brethren. We

cannot do more than give a bare outline of its contents. In our few lines it is impossible to find a way clearly through his account of inductive and deductive reasoning, and so not easy to tell men how they are to remedy false reasoning. In a few words, however, we may describe Dr. Barclay's point. It is this. There are two ways of arriving at conclusions: 1. Proving that something is the effect of a cause—induction: and 2. Showing that there must be some relation between them, although we cannot make it out, because of the number of times this something happens—the numerical method. For the elimination of the errors attaching to this second method, Dr. Barclay refers us to Dr. Guy's process for a correction (p. 43); and at p. 110 gives an example of the process. As regards the errors attending the first method, Dr. Barclay holds that no cause can be considered as proved until the law of causation is enunciated, as is detailed at p. 57 *et seq.* No law, for example, has ever been expressed touching blood-letting, and the statistics of its effects are not sufficiently comprehensive; and hence we know next to nothing about its value (pp. 80-81). No collections of cases, however successful they show, are of any value unless they either establish a law or are in sufficient numbers to form statistics. One instance, like Newton's apple, may suggest the law. Fifty or a hundred instances prove nothing, if they suggest no law. The grand point, therefore, always is, where possible, to frame a law. It is a law that Epsom salts purge; a law that cinchona bark cures ague: that vaccination counteracts small-pox. These facts are proved, and susceptible of proof. But it is not a law that calomel and opium are good for peritonitis, or bleeding for inflammation. No doubt, these things are susceptible of proof, or of disproof, if they were worked out: but then the fact is, that no one has yet worked them out. Thousands of prescriptions, resting on no foundation at all (p. 115 *et seq.*), are written with the idea that the remedy prescribed will cure the disease! Systematic writers give us full details of diagnosis, treatment, and pathology of diseases, and point out what they think the best treatment: but this is not enough. Let them say, if they like, that calomel cures pneumonia; but then let them *prove* it also. Plenty of authors have asserted that calomel *causes* absorption of lymph; but where is he who has ever *proved* the fact? Calomel may have that effect, but the proof is yet to be given. Let us be well assured there is no short cut to knowledge for doctors, more than for other people. Things must be proved in our department of science, just as they are proved in other branches. Until we have proved the connexion between cause and effect, or until, as Dr. Barclay puts it, we have established a law of causation, we have done nothing for our science. In the meantime, our only substitute is, in such cases, a *skilled experience*. There are a great many facts which we do know and can usefully apply; but where knowledge fails, then perforce we must act upon belief. Only, in thus acting, let us avoid the fatal error of presuming we *know* where we only believe or assume.

Such, we believe, is a correct outline of the views of Dr. Barclay, as set forth in his *Lumleian Lectures*, now published. We sincerely trust they may attract the serious attention which, in our opinion, they so well deserve. Dr. Barclay logically enough concludes that, unless we lay the foundations of me-

dicine scientifically, we can never hope to see medicine raised to the position of a science.

CURVATURES OF THE SPINE: THEIR CAUSES, SYMPTOMS, PATHOLOGY, AND TREATMENT. By B. E. BRODHURST, F.R.C.S., etc. Second Edition. Pp. 93. London: 1864.

THIS second edition of his work Mr. BRODHURST has re-written and enlarged, and illustrated with new woodcuts. We may at once say of it that, in the matter of type, paper, and illustrations, this volume is the very luxury of printing. There is no necessity for us to recommend the work to our readers; for it has already done that for itself in the first edition. One main point, upon which Mr. Brodhurst lays especial stress, may be noticed. He shows that there are many causes of spinal curvature, and that the curvatures differ just as do the causes of them. This point, he says, is "neglected and misunderstood." The importance of a clear diagnosis springs from the fact, that the treatment must first be directed to remove the primary curve. Again, he says, in regard to the treatment of advanced spinal curvature, the curve can only be gradually unfolded, it cannot be broken down by pressure, as used to be attempted under the old system of treatment. The book is well and clearly written; and the whole story of spinal curvatures is told in it in a few plain sentences by one who is clearly master of the subject on which he writes.

PHOTOGRAPHS (COLOURED FROM LIFE) OF THE DISEASES OF THE SKIN. By A. B. SQUIRE, M.B.Lond. Nos. IV and V. London: 1864.

Two more fasciculi of Mr. SQUIRE's useful photographs are before us. The fourth part represents Scabies, typical of animal parasites; and the fifth, Chloasma, intended as an illustration of vegetable parasitic diseases.

EASY POISONING. Professor Taylor says: "There is no legal restriction on the sale of any poison excepting arsenic; but the statute for regulating the sale of this poison is a dead letter. Nux vomica in powder is also easily procurable, under the usual pretext, that it is intended for the destruction of vermin. Strychnia, morphia, veratria, prussic acid, the oil of bitter almonds, and preparations of colchicum, are not commonly found in the shops of the lower class of druggists or village shopkeepers; but if the applicant is prepared to pay for them, he will find no great difficulty in procuring them. There are unnecessary facilities given for the purchase of a variety of noxious drugs, such as oil of savin, cantharides, tincture of ergot of rye, and tincture of the perchloride of iron, which are employed for the purposes of criminal abortion. Corrosive sublimate, the sulphates of copper, iron, and zinc, and other mineral irritants, are easily procured, and are employed to procure abortion. There are two poisons of a most potent kind which can be readily purchased even by boys and girls, either at the village shop or at the druggists. These are *strychnia*, sold under the name of Butler's vermin killer or Battle's vermin killer, and *cyanide of potassium*. The first has been the means of death in many cases of murder and suicide. The *cyanide of potassium* is another deadly poison, which is fatal to life in small doses, and from its great solubility in liquids it admits of being easily administered in a poisonous dose. It is largely used in photography."

British Medical Journal.

SATURDAY, JANUARY 7TH, 1865.

THE PAST AND THE PRESENT.

WE may perhaps be allowed, without show of presumption, to take this opportunity, in entering upon a new year, of saying one or two words concerning the British Medical Association and its JOURNAL.

The profession has been told so much of late both as to the decadence of the Association and the miserable incapacity of its organ, that it is well we should know what are really the existing signs or proofs of these our suggested misfortunes. Our ruin has been so often positively asserted, and so plainly demonstrated, by some of our friends(?), that we really are almost surprised to see ourselves still an existing fact; and still more astonished, on taking stock of our position, to learn that, so far from approaching a collapse, we are really in a most flourishing condition. Indeed, the contemplation (by comparison) of what we were a few years ago and what we are now, has been to us such a quiet source of satisfaction, that we cannot do less than ask our fellow-associates to participate with us in the enjoyment of the same. And they need not fear; we are not going to weary them with details of our wonderful deeds done in the past; or with strong promises of what heroics will be done in the future; but just simply to detail a few dry facts, which, to men of business, are better than much windy buncombe. Let us just see, in plain terms, what our present position is, and how we have fared during the time—the last four years—that the JOURNAL has been under its present management.

On entering upon office in January 1861, the new year's gift which awaited us was the notices of retirement of some 150 members of the Association—rather a cool reception, it must be acknowledged—these notices, moreover, not being always couched in the most complimentary of terms. So that, in fact, we commenced operations with less than 1800 members, and with, it appeared, not the best of reputations. We dare say, indeed, that there are not a few of our readers who will bear witness to the fact that our prospects at that period were not of the brightest.

Now, we well know that doctors, of all people in the world, should be careful about confusing the *post hoc* with the *propter hoc*; we will, therefore, leave to others the question of connexion between antecedent and sequence, and, having said what our Association was in January 1861, confine ourselves simply to telling what we now are in January 1865. There are people who believe that man was the pro-

duction of a "fortuitous concourse of atoms"; and, of course, there are people who will see no relation between the management of its JOURNAL and the prosperity of the Association; and they have a perfect right so to draw deductions. But, then, we are sure they will not quarrel with us for stating the fact—viz., what we were and what we are; provided we leave out the middle term, and do not presume to speculate—viz., why we are what we are.

Well, then, from 1861 to 1865, our Association has been constantly in a steadily progressive condition both in members and reputation. Its members have increased from nearly 1,800 to above 2,400 in that period. Many gentlemen who resigned in 1860 have again joined the Association. Never since its birth has it held more influential meetings than its three last—those which were held at London, at Bristol, and at Cambridge. Let any one run their eye through the list of celebrities who met together on those occasions, and they will have proof enough and to spare of the fact.

The "irresistible logic of a few facts", therefore, shows that we are in a healthy condition;* and we will not weaken them by any details. If any other proof were necessary of this successful condition, we should find it in the very remarkable and persevering and incessant attempts which have been made by some of our *soi-disant* friends upon us. Never have these critics of our Association been so constant, so reckless, and so untruthful in their attacks, increasing *pari passu* with our success, upon the Association and its JOURNAL, as they have been during the last few years. Our readers have, no doubt, by this time taken the measure, and know the full meaning and purport, of those attacks—of that sort of *per fas et nefas* "pegging away" which President Lincoln admires. It is assuredly no business of ours to defend the JOURNAL's existence. It would be insulting the Association so to do. The Association has chosen to have a JOURNAL; and the Association can choose, if it please, not to have a JOURNAL. The crafty trickery of those who attempt to decry the JOURNAL, while lauding the Association, is transparent enough. But the JOURNAL is manifestly a part of the Association; for the Association made it, and elects to have it. To insult the JOURNAL is, therefore, to insult the Association, whose JOURNAL it is.

We may, therefore, warmly congratulate the Association on its present position of strength, and its steady progress in the estimation of the profession; on the influence exercised by it on the profession, and on its satisfactory financial position. We need not recount the work done by the Association, for it is recorded in our pages; but, if we were inclined to vanity, we might find occasion for it in the fact, of

which we have been more than once assured by a gentleman engaged in collecting annual records of medical science; viz., that he finds more scientific medical matter available for his purposes in the BRITISH MEDICAL JOURNAL than in any other of the weekly medical periodicals.

THE MEDICAL PROVIDENT FUND.

WE have much pleasure in announcing, at the request of the Chairman and Secretary of this Fund, that a code of Rules has been drawn up by the Executive Committee appointed at the meeting of Directors held on October 20th, 1864; and that the Rules have been printed and forwarded to each Director for consideration, prior to a meeting of the Board to be held in the course of the present month. It may, therefore, be fairly expected that subscribers to the Fund will be invited to give in their names in a few weeks hence.

The Executive Committee has made liberal provision for the admission of all registered practitioners in the kingdom, and proposes, we understand, what will no doubt be a satisfactory solution of the question of limitation of age. The tables of annual premiums have been placed in the hands of Mr. Finlaison, the actuary to the National Debt, who has most kindly promised to give his aid to the Directors.

We would again beg the assistance of our associates in increasing the Guarantee Fund. This Fund, as shewn by the list published in this day's JOURNAL, already amounts to nearly £600; and its increase will give proportionate stability and power to the Provident Fund. The term "Guarantee Fund", we must observe, does not quite accurately express its objects. It is, in fact, an *auxiliary Fund*, to be made up of donations and of money received from any other sources than the annual contributions of members; and will be applied to meet preliminary expenses, so far as may be necessary to supplement the ordinary fund in case of pressure; and to form, if possible, a nucleus for the more extensive development at some future time of the objects of the provident scheme. We are sure that many who have not yet made contributions to the Guarantee Fund will gladly do so. They should forward their names, stating the amount which they are desirous of contributing, either to the Chairman, Dr. B. W. Richardson, 12, Hinde Street, Manchester Square, W.; or to the Secretary, Dr. Henry, 15, George Street, Portman Square, W.

THE FRENCH PROVIDENT FUND.

THE title itself of the French Medical Association, and the mode of expenditure of its money, show clearly enough that it is, as we have already said, mainly a provident fund. Its title is, "Association

* The formation of a new Branch at Newcastle is suggestive at the present moment.

Générale de Prévoyance et de Secours Mutuels des Médecins de France"—a mutual provident society, as the report of this year states, in fact. "The Association has this year consecrated a sum of 18,900 francs to succouring its unfortunate brethren, in aiding its needy members, their wives and children." Further on in the report, we read words addressed to French perverters of facts, which we recommend to all other perverters of the same. "Those who have misunderstand the objects of our institution could not have read our title—Association for providing mutual help. Providence, above everything, is our duty and our title. Our Association is the good father of the family, who, at the price of a momentary sacrifice made by his children, accumulates for them a capital which they will enjoy hereafter." Then, again, said M. Rayer, President, at one of the annual meetings: "Assistance, the *essential object of our undertaking*, has been given in all cases where it has been asked for." And what say the very statutes of the Association? "The first object which it has to attain is to succour those of its members whom age, infirmity, disease, etc., have brought to misery;" "to help their widows and orphans."

The Association, again, does not (as has been asserted of it) interfere in the prosecution of quackery. It allows its members to do so, if they please; but, to use the words of M. Rayer, "the laws of the Association do not allow its direct intervention as prosecutor; but members of our Association have had the courage to undertake these prosecutions. The war against quackery is not declared in our laws, but is one of our natural attributes." We may add that, as far as we can make out, the Association has never spent a single *sou* in aid of these prosecutions. They have all been undertaken by private individuals (doubtless, under the sanction of the branch societies), at their own risk and peril.

Our readers will, therefore, now clearly see how thoroughly justified we have been and are in calling the French Medical Association a provident fund. "Assistance", as M. Rayer, the President, said, "is the essential object of our work." And the illustration of the truth of his words is found in the fact of the gift of 18,903 francs this year to unfortunate medical men, their widows and children. Not a farthing has been spent by it, as far as we can make out, for any other object, excepting the general expenses of the Association. The one of our cotemporaries who has given so different an account of the Association's doings, for the sake of exciting unjust, untrue, and invidious comparison with our own and altogether differently constituted Association, is, we will charitably suppose, not sufficiently gifted with a knowledge of the French tongue to fully comprehend its meaning. To supply this failing, we will translate for his benefit the following words out of the last annual report of the Associ-

ation. After telling of the mode of distribution of its gifts of 18,903 francs, the report says:

"The stream of charity, though small, is increasing, and will soon become a large and deep stream, equal to the succouring of all our misfortunes. *This is the pious and fraternal object of our institution.*"

Neither has the Association spent a *sou* in raising statues to the shades of our great medical departed, as has also been stated. It simply has appointed two Committees to raise subscriptions for the purpose of erecting a statue to Laennec.

THE LATE ARCHIBALD ROBERTSON, M.D., F.R.S.L.&E.

DR. ARCHIBALD ROBERTSON, whose death we lately announced, was born in Scotland, in the parish of Cockburnspath, near Dunse, on the 3rd of December, 1789. He received the first rudiments of education at the Dunse school, and afterwards attended the school of a Mr. Strachan in Berwickshire. He then proceeded to Edinburgh, where he attended various courses. In 1808, he passed the examination for assistant-surgeon in the navy. He was then first of all appointed to the Millbay Prison Hospital at Plymouth, a *depôt* for French prisoners. Here he nearly lost his life while bathing under "The Hoe"; and was rescued, in fact, from a watery grave, by a French prisoner, who had contracted for him a great regard. In 1809, he was appointed to the *Caledonia*, 120, Lord Gambier's flag-ship in the Basque Roads. This was at the moment when the late Lord Dundonald tried to burn the French fleet. In this ship, he served for some time in the Baltic; and afterwards was removed to the *Persian*, in the West Indies; and, finally, in the *Cydnus* frigate, he saw a good deal of boat-service in the attempt on New Orleans during the American war. When the peace with America was declared, he went on half-pay, and received a medal with two clasps. He then went to Edinburgh, and there made his first acquaintance with Sir James Clark and the late Sir John Forbes, forming with those gentlemen a warm friendship, which was only interrupted by death. They had all three passed some years in the navy, and were now met together in Edinburgh to take their medical degree. Dr. Robertson took his degree in August 1817. The subject of his thesis was, "The Dysentery of Hot Climates," bearing the following motto from Thucydides on the *Plague*: "*αὐτὸς τε νοσήσας, καὶ αὐτὸς ἰδὼν ἄλλους πάσχοντας.*"

After taking his degree, he settled as a physician in the town of Northampton, in 1818, having been guided in his choice of a residence by the advice of the Hon. Captain Spencer (the late Lord Spencer), under whom he had served in the navy. At first he met with little encouragement, not having, as he said himself, received a single fee during the first

year of his residence in Northampton. He seriously contemplated, in fact, moving his penates elsewhere; but at last determined to try his luck for another year. The first two months of the second year did not yield him a solitary guinea; and yet, before the end of this second year, Fortune smiled well upon him, for he was in receipt of upwards of £800. Every subsequent year produced an increased income. In 1820, he was elected physician to the Northampton Infirmary; and then his success was secured. He continued constantly engaged in a busy and most arduous practice—arduous from the length of journeys which he was forced to take in discharge of his professional duties—up to the year 1853.

The continued labours which he had gone through in practice at length told upon his naturally vigorous constitution; and he, therefore, wisely resolved to retire, having realised a very handsome independence. He left Northampton; and afterwards, up to the time of his death, led a retired life in the west of England. In 1859, a testimonial and address, set on foot by the South Midland Branch, were presented to him by above one hundred members of the medical profession in Northampton and its neighbourhood. The address, and Dr. Robertson's reply thereto, were published in the *BRITISH MEDICAL JOURNAL* for June 25, 1859.

Dr. Robertson was a Fellow of the Edinburgh College of Physicians, and had also received the honour of the fellowship of the Royal Societies of both London and Edinburgh. In 1844, he acted as President of the British Medical Association, in whose prosperity he always took a very warm interest. His name appears among the list of those present at the inaugural meeting of the South Midland Branch in 1856. The last meeting of the Association which he attended was at Torquay. As an instance of his kind and delicate feelings, we may state that, when the Association met at Bristol in 1863, he was so unwell as to be quite incapable of attending the meetings; yet he did not like to be near and not appear. He therefore, in order that his absence might not be attributed to indifference, preferred going away from Clifton altogether for the time.

Before he obtained active practice, Dr. Robertson occupied much of his time in contributing to some of the journals and reviews of the day. No exact record of the papers he wrote remains; but he contributed, we are informed, to the *British Review*, articles on Modern Scepticism, Peter's *Letters to his Kinsfolk*, Mrs. Brunton's *Emmeline*, the Contagion of the Plague, and the Quarantine Laws. It is also supposed he communicated a paper to the *Edinburgh Review* on Fever, in 1818 or 1819. He also contributed one or two articles to Forbes's *Cyclopædia of Medicine*. The writing period of his life, however, was quickly past: the active business of professional duties soon wholly occupying his attention.

Occasionally he gave an address or lecture in the town: and of these remain records of those on Civilisation; the Wisdom of God; the Living Principle in Plants, Animals, and Man.

Six or eight months before his death, he showed symptoms of dropsy from disease of the heart and kidneys. The dropsy steadily increased, and ultimately carried him off.

Dr. Robertson was naturally of a most modest and retiring disposition; and before he left Northampton, unfortunately, destroyed all his diaries and all the papers which would have afforded full details of his career. He never liked being in any way paraded before the public. The facts here given have been kindly supplied to us by his son, the Rev. George Robertson, by Sir James Clark, and by his friend and medical adviser, Dr. Marshall of Clifton.

During the long period in which Dr. Robertson was in practice, he held the leading position as a physician in the county of Northampton. His services were frequently sought for also in the neighbouring counties. We need hardly add, that he was well known to the profession throughout the country. But it was not only as a physician that he held a leading position. As a member of society, he was highly esteemed. He lived on terms of friendship and intimacy with all classes around him. He was exceedingly liberal, and ever evinced a very warm interest in advancing the social position of his fellow-townsmen. His purse was liberally open to the calls of charity. He took also a very warm interest in politics, and was a strenuous defender of Church and State. The following remarks, made in the *Northampton Herald*, truly represent the feelings towards him of his fellow-townsmen.

"The deceased gentleman has not so long survived his active life, but that there are very many persons left who remember with pleasure the urbane, considerate, kind-hearted, and skilful physician. During a long life in Northampton, he earned for himself a professional reputation which it falls to the lot of few provincial physicians to enjoy; whilst his well-stored and well-trained mind made his society eagerly sought, and valued. In religious and political principle he was a 'Church and Queen' man to the backbone. There was no mistake about Dr. Robertson. His convictions were deep-rooted and well-founded, and he never shrank from doing aught that 'became a man' in support of the principles which he cherished. For many years our Infirmary received the benefit of his eminent abilities; and, on his retirement from the post of physician in ordinary, the Governors marked their appreciation of his past services by conferring upon him the title of physician extraordinary to the institution. In his private, as in his public life, it was his privilege to set an example worthy of imitation; but it was reserved for those who enjoyed his intimacy to know how admirably he discharged the various relations of husband, father, friend, and benefactor. Should the picture we have drawn seem somewhat highly coloured, we can only say that it falls short of the reality."

A CASE, *Rumball v. Bates*, of some interest to the profession, has been lately decided by the County Court judge at St. Albans. A youth, 19 years of age, named Garratt, was placed under the charge of Mr. Rumball on account of his being the subject of attacks of delirium tremens of a very aggravated character. There was no evidence to show that he was of unsound mind, irrespective of the attacks of delirium tremens. Mr. Rumball's charges were afterwards disputed; and he, therefore, brought this action. He charged £10 for one month's board, £10 for removing Mr. Garratt without notice, and £5:16 for other items—in all £25:16; and payment was refused on the ground that he had unlawfully taken charge of a lunatic contrary to the Lunacy Act—*i.e.*, without the order and medical certificate required in such case. The learned Judge (Mr. Whigham) gave a very clear exposition of the state of the law; and, after reviewing the meaning of the terms "lunatic" and "of unsound mind", decided that Garratt was not of unsound mind within the meaning of the law, and, therefore, gave a verdict in favour of Mr. Rumball for payment of his charge. In giving judgment, Mr. Whigham said:

"It would be easy to instance many cases of 'persons of unsound mind' in common speaking, who cannot be supposed to be within the scope of the statutes. Women during pregnancy are not unfrequently subject to delusions that would cause them to be accounted 'insane' for the time; yet it has never been supposed necessary to have lying-in hospitals registered as houses for the reception of insane persons. In some of the commonest fevers, a patient is often delirious and of unsound mind for a greater or less length of time; yet no one has ever supposed that such places as (for instance) the sanatorium at Eton or Rugby should be licensed; or that the medical men and nurses there having the care and charge of a patient should require an order and medical certificate for reception, notwithstanding the patient, at the time of his being taken in, may unquestionably be 'of unsound mind.' After the most careful consideration that I have been able to give to the matter (and I speak with diffidence as to the medical bearings of the subject), a case of simple delirium tremens is not a case within the scope and object of the legislation in question. A man, being a lunatic, may, by intemperance, become the subject of attacks of delirium tremens; and the circumstance of his having these attacks would not withdraw his case from the protection of the Lunatics' Treatment Regulation Act; but a man, otherwise of sound mind, who is suffering from delirium tremens, is not, therefore, necessarily a lunatic, though, no doubt, during the paroxysm of the attacks, he may be under the wildest delusions, and, in common phrase, may properly enough be called 'raving mad.'"

THE following is a well told instance of what may be effected upon a strong and vigorous man by bleeding and starvation. The case is reported from La Charité.

A man, 37 years old, plumber, always had excellent health up to February 1861. He was at that date seized with pneumonia, and treated on the "expectant" plan. After nine days' illness, and this

negative treatment, becoming worse, he was sent into hospital. On the day of his admission (the 14th), he was, at 3 P.M., bled to sixteen ounces; at 6 P.M., to sixteen more ounces; and at midnight, was cupped to sixteen ounces. On the 15th, at 9 A.M., he was bled to sixteen ounces; and at midday, to sixteen ounces more. On the 16th, he was bled again to sixteen ounces. His diet was all the time, as we conclude, of the *absolute* kind—that is, at zero. After all this bleeding, he was "infinitely better"; the pain in the side and the oppression having disappeared. On the 17th, however, he had a violent discussion with one of his workmen who came to visit him; and thereupon was seized with convulsions, and remained insensible for an hour. In the evening, oppression of breathing and pain in the side returned as badly as on the first day. On the 18th, therefore, he was bled to sixteen ounces morning and evening; and, on the 19th, to sixteen ounces in the morning, and cupped to sixteen in the evening. In six days, therefore, from the vigorous man were taken ten pints of blood—all the blood in a man's body at one time, according to some physiologists—the patient being kept all the time on "juleps". The man, we are told, never recovered his health. He had paralysis after the convulsions; and three weeks later, on account of retention of urine, was placed under M. Velpeau for three months. He then had three blisters applied, one on his belly and two on his loins. The patient, getting worse in the matter of paralysis, was sent on to M. Briquet. He was now paralysed in all his limbs, and stuttered so as to be incomprehensible, with facial paralysis. Gradually the paralysis of the arms and face disappeared. In Jan. 1862, he came under the charge of M. Beau. A minute account is given of his condition. "He has complete paralysis of sensibility and motion of the lower limbs; the sensibility of the arms is diminished, but motion is good; the man has the look of a woman; frontal pains; pupils small and contracted; hearing acute; smelling power bad; heart's action feeble, point not felt at thorax, slight systolic *bruit*; milky foods alone remain on his stomach."

THE present number of the JOURNAL contains the first of a series of papers by our talented and industrious associate, Dr. B. W. Richardson, on "The Physics of Disease". In these papers, the author will treat of the physical and chemical phenomena of the body, and especially of those connected with the blood; and will, throughout, aim at demonstrating the bearings of physiology on the practice of medicine. The second paper of the series will, in all probability, appear in next week's number.

WE recommend the following to the attention of the Governors of Bethlechem Lunatic Asylum; to those who think lunatics can be better cared for in the midst of a large city than in the country.

"The lunatic asylums of Charenton and Bicêtre being found insufficient, both in size and arrangements, for the wants of the present day, the city of Paris is about to have a very large establishment built on a property they have bought, about fifteen miles from Paris, on the Orleans Railway. According to the plans and estimates, the expense will amount to fifteen millions. There is to be an immense park, chalets, gardens, workshops, etc."

THERE are at the present time nearly 17,000 patients in the hospitals of Philadelphia, nineteen in number. Some of the hospitals contain between 3000 and 4000 patients. They are all under the direction of Surgeon John Campbell—a command “which equals that of any corps in the field.”

Lariboisière, the model hospital of Paris, stands nearly at the head of the list of Paris hospitals as regards the mortality of its inmates. It is, indeed, a remarkable fact, that the mortality during the last ten years in Paris hospitals has been greatest in the three hospitals which are ventilated by artificial means; viz., Beaujon, Lariboisière, and Necker.

M. Pouchet says that he has found in the secretions from the inflamed surfaces of the trachea, bronchus, nasal fossæ and internal ear, bacteria, monades, and vibrones; and he concludes that they are the cause of the itching, pain, and irritation, which accompany them. When the microscopic creatures are no longer visible in the secretion, the irritation ceases.

Ether, as an anæsthetic, appears to be in the ascendant in France. Surgeons there appear to have some great fear of chloroformisation. Many hospital surgeons and many private practitioners have given up the use of chloroform altogether, or use it only to produce partial insensibility. At Lyons, nothing but ether is employed; and so also at Naples. “*Multa renascentur*,” etc.

Le Monde de la Mer, a splendid volume, is a posthumous work of the late Dr. Moquin-Tandon. It is published by his family without his name, in deference to a wish expressed by him shortly before his death.

MR. CEELEY ON VACCINATION.

M. DIDAY's *grand fact*, alluded to in the JOURNAL of December 24th—“the vaccination of animals”—which he states “has been often attempted in France, but universally abandoned, and has been successfully practised under his eyes in a way to insure future success,” to my mind is no *grand fact* at all.

Nothing is easier than the transmission of the vaccine from one cow to another; nay, let but one cow in a dairy exhibit the disease and, as sure as fate, all the rest milked after that cow will take it merely by smearing the lymph on the slightest crack on the teats or udder of its neighbour.

But if there be little or no difficulty in vaccinating or *retro*-vaccinating the cow on the *vulva* with humanised lymph, which I and many others have often done, how much more easily can the animal be vaccinated on the same part by lymph taken from its own species? So much for M. Diday's “grand fact.”

Then, as to the advantages of obtaining, in every instance, vaccine lymph direct from the cow. It is alleged that:—

1. It would satisfy those who deem the present current stock weakened by successive transmissions.

2. It would dispel all apprehension of the transmission of human constitutional disease (particularly syphilis).

3. It would prevent various ailments and cutaneous eruptions, so often believed by parents to result from the present mode of vaccination.

Now, as regards the first allegation; that appears to me more of the nature of an assumption than a fact. Yet I believe in the expediency and adopt the practice of re-vaccination at puberty, as a general rule, to secure many in whom vaccination has but a temporary or imperfect influence.

In regard to the second allegation; here no argument is needed as to its influence; but I think its necessity is greatly overrated. And I cannot but think that our continental brethren are very careless vaccinators, and that syphilis must be very much more prevalent among their infantile population than with us.

It is remarkable that so many cases of vaccine syphilitic inoculation are recorded on the continent, while we hear of no such thing here; I cannot persuade myself that such inoculations are unavoidable.

As to the third allegation; there is much nonsense uttered here, as we all know. And those who believe their children will escape cutaneous eruptions when vaccinated direct from the cow, will be greatly mistaken.

Many children have skins—all children more or less—prone to throw out eruptions, papular, vesicular, pustular, or exanthematic, upon the excitement of the least increased vascular action. Hence ordinary vaccination will cause what most other febrile and cutaneous irritations produce. Hence, more irritating lymph, as it is when direct from the cow, will be more effective in the production of the above results.

But there is a special vesicular vaccine eruption attending the acme and decline of the vaccine disease. The Germans have called it “*Nachpoken*.” I have often, nay almost always, seen it as a secondary eruption on the teats and udders of the cows immediately before and after the decline of the disease in them. The same I have repeatedly seen in children, especially in the early removes from the cow; and still continue at times to witness it, to the great temporary disfigurement and annoyance of the patient, and the chagrin and vexation of the parent. It is essentially a genuine vaccine secondary eruption. I have witnessed it in vaccinating the dog.

I have coloured illustrations of this secondary eruption in man and animals, and have seen some severe and a few dangerous cases in children where the skin and visible mucous membranes were copiously occupied with it.

But now as to the practicability of this mode of vaccinating. If adopted in Great Britain, it must not be as a “*luxury*,” but as a *necessity*. If it is good for the rich, it is equally good for the poor. We must not have one mode for the upper, and one for the lower classes. *That will never do*. If attempted, it would justly excite the prejudices of the poor, already too much excited against vaccination. Well, then, the direct method must be *universally* practised.

How establishments of vaccine-producing cows in all parts of the kingdom are to be inaugurated, endowed, and sustained, I must leave for the consideration of those who think them necessary. Perhaps, however, in these days of “limited liability” companies, it would be wrong to despond or despair! There is no great probability of Government interference, I think. But, it may be said, if the Government enforce vaccination, that Government ought to secure the best means for the purpose. Doubtless, their action would not commence till they were assured of an absolute necessity and a satisfactory issue—*quod est demonstrandum*.

Scientific Notes.

ALLEGED FALLACY IN MARSH'S TEST FOR ARSENIC.

Dr. Arthur Gamgee gives the following conclusions from some experiments on this subject. 1. When the acid used in Marsh's process contains a very small quantity of nitric acid, mirrors of metallic arsenic are obtained from extremely minute quantities of arsenic added to the apparatus; in other words, a trace of nitric acid present in the sulphuric acid in Marsh's process does not perceptibly interfere with the formation of mirrors of metallic arsenic. 2. When the acid used in Marsh's process contains a considerable percentage of nitric acid, the formation of mirrors is checked; the extent to which this occurs depending upon—(a) the proportion of nitric acid present in the sulphuric acid, (b) the quantity of arsenic present in the apparatus. 3. Under these circumstances the addition of an organic fluid to the apparatus does not promote the formation of mirrors. 4. When nitric acid prevents the formation of mirrors of metallic arsenic in Marsh's process, it does not check the evolution of arseniuretted hydrogen, but prevents its being decomposed by heat into arsenic and hydrogen, by causing its oxidation; a ring of crystals of arsenious acid being, under these circumstances, formed inside the tube. (*Edin. Med. Journal.*)

HUMAN BONES FOUND AT POMPEII.

M. de Luca adverts to the process successfully adopted at Pompeii, for obtaining casts of the persons who lost their lives at the time of the eruption which caused the destruction of that city. The fugitives were covered by the ashes, which settled on all the minutest folds of their garments and every part of their body. This coating of ashes hardened in course of time, and the flesh wasting away under it left a hollow mould, into which the explorers of the present day, when they are fortunate enough to discover it in time, pour liquid plaster, and thus obtain an exact cast of the body. The number of casts thus taken is four. The bones found at Pompeii contain all the principles to be met with in the bones of the present period. On being heated moderately, they lose about 9 per cent. of their weight. At a red heat, and protected from the air, the bones become black, and lose 16 per cent. more; if calcined in the open air the loss is 20 per cent. The coal obtained in a closed crucible disappears in the shape of carbonic acid. The total quantity of the latter varies between 4 and 9 per cent. In testing the bones with concentrated sulphuric acid for the purpose of ascertaining the quantity of carbonic acid aforesaid, the glass tube in which the operation is performed exhibits signs of corrosion, which is owing to a certain amount of fluoride of calcium contained in all these bones. M. de Luca states that, when found, they are somewhat soft, and after being treated with weak acids their organic matter, cartilage for instance, remains in a gelatinous state, preserving all the time their primitive shapes.

AEROLITE.

M. Lespiault, who had announced to the Academy of Sciences that a violent explosion had been heard on September 24th, wrote again to say that on that day, at 20 minutes past 12 p.m., a fiery globe of the size of a bomb-shell had burst in the vicinity of Mont-de-Marsan (Gironde), with a violent noise resembling the simultaneous report of twenty pieces of ordnance. This noise lasted ten seconds; the direction of the bolts was from north to south.

ERRORS IN OBSERVATION WHICH HAVE A PHYSIOLOGICAL ORIGIN.

M. Faye, in a paper read before the Academy of Sciences, showed that two senses in operation together never act simultaneously. The eye acting alone will measure the most minute distances; the ear can distinctly appreciate the hundredth of a second; and the touch will recognise vibrations at the rate of five hundred to a second. But no two astronomers watching the passage of a star and counting the beats of a pendulum will agree as to the precise moment of time at which the star passes the meridian. Means, however, have been found to obviate these errors, inseparable from human observations and increased by indigestions, fatigue, and numerous other causes, so far as the sun is concerned, by photography and the electric telegraph.

IODOFORM.

Dr. Righini having examined and tried the physiological and therapeutic qualities of iodide of formyle, has found it to possess anæsthetic, antiseptic, and antimiasmatic qualities. When iodoform is administered slowly and continuously it causes excess of secretion from the liver, the lungs, the salivary glands, and the loins; the patient, instead of falling off, as in the case when he is treated with iodine, grows rather fat. Iodoform may be administered without any danger in large doses, which may be gradually raised to three grammes per day; but very large doses will cause symptoms of iodism.

THE CHARACTERS OF GOOD DRINKING WATER.

Dr. Parkes says, the general characters of good drinking water are these. It must be transparent, colourless, without odour, and tasteless; it should be well aerated (as it then appears to be more easily absorbed), cool, and pleasant to drink; it must have no deposit; vegetables should be readily cooked in it; the total dissolved constituents must be within a certain amount. It is difficult, without more evidence than we at present possess, to define this amount, and the following numbers must be taken with some hesitation.

Organic matters should not exceed.....	1.5 grains per gallon
Carbonate of lime	16 "
Sulphate of lime	3 "
Carbonate and sulphate of magnesia	3 "
Chloride of sodium	10 "
Carbonate of soda	20 "
Sulphate of soda	6 "
Iron.....	0.5 "

The proper amount of gases is stated by Boudet to be as follows.

Nitrogen	6 cubic inches per gallon
Oxygen.....	2.5 " "
Free carbonic acid 5.5 to 7	" "

At the Sanitary Congress held at Brussels in 1853, it was decided that the total amount of solids ought not to exceed 0.5 grammes per litre (=35 grains per gallon), and the same rule had been previously laid down in the *Annuaire des Eaux de la France pour 1851*; but this statement is of little use, as the salts differ so much in their effects on the system; the carbonate of lime may exist without injury in large quantities; the carbonate of soda in still greater; but sulphate of lime or magnesia is prejudicial in much smaller amounts. It must also be conceded that in some cases water still more highly charged with salts, especially the alkaline salts, has been used for many years without apparent injury. (*Manual of Hygiene.*)

DIALYSIS OF PLANT-JUICES.

Dr. Attfield has dialysed a few plant-juices. The tops of the common potato yielded a crop of nitrate of potash, some cubes of chloride of potassium, hexagonal crystals not analysed, sugar, and an ammonia salt. The deadly nightshade gave nitrate of potash, an unknown magnesia salt in square prisms, sugar, etc. Pea-pods yielded only sugar. The common garden lettuce contained nitrate of potash, tetrahydra of undetermined composition, sugar, and ammonia. Cucumbers furnished sugar, ammonia and sulphate of lime. The cabbage also furnished sulphate of lime and ammonia. Stramonium contained so much nitrate of potash, that dried portions quite deflagrated on being ignited. Dr. Attfield thinks his proposed application of dialysis promised to be of great service, directly and indirectly, in investigating vegetable physiology. (*Chemical News*.)

WATERING PLANTS WITH IRON.

It is stated as a new discovery that wonderful effects may be obtained by watering fruit-trees and vegetables with a solution of sulphate of iron. Under this system beans will grow to nearly double the size, and will acquire a much more savoury taste. The pear seems to be particularly well adapted for this treatment. Old nails thrown into water and left to rust there will impart to it all the necessary qualities for forcing vegetation as described.

RESPIRATION OF PLANTS.

The researches of M. A. Cahours have led him to the following conclusions. 1. All flowers left in a limited atmosphere of normal air consume oxygen and produce carbonic acid in proportions varying as the flower is scentless or not. 2. The circumstances under which the phenomenon takes place being identical, the proportion of carbonic acid increases as the temperature is raised. 3. Generally, with flowers from the same plant and of equal weight, the quantity of carbonic acid produced is rather greater when the apparatus in which the experiment is performed is exposed to the light than when it is in darkness; but the proportion is, nevertheless, sometimes the same under either condition. 4. When the normal air is replaced by pure oxygen the differences become much more marked. 5. Buds produce rather more carbonic acid than fully developed flowers, which is explicable by the greater vitality of the buds. 6. Flowers left in inert gas disengage small quantities of carbonic acid. 7. Finally, the pistil and stamens, which possess the greatest vitality of any part of the flower, consume the greatest quantity of oxygen and produce the largest proportion of carbonic acid. (*Comptes Rendus*.)

PRODUCTION OF A VACUUM.

A. Dr. Girouard, of Chartres, says that a vacuum can be produced by means of a current of air. If, for example, a strong current of air be blown across the mouth of a vessel with a small aperture, a vacuum is produced in the interior of the vessel.

PHOSPHORESCENCE.

M. Carus has shown that the phosphorescence of the *Lampyris Italica* is, when removed from the insect, unctuous, and much like melted phosphorus; if put on a watch-glass it loses its phosphorescent quality in drying, but regains it if put under water. This experiment cannot be successfully repeated more than once or twice; still the fact of this revival of phosphorescence is important, inasmuch as this is the first instance of a substance emitting light when put under water, and losing this faculty again when it gets dry.

ORGANIC SYNTHESIS.

M. Berthelot's new work, comprising his lectures on Organic Synthesis, delivered at the College of France during the present year, is making sensation. He gives the *coup de grace* to the method of making alcohol from coal-gas, by showing that the process is extremely costly, and that the resulting alcohol is exceedingly impure. M. Berthelot ventures to hope that fibrine, albumen, casein, etc., will ultimately be found in the laboratory; an expression that has caused great alarm in the minds of certain persons, who seem to think that M. Berthelot thereby assumes for science the power of creating living beings.

THE ORIGIN OF WINE-FERMENTS.

M. Bechamp shows: 1, that the presence of air is not necessary either for the development of the ferment or for the commencement of the vinous fermentation, and that the grape brings everything necessary for the perfect accomplishment of all the phenomena; 2, that the surface of the grape may carry the sporules and globules of the ferment; 3, that the stalks and leaves of the vine may carry the same organisms on their spores, which may, in fact, be met with on various parts of other vegetables. The author found, by experiment, that he could set up fermentation in a solution of sugar, by introducing grape stalks and vine leaves, and also by the petals of the red poppy. A microscopic examination of the waxy matter on a ripe grape, he says, reveals the presence of organised bodies identical with those produced in fermentation.

RESEMBLANCE OF OFFSPRING.

At a late meeting of the Academy of Sciences, M. Chassaing laid it down as a rule that a first born daughter always strongly resembles her father. Newly married men should make a note of this law.

CHLOROFORM A TEST FOR SUGAR IN URINE.

M. Caillien states that when urine containing sugar is violently shaken with half its bulk of chloroform the mixture becomes milky, and will separate into two layers. The upper is clear and almost colourless, while the lower is white, thick, and gelatinous. When the upper layer is removed, and left to evaporate in a porcelain dish, the liquid becomes syrupy as it evaporates, and after some days the sides of the dish become covered with the wart-like masses of sugar. (*Journal de Chimie Med.*)

PRESERVATION OF MEAT.

Dr. Morgan of Dublin has proposed a new plan for salting animals whole. Immediately after slaughtering, a communication is established between the principal arteries and a reservoir of salt brine placed at a high-level, the effect of which ensures the diffusion of salt through the meat by a process of injection. The published statements affirm that for the cost of sixpence-halfpenny, and in the course of ten minutes, a whole ox can be preserved. M. Runge has published the following method. In an earthen pot, provided with a good lid, pour an ounce of concentrated acetic acid; place over it, so that it may not touch, a grate of osier or wood, and on this lay the meat to be preserved, and then cover with the lid. The acid, evaporating slowly, envelopes the meat, and at the end of twelve days or a fortnight it is both tender and sweet, with an excellent flavour. Dr. Marcet recommends that whenever it is necessary to remove the excess of salt from meat, cured either on the principle of dialysis or in the ordinary manner, the joint should be securely wrapped in a bladder before being introduced into water, and thus a considerable proportion of the nutritive matters be retained.

Association Intelligence.

WEST SOMERSET BRANCH.

A QUARTERLY meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, January 11th, 1865, at 7 p.m.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D.,

Honorary Secretary.

Taunton, December 10th, 1864.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next Meeting of the Birmingham and Midland Counties Branch will be held at the Medical Department, Old Library, Union Street, Birmingham, on Thursday next, at Six o'clock.

MEDICAL PROVIDENT FUND.

THE following contributions have been made towards the Guarantee Fund.

London and Middlesex:	£.	s.	d.
W. Adams, Esq.	5	5	0
S. S. Alford, Esq.	2	2	0
Joseph Blackstone, Esq.	10	10	0
William Bowman, Esq., F.R.S.	10	10	0
I. B. Brown, Esq.	5	5	0
F. J. Burge, Esq. (Hammersmith)	5	5	0
Dr. Burrows, F.R.S.	21	0	0
George Cooper, Esq. (Brentford)	1	1	0
Robert Dunn, Esq.	5	5	0
Sir Charles Locock, Bart., M.D.	31	10	0
C. J. F. Lord, Esq. (Hampstead)	10	10	0
Dr. Markham	10	10	0
J. Paget, Esq., F.R.S.	10	10	0
Richard Quain, Esq., F.R.S.	10	10	0
Dr. A. P. Stewart	5	5	0
Henry Thompson, Esq.	5	5	0
T. Spencer Wells, Esq.	5	5	0
Dr. C. J. B. Williams, F.R.S.	21	0	0
Erasmus Wilson, Esq., F.R.S.	25	0	0
Bedfordshire:			
Dr. Barker (Bedford)	5	5	0
H. Veasey, Esq. (Woburn)	5	5	0
Berkshire:			
G. May, jun., Esq. (Reading)	5	5	0
Duckinghamshire:			
R. Ceely, Esq. (Aylesbury)	5	5	0
E. Daniell, Esq. (Newport Pagnell)	5	5	0
Cambridgeshire:			
Dr. Paget (Cambridge)	10	10	0
Devonshire:			
Dr. Radclyffe Hall (Torquay)	10	10	0
J. H. James, Esq. (Exeter)	10	10	0
Gloucestershire:			
E. Bartlett, Esq. (Chipping Campden)	5	5	0
Dr. Symonds (Bristol)	21	0	0
Dr. D. L. Thorp (Cheltenham)	21	0	0
Herefordshire:			
Dr. Bull (Hereford)	10	10	0
Dr. Lingou (Hereford)	5	5	0
Kent:			
Dr. Armstrong (Gravesend)	10	10	0
T. Heckstall Smith, Esq. (St. Mary Cray)	10	10	0
Lancashire:			
E. Lund, Esq. (Manchester)	5	5	0
Dr. Radford (Manchester)	21	0	0
G. Southam, Esq. (Manchester)	5	5	0
T. Turner, Esq. (Manchester)	10	10	0
Dr. Escan Wilkinson (Manchester)	5	5	0
Leicestershire:			
Thomas Paget, Esq. (Leicester)	10	10	0
Northumberland:			
Dr. C. J. Gibb (Newcastle)	5	5	0
Somerset:			
Dr. Coates (Bath)	5	5	0
Dr. Falconer (Bath)	5	5	0
Richard F. George, Esq. (Bath)	5	0	0
Dr. Jenks (Bath)	10	10	0
John Soden, Esq. (Bath)	5	5	0

Surrey:			
Sir James Clark, Bart., M.D. (Bagshot)	10	10	0
Dr. C. Holman (Reigate)	5	5	0
Dr. Paul (Camberwell)	5	5	0
Joseph Ward, Esq. (Epsom)	5	0	0
Dr. E. Westall (Caterham)	5	5	0
Sussex:			
Dr. Ormerod (Brighton)	10	10	0
Warwickshire:			
M. H. Clayton, Esq. (Birmingham)	5	5	0
Dr. Fayer (Henley-in-Arden)	10	10	0
Dr. Johnstone (Birmingham)	3	3	0
Wiltshire:			
Charles Bleeck, Esq. (Warminster)	5	5	0
Worcestershire:			
H. D. Carden, Esq. (Worcester)	31	10	0
Sir Charles Hastings M.D. (Worcester)	10	10	0
Yorkshire:			
Rev. Dr. Bell (Goole)	10	10	0
North Wales:			
T. Taylor Griffith, Esq. (Wrexham)	21	0	0

Further contributions will be announced.

Gentlemen desirous of contributing to the Guarantee Fund, will oblige by forwarding their names and the amount of their donations, either to the Chairman (Dr. Richardson, 12, Hinde Street, Manchester Square, W.); or to the Secretary (Dr. Henry, 15, George Street, Portman Square, W.)

B. W. RICHARDSON, M.D., *Chairman.*

ALEXANDER HENRY, M.D., *Secretary.*

London, 5th January, 1865.

Correspondence.

CASE OF PRYCE v. BOWEN.

LETTER FROM EDWARD LUND, Esq.

SIR,—I must ask you to allow me to reply to a remark in your leading article, in last Saturday's JOURNAL, on the unfortunate case of Pryce v. Bowen, in which you say, "Mr. Lund is without excuse."

If it is to be considered as an acknowledged rule in our profession, that under no circumstances whatever are we to express an opinion on the professional treatment of patients by other parties, then I am indeed "without excuse," and must plead guilty, to the fullest extent, of improper conduct in giving any evidence in this case.

I can assure you, I deeply regret the consequences which have arisen from my having given an opinion in respect of the particular treatment of the case during the first nine days after the accident, as set forth in the plaintiff's declaration, which was read over to me, and upon which my opinion was founded. But as to the other charge brought against me, that I sided with a "bone setter" in giving my evidence, I wish distinctly to state that I knew nothing whatever of Evan Thomas, the person referred to, nor was I aware, until I saw him in the witness-box, that he would be in any way brought forward in this trial.

I trust that, although so strong a feeling is expressed against me at the present time, the profession will at least withhold their final judgment on the case, until I have laid before them, as I hope to do through the medium of your JOURNAL, the written opinion I gave in the first instance, and a report of the exact words used by me in my evidence; which, when compared with the questions which suggested them, will, I hope, show that I am not fairly chargeable with the gross misconduct which has been attributed to me. I am, etc.,

EDWARD LUND.

Manchester, January 3rd, 1865.

[Far be it from us to advocate the idea, that under no circumstances ought a medical man to give evidence in a law-court on the professional treatment of

patients by another medical man. What we condemn is the dragging of a medical man into court when there are no sufficient grounds, or no grounds whatever, for doing so. We know our brethren in Liverpool enough to believe, that if Mr. Bowen or any other medical man had injured his patient by gross ignorance or negligence, there would never have been wanting high-minded men among them to enter the witness-box and say so; that it never would have been necessary for the plaintiff to send to Manchester for a medical witness. We believe from Mr. Lund's note, that he has acted under an error of judgment. EDITOR.]

MEDICAL CHARGES.

LETTER FROM J. A. BOLTON, M.D.

SIR,—I send you *Particulars, as Required*, for review. I think the names associated in these two cases are sufficient to warrant me in appealing to the profession and its Council for a tariff of legal, or, to use a pleasanter term, legitimate charges. We never go to law, as a body, without strong compulsion or strong temptation. When we yield to either force, it is only becoming in us to give our brothers the full benefit of our experience.

With this object in view, I have put the cases of *Jackson v. Gee* and *Crossley v. Morley* into pamphlet form, for the benefit of the profession at large. To indemnify myself against unnecessary loss, I have priced the compilation at threepence, and have ordered 500 copies for distribution in the profession. The profession may judge from it whether we need a tariff sanctioned by the Medical Council, or whether we are to remain *in statu quo*, and pocket public abuse instead of pay for our professional services.

Against the practice of giving advice gratis, either in hospital or private practice, you have wisely cautioned the profession for years past; nay, more, you have rebuked and chastised, and marked the spot where charity begins, and where it ought to end, in what we do for the public weal. My plaintive appeal in this instance is, to invoke your aid in helping us through the county court, when *taken or driven* there; that we may in future avoid and avert the necessity of calling a brother to say black is white, or that brown is a genteel mixture of the two, the exact mixing of which "no fellow on earth can understand," though gifted with the genius of a Serjeant Miller as judge. I am, etc., JOHN A. BOLTON.

Campbell House, Leicester, January 3rd, 1865.

ENUCLEATION OF EYES. Whenever the eye is the seat of chronic inflammation and its sight is lost, it should be enucleated, says Dr. Mecker.

IS FEVER CONTAGIOUS? The Secretary of the London Fever Hospital writes as follows on this subject. "Contagion is stayed; or, to speak more correctly, is transferred from the habitations of the poor to the wards of the hospital, where the officers, nurses, and servants not unfrequently become its victims. I find that during the present year two assistant medical officers were attacked, one of whom died. Seventeen of the nurses had typhus, three of whom died. The engineer also had typhus, and died; and at the present moment the excellent matron of the hospital is in a hazardous condition under typhus. Referring to the last three months of 1863, I observe that within that short period the resident medical officer and two assistant medical officers, together with four nurses, had typhus. One of the nurses died. The proportion of casualties among those whose humane vocation it is to grapple with disease here exceeds that of the battle-field."

Medical News.

APOTHECARIES' HALL. On December 29th, 1864, the following Licentiates were admitted:—

Chabot, Frederick, Camberwell Road
Goss, Tregenna Biddulph, Newington Place, Kennington Park
Harris, Henry George Benvenuto, Finchley
Hawkins, Henry Mortimer, St. Mary's Road, Peckham

At the same Court, the following passed the first examination:—

Loane, John, London Hospital

APPOINTMENTS.

VALPY, W. H., Esq., to be Colonial Surgeon for Her Majesty's Settlements in the Falkland Islands.

ARMY.

ABBOTT, Assistant-Surgeon F. T., 41st Foot, to be Staff-Surgeon.

ABBOTT, Staff-Surgeon F. T., to be Surgeon 24th Foot, *vice* J. L. Holloway.

ARMSTRONG, Staff-Surgeon L., M.D., to be Surgeon 13th Hussars, *vice* H. M. Webb, M.D.

HOLLOWAY, Surgeon J. L., 24th Foot, to be Staff-Surgeon, *vice* J. D. C. Reade.

KELLY, Staff-Assistent-Surgeon J., to be Assistant-Surgeon Royal Artillery, *vice* J. A. Scott.

MACBETH, Assistant-Surgeon H. M., 91st Foot, to be Staff-Assistent-Surgeon, *vice* J. A. Scott.

MACBETH, Surgeon-Major J., M.D., 74th Foot, to be Surgeon 16th Lancers, *vice* W. K. Park.

MAKER, Staff-Assistent-Surgeon V., to be Assistant-Surgeon 41st Foot, *vice* F. T. Abbott.

MUNRO, Surgeon W., M.D. 93rd Foot, to be Surgeon-Major, having completed twenty years' full-pay service.

SCOTT, Staff-Assistent-Surgeon J. A., to be Assistant-Surgeon 91st Foot, *vice* H. M. Macbeth.

WEBB, Surgeon H. M., M.B., 13th Hussars, to be Staff-Surgeon, *vice* L. Armstrong, M.D.

WHITE, Staff-Surgeon C. J., to be Surgeon 64th Foot, *vice* J. Macbeth, M.D.

ROYAL NAVY.

BANKS, George F., Esq., Surgeon (additional), to the *Mæander*.

COWAN, Michael W., M.D., Surgeon, to the *Zebra*.

CRAIG, Thomas, Esq., Surgeon, to the *Rattlesnake*.

RYAN, George H., Esq., Surgeon, to the *Shannon*.

INDIAN ARMY. To be Surgeons-Major, Bengal

Army:—

ANDERSON, Surgeon J., M.D. (now Deputy Inspector-General).

BROWN, Surgeon J., C.B. (now Deputy Inspector-General).

BRUCE, Surgeon H. A., M.D. (now Inspector-General).

BRYDON, Surgeon W., C.B. (retired).

BUCKLE, Surgeon H. B.

CAMPBELL, Surgeon J., M.D., C.B.

CAPE, Surgeon H.

CHRISTIE, Surgeon R. (retired).

EATWELL, Surgeon W. C. B. (retired).

FRANCIS, Surgeon C. R., M.B.

GIBBON, Surgeon A. (retired).

LAY, Surgeon P. G. (retired).

LECKIE, Surgeon T., M.D. (retired).

McCLELLAND, Surgeon J. (officiating Principal Inspector-General).

MARTIN, Surgeon W. (retired).

MORRISON, Surgeon A. C. (retired).

MORRISON, Surgeon J. S., M.D.

OAKLEY, Surgeon R. H.

PITT, Surgeon W. (retired).

RAE, Surgeon G. (retired).

RANSFORD, Senior Surgeon J. (retired).

ROSS, Surgeon W. H. B. (retired).

SAUNDERS, Surgeon G.

SIMPSON, Surgeon A., M.D., M.A.

STAIG, Surgeon J. A. (retired).

STREYER, Surgeon T. R. (retired).

THORNTON, Surgeon H. J. (retired).

THRING, Surgeon E. B.

WALLICH, Surgeon G. C., M.D. (retired).

WARNEFORD, Surgeon C., M.D.

WHITE, Surgeon A., M.D. (retired).

Wood, Surgeon J. (retired).

To be Surgeons-Major, Madras Army:—

BLACKWELL, Surgeon J. H.

CLEGHORN, Surg. H. F., C., M.D.

DUFF, Surgeon C. M., M.D.

FITZPATRICK, Surg. J. (retired).

FORRESTER, Surgeon W.

GOODALL, Surgeon A. (retired).

HARPER, Surgeon H. T. W.

HIBBENS, Surgeon W. (retired).

HEUDE, Surgeon W. W., M.D.

KANE, Surgeon M., M.D.

KELLIE, Surgeon J. (retired).

LOVELL, Surgeon J. (retired).

MACLEOD, Surgeon A. C., M.D.

NOTT, Surgeon H.

To be Surgeons, Bengal Army:—

BAILLIE, Assistant-Surgeon G. O., M.D.
 BUTT, Assistant-Surgeon W. B.
 CLARKE, Assistant-Surgeon J. J.
 DALE, Assistant-Surgeon A. J., M.B.
 DALY, Assistant-Surgeon G. H., M.D.
 DALZEL, Assistant-Surgeon W. F. B., M.D.

To be Surgeons, Madras Army:—

GILES, Assistant-Surgeon J. G.
 MARRETT, Assistant-Surgeon H. R. D.
 MILLER, Assistant-Surgeon J., M.D.
 OSWALD, Assistant-Surgeon H. R., M.D.
 PAUL, Assistant-Surgeon J. L., M.D., A.M.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

HEAD, R. T., Esq., to be Hon. Assistant-Surgeon 5th Sussex R.V.
 HESSELEHAYE, J., Esq., to be Honorary Assistant-Surgeon 34th Yorkshire R.V.

DEATHS.

BOWLER, J., Esq., Surgeon Royal Navy, lately.
 EARLE. On December 23rd, 1864, at Ripon, Frances, wife of Francis Earle, M.D.
 FAIRBAIRN, W. C., Esq., Assistant-Surgeon Royal Navy, lately.
 FLYNN, Thomas F., Esq., Staff-Assistant-Surgeon, lately.
 GRANT, George A., Esq., Assistant-Surgeon Royal Artillery, lately.
 JONES, D., Esq., Surgeon Royal Navy, lately.
 KELLY, A. H., Esq., Assistant-Surgeon Royal Navy, lately.
 *MOORE, Edward Dennis, Esq., fourth son of the late Brigadier-General George Moore, Colonel 59th Regiment, Bengal Army, at Walsall, aged 31, on December 21, 1864.
 *NEILL, Hugh, L.R.C.P.Ed., at Liverpool, aged 58, on December 21st, 1864.
 O'LOUGHLIN, James, M.D., at Bayswater, aged 69, on Dec. 19, 1864.
 PARK, Wm. Ker, Esq., Surgeon 16th Lancers, lately.
 POTTS, T. W. B., M.D., at Matlock Bridge, Derbyshire, aged 41, on December 23rd, 1864.
 RATTY, W., Esq., Surgeon Royal Navy, lately.
 REICARDS, J. B., Esq., Surgeon Royal Navy, lately.
 SIMPSON, William, M.B., Surgeon 71st Foot, lately.
 WOOD, C. B., Esq., Surgeon Royal Navy, lately.
 YOUNG, E., M.D., at Croydon, on January 2.

DR. GEORGE KEMP is a candidate for the Coronership of Leominster.

UNIVERSITY OF EDINBURGH. The Duke of Argyle has been elected President of the Associated Societies of the University of Edinburgh. There were four candidates, the Duke of Argyle, Lord Ardmillan, Professor Christison, and Sir Archibald Alison.

DEATH OF A NAVAL SURGEON FROM ACCIDENT. The *Jamaica Guardian* says: "We learn from a private source that a lamentable occurrence took place on board Her Majesty's ship *Steady*, between Bermuda and Halifax. The surgeon, who was unwell, took a sleeping draught, which, from the disordered action of the heart or the too large quantity taken, proved fatal; for, on a brother officer going to call him the next day, the unfortunate man was found dead."

A NEW MINERAL. Professor Church, of the Royal Agricultural College, Cirencester, has recently been describing a new mineral from Australia. It is a sort of combustible shale, which occurs near the River Mersey, north side of Tasmania, and from it Professor Church has extracted a substance which he calls tasmanite. It seems to resist the action of all but sulphuric and nitric acids; alcohol, ether, and other powerful solvents have no action upon it, even on the application of heat, and its composition chiefly consists of carbon, hydrogen, and sulphur. When tasmanite is heated in the air, it burns readily with a very smoky flame and offensive odour, recalling that of some specimens of Canadian petroleum.

THE STATUE OF LAENNEC. The sum of 965 francs has been up to this time subscribed to the fund opened by the French Medical Association for raising a statue to Laennec.

DEATH THROUGH CHLOROFORM. At Leeds, on December 28th, an inquest was held upon the body of Mr. Blaxland, a tea-dealer. The deceased, who was in a weak state of health, had for some time taken chloroform for the purpose of easing pain and obtaining sleep. A medical man warned him several times against the danger of doing so, and on December 25th he was found dead, with a bottle by his side partly filled with chloroform. A verdict was returned in accordance with the evidence.

FATAL EXPLOSION. Mr. Crowther, "dealer in oxygen and hydrogen," Manchester, and his son, have been killed by the explosion of an iron retort, in which the father was making oxygen from a mixture of binoxide of manganese and chlorate of potash, or what he had bought as such. At an inquest held on his body, however, a verdict of manslaughter was returned against Mr. E. G. Hughes, a druggist, who had sold the mixture the deceased was operating with, which mixture was analysed by Dr. Roscoe, and found to be composed of manganese, chlorate of potash, and something that was either soot, lamp-black, or charcoal. Such a mixture, Dr. Roscoe said, would be as explosive as gunpowder.

THE CHARGE AGAINST MR. BOWEN. At a meeting of medical practitioners at Birkenhead on the 27th ult., *apropos* of the case *Pryce v. Bowen*, the following resolutions were unanimously passed. "That this meeting desires to express its deep sympathy with Dr. Bowen on the vexatious trial to which he has been subjected in the case of *Pryce v. Bowen*, and begs to offer its sincere congratulations on the very satisfactory manner in which his professional skill has been vindicated by its result." "That this meeting strongly deprecates the conduct of medical men appearing in court as experts to give evidence against their professional brethren." "That a subscription list be opened to assist in defraying the legal expenses incurred by Dr. Bowen in the late trial." "That Dr. Scholfield be requested to act as treasurer, and Mr. Godden as honorary secretary, to communicate with the profession at large with a view to obtain subscriptions."

PATHOLOGICAL SOCIETY OF LONDON. The annual meeting of this Society was held on January 3rd, 1865. In the report for the session 1863-64, the Council stated that the number of members was in advance of what it was last year—more new members having joined during the past session than in any other of which a record has been preserved. The receipts for the year, however, were somewhat less than in the previous year; but this was because in 1862-63 several members availed themselves of the privilege of compounding for all future payments by a life-subscription, while in 1863-64 none did so. This, however, was no permanent disadvantage; since if it diminished the present receipts, it increased the future annual income. This annual income was now more wanted than ever. The large rent lately imposed by the Royal Medical and Chirurgical Society for the use of their rooms taxed the resources of this Society to the utmost. Still it had been thought undesirable to move from a situation which is so convenient and so well known to the members; and, as a saving had been effected on the cost of the present volume, as compared with the last, the income of the Society had been still adequate to meet its expenditure, and even to leave a slightly increased balance in the treasurer's hands. This saving in the

cost of the *Transactions* was the result partly of a reduction voluntarily made by the printer (in consequence of change of prices in that trade), but mainly of a diminished expenditure on engravings. The interest felt in the Society's meetings appeared to be steadily on the increase. Not only were the new members of the Society assuming their full share of the work, but the latest volumes of the *Transactions*, and the latest meetings of the Society, had been enriched by the matured experience of many of the older members. The increasing number of the members of the Society rendered some increase necessary in the number of copies of the *Transactions*. The number now published left only a very small margin for purchase by future members and the public. Several of the volumes were already out of print, and several more must be so in a very short time. A general index to the whole series of the fifteen volumes of the *Transactions* had been prepared, and was in course of distribution to the members. The total receipts of the Society, including a balance from last year of £78:2:6½, amounted to £430:3:4½. Of this sum £27:14:1 resulted from the sale of the *Transactions*—a very large increase on last year; £85:9 was interest on the Society's funded property; and the remainder, £316:10:0, was received by the collector. The total expenses were £343:2:3½; leaving a balance of £87:1:1 to carry forward. These expenses included a sum of £45:3:0 for the purchase of stock, £49:7:11 three per cent. Consols. The money represented the life subscriptions and composition fees which it had always been customary to invest. This made the funded property of the Society £308:11:4. The Council could not allow the retirement of their medical secretary, Dr. Bristowe, to occur without publicly recording their high sense of the valuable services which he has rendered to the Society in that capacity; and hoped that, although they had lost his services as secretary, they might long have the benefit of his co-operation in other offices.

ALLEGED MURDER. Mr. R. Smith, of Winchcomb, Gloucestershire, was last week charged with the murder of his wife by shooting her through the head. Mr. Smith was formerly in practice as a surgeon, but had retired for some years, and lived with his wife alone, without a regular servant, in Winchcomb. He was very eccentric in his manner, but his eccentricities were not considered by his friends great enough to warrant them in placing him under restraint. On Tuesday week a shot was heard in his house. Next morning the prisoner went to his brother, and told his sons that their mother had been shot. Most of the witnesses bore testimony to the fact that the prisoner was of unsound mind. The policeman who apprehended him said he considered he had been in an unsound state of mind for the last five years. At times he had been in such an excited state as to call for his interference. A jurymen stated that he had seen him with a fishing-rod fishing in the turnpike road. Mr. Newman (surgeon) said that ever since he had known the prisoner, twenty years, he had considered him in an unsound state of mind. The jury found a verdict of "Wilful Murder" against Richard Smith, and wished to append to their verdict an opinion of his insanity, but the coroner said that must be left to another court. The prisoner was accordingly committed for trial at the next Gloucestershire Spring assizes.

DISCOVERY OF A MAMMOTH. At a late meeting of the Manchester Philosophical Society, Mr. William Brockbank read a paper, "On the Discovery of the Bones of the Mammoth (*Elephas primigenius*) in a Fissure of the Carboniferous Limestone at Water-

houses, near Leek." A considerable number of bones were found at Waterhouses some weeks since; but, through ignorance of their real character, they became dispersed without attracting attention, a good many having been used to manure the land by a neighbouring farmer. A few of these bones reached the author, and were at once identified as belonging to the skeleton of an elephant. A further search was determined upon; and the author succeeded in finding a large number of bones. Mr. Wardle and Mr. Green, of the Geological Survey, again visited the place, and found very decided fragments of teeth. A large number of bones were submitted to the Society: amongst which were one humerus nearly complete, and part of the second; parts of the pelvis and scapula; one ulna; several carpal and metacarpal bones; the head of the tibia; several fragments of tusks and two fine fragments of teeth, showing very clearly the peculiar narrow transverse plates and ridges of the dentine and enamel by which the teeth of this elephant are distinguished. The fissure in which these bones were found occurs in the upper beds of the carboniferous limestone, and has been exposed by the workings of a quarry. The face of the limestone in the quarry is nearly east and west; and the fissure follows the dip and direction of the strata, being nearly vertical. It is about six feet in width, and is filled up with angular blocks of limestone, cemented together at the sides of the fissure into a solid breccia, the stones being coated with stalagmite, whilst the centre is filled in with angular rubble and damp ochreous clay. The bones were recovered in good condition from the breccia on the drier side of the fissure; but those occurring amongst the damp clay and rubble were so friable that it was quite impossible to save them. Large numbers of ivory flakes were found, which proved to be the remains of the teeth; and one large fragment of tooth was obtained which was decomposing into these flakes. At the furthest point reached, were discovered a humerus in the socket of the scapula, with the head of another humerus resting upon it at the other end, and two cervical vertebrae were found near the scapula. These were the only bones found in their relative positions. It was conjectured that the mammoth had fallen into the narrow fissure before it was filled in. Mr. Wardle found several fragments of the teeth fifteen or twenty feet below the point where the bones occurred. The author had not been able to find any record of the occurrence of the remains of the mammoth in any work on the geology of Derbyshire or Staffordshire.—Mr. Binney said that Mr. Brockbank was mistaken in supposing that no remains of the elephant had hitherto been found in Derbyshire. The late Mr. White Watson, in his *Delineation of the Strata of Derbyshire*, says: "About the year 1663, a large cavern was discovered in sinking for lead ore, upon a hill at Ballege, within two miles of Wirksworth; in which a large skeleton was found, which, in the original account of its discovery, is said to be 'that of a man, that his brain-pan would have held two bushels of corn, and that it was so big they could not get it out of the mine without breaking it.' Several of its teeth were distributed in the neighbourhood, one of which is in the writer's possession. The tooth is ivory; and, when compared with the *dentes molares* of an elephant, no difference can be found." About twenty-five years since, the late Mr. James Meadows presented to the Manchester Geological Society a portion of the tusk of an elephant which he had found in a limestone fissure near Chapel-en-le-Frith. Mr. F. Looney, in his list of organic remains, says: "Part of a molar tooth of the Asiatic elephant was found at Adlington, near Macclesfield."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.	Guy's, 1 1/2 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.	Medical Society of London, 8 P.M. Dr. B. W. Richardson, "On Inhalation in the Treatment of Disease."
TUESDAY.	Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Furneaux Jordan, "On Eczema of the Eyelids, Conjunctiva, and Cornea"; Mr. Desvignes, "On Subcutaneous Injection of Quinine in Ague"; Dr. Dobell, "On Winter Cough."

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) In Manchester and Salford (Sanitary Association). (B.) At Preston (R. C. Brown, Esq.). (C.) At St. Marylebone, London (Dr. Whitmore).

4 weeks ending November 26, 1864.

	A.	B.	C.
Small-Pox	94	.....	4
Chicken-Pox	6	4	21
Measles	63	52	115
Scarlatina	74	90	53
Diphtheria	—	—	2
Whooping-Cough	28	1	56
Croup	4	2	2
Diarrhoea	117	49	443
Dysentery	9	6	4
Erysipelas	39	4	26
Insanity	26	4	12
Bronchitis and Catarrh	957	164	1048
Pleurisy and Pneumonia	92	16	33
Carbuncle	—	—	4
Accidents and other diseases ..	4413	528	3378
Totals	5392	920	5201

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—Messrs. Davies and Hancom (Gower), 5s.; J. T. Tallent, Esq. (Hingham), 10s.; Dr. R. Anson (Cambridge), 10s. 6d.; W. S. Barker, Esq. (Thingoe), 10s.; A. S. Vandentergh, Esq. (Bethnal Green), £1.1.

Amount previously announced, £108:19:0. Received at the *Lancet* office, £9:14.

I am, etc.,

ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, January 4th, 1865.

THE FRENCH MEDICAL PROVIDENT ASSOCIATION complains of the malevolence and persistent misrepresentations to which it has been, from its origin, so perseveringly subjected in France. Our Association does not, therefore, stand alone in this respect.

THE SECOND VOLUME OF THE NOUVEAU DICTIONNAIRE DE MÉDECINE ET DE CHIRURGIE of 800 pages and 90 plates, has just appeared. It contains the following articles:—Amenorrhœa, by Bernutz; Amputation, by Guérin; Amyloid Degeneration, by Jaccoud; Anæmia, by Lorain; Anæsthetics, by Giralde; Aneurisms, by Riche; Anginas, by Desnos; Angina Pectoris, by Jaccoud; Anchylosis, by Denucé; Antiaphrodisiacs, by Ricord; Anus, by Gosselin, Giralde, and Langier; and Aorta, by Luton.

PRICE v. BOWEN.—The following subscriptions have been received for Dr. Bowen:—Dr. Scholfield, £5; J. Godden, Esq., £5; G. Walker, Esq., £5; Dr. Ricketts, £3:3; Dr. Downing, £2:2; Dr. Lambert, £2:2; J. Edgar, Esq., £2:2; Dr. Spratly, £1:1; E. L. Jacob, Esq., £1:1; — Daniels, Esq., £2:2; M. Jeunette, Esq., £1; Dr. Craig, £2:2; — Lamb, Esq., 10s. 6d.

Subscriptions should be forwarded to Dr. H. D. Scholfield, Treasurer, Birkenhead.

A SUGGESTION.—SIR: I was glad to see your remarks upon the professional correspondence from Brosseley. It is not very creditable to us to have this kind of professional dispute circulated in our JOURNAL. Would it not have been better if the two gentlemen had referred their grievances to the Council of the Shropshire Ethical Branch of our Association? Of which Branch, I believe, they are both members. What is an Ethical Society for, if not to settle such points? And why bring them before the public (medical), if they can be decided at home?

I am, etc.,

QUERY.

MR. HOLMES'S SYSTEM OF SURGERY.—SIR: Allow me to call your attention to an error in the following paragraph from the review of *A System of Surgery*, vol. iv, in your last number.

"Mr. Holmes writes on Operations in Childhood; and on Malformations—including attached foetus, congenital sacral tumour; congenital malformation of the face; spina bifida; imperforate rectum; malformations of the umbilicus; hermaphroditism; malformation of skin; and malformation of limbs. Mr. Brodhurst writes on Congenital Dislocations and Fractures in Utero. Mr. Shaw supplies remarks on Congenital Tumours, Congenital and Infantile Syphilis, Infantile Paralysis, Gangrene, Leucorrhœa, Tumours of the Vagina, Rickets, Lateral Distortion of the Spine, and Pigeon-breast Deformity."

Of the subjects here attributed to Mr. Shaw, only the two last—viz., Lateral Distortion of the Spine and Pigeon-breast Deformity—were treated by him; the other sections are written by me. If your reviewer will look again either at the text or the table of contents, I think he will find this plainly stated.

I am, etc.,

T. HOLMES.

22, Queen Street, May Fair, W., January 2nd, 1865.

COMMUNICATIONS have been received from:—THE SECRETARY OF THE PATHOLOGICAL SOCIETY OF LONDON; DR. J. S. ROBERTS; DR. J. THOMPSON; MR. ROOPE; MR. WM. DATE; DR. ARTHUR RANSOME; DR. M. MACKENZIE; MR. HIGGINBOTTOM; DR. HYDE SALTER; DR. RADFORD; MR. CEELY; MR. T. M. EVANS; DR. B. W. RICHARDSON; THE HOUSE-SURGEON OF THE ROYAL PORTSMOUTH HOSPITAL; MR. HOLMES; MR. LUND; DR. BOLTON; DR. GODDEN; MR. H. C. MOORE; MR. TUBES; DR. DURRANT; DR. TANNER; DR. MEADOWS; MR. T. M. STONE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; DR. R. FOWLER; THE HON. SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; DR. WILLIAM NEWMAN; DR. E. GOODEVE; X. Y. Z.; and MR. W. A. NEILL.

ADVERTISEMENTS.

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Clinical Lecture

CONCERNING

LEAD-POISONING AND ITS TREATMENT.

BY

ALEXANDER FLEMING, M.D., F.R.C.P.LOND.,
PHYSICIAN TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

GENTLEMEN,—The cases to which I propose to direct your attention to-day belong to a class that, in this large and busy manufacturing town, is often under our care. We see here, in hospital practice, examples of chronic lead-poisoning of every degree of severity, from the simple colic which may be relieved in a day or two, to the deadly cachexia, with enfeebled brain and paralytic limb, which has carried some of our most skilled workmen to the grave, and has left many hopeless inmates of the workhouse.

Glass-cutting and glass-polishing, the making of red lead, of brass taps, plumbing, the process of enamelling and of soldering iron, are among the occupations which in Birmingham furnish cases of lead-poisoning. There are at present two factories of red lead in this town. In them, lead-poisoning was formerly frequent, and often severe; but of late years, in consequence of improved ventilation of the buildings and greater cleanliness of the workmen, the cases of poisoning are much rarer and milder.

The painters and cutters in glass present the worst examples. This was the occupation of one of my patients in the Queen's Hospital, whose case I will now narrate to you.

J. M., aged 36, by trade a glass-painter, was admitted into the hospital with the following symptoms. The face is pale and sallow; the features are sharp and pinched; the conjunctiva is bloodless; and the countenance wears an anxious expression. The mouth and nostrils are dry, and there is well marked blue edging of the gums. He has a sweetish taste in the mouth; complains of want of appetite, of constipation, and occasional severe colic. The muscles throughout the body are soft and flabby; and he complains of neuralgic pains in the upper limbs, of great general weakness, but especially of loss of power of the right forearm and wrist. The extensor muscles are especially enfeebled, and he has wrist-drop on the right side. The left arm and wrist are also paralysed, but less so than on the right side. The voice is weak and husky. Our patient has a heavy, stupid aspect; is slow of perception; and his memory is much impaired. There is no fever. The pulse is small; and the skin is cool and dry. The urine was tested for lead, but none was found.

History. This man comes from Dudley, where he has been working as a painter of glass for the last three months. Part of the process is as follows. The glass, being brushed over with oil, is then dusted with a fine impalpable powder, composed in part of carbonate of lead, which, suspended in the air, is deposited on the skin, and carried to the stomach and lungs. In two weeks from the commencement of this work, he suffered from constipation and severe colic. These were relieved by appropriate treatment, but have recurred from time to time, becoming gradually more severe up to the period of admission.

In analysing this case, which is an ordinary one, and therefore well suited for an example, let us inquire: 1. How the poison got into the body; 2. Its action there; 3. The channels by which it is eliminated.

We have seen that the powder containing the carbonate of lead is deposited on the skin, and carried to the stomach and lungs. But this powder is comparatively insoluble, and must undergo such chemical changes in contact with the secretions as will render it soluble and capable of absorption. The nature of these changes has not been actually demonstrated; but there is good reason to believe that the lead is acted on by the chloride of sodium of the perspiration and mucus; that a double chloride of sodium and lead is formed, which salt, being soluble, passes through the skin and mucous membrane, and so into the circulation. The solvent action of the chloride of sodium is materially favoured by the presence of free acid in the sweat, mucus, and gastric juice.

Once in the blood, the lead unites with the albumen it finds there, forming albuminate of lead. The blood becomes pale and watery; loses its normal proportion of red corpuscles; and, loaded with the poison, is unable to furnish healthy nourishment to the tissues, in all of which lead is deposited.

Hence the general cachexia and anæmic pallor. The enfeebled nutrition and poisoning of the heart are indicated by the slow and small pulse. The impaired structure of the muscles and nerves is shown first by spasms and neuralgia; and subsequently, as the disorganisation increases, by wasting, paralysis, and insensibility; and, lastly, the deposition of lead in, and perverted nourishment of, the brain, is apparent in the loss of memory, stupidity, blunted sight and hearing, epilepsy, coma, and death.

The lead *colic and constipation* are chiefly, though by no means entirely, local effects of the poison on the alimentary canal. Spasms and neuralgic pains of the intestines are first caused, and these are followed by paralysis and consequent distension of the muscular coat. As the lead exerts a powerful astringent action throughout the system, drying the mouth and nostrils, checking all the secretions, and, among others, that of the intestinal canal, the constipating influence produced by the paralysis of the muscular coat is thus obviously aggravated.

The *blue gum*, caused by the black sulphide of lead, is prominently manifested in the gum-tissue of our patient. It is formed by the sulphuretted hydrogen furnished by the decomposing *débris* around the teeth coming into contact with the metal in the gum. To prove that this chemical reaction takes place *within* the tissue, and not *outside* it in the mouth, we caused the gums to be repeatedly washed with a solution of acetate of lead. This had no effect in increasing the blue coloration. The blue line must be formed very slowly. Washing the lips and inside of the cheeks (as was several times done in this patient) with the sulphide of ammonium does not produce any blackening of the mucous membrane.

The channels by which the lead is eliminated from the system are the intestines, the kidneys, and the skin. The metal has been found in the intestinal secretions, the urine, and the perspiration. Of these three modes of exit, the intestines are the most, and the skin, the least important.

Treatment. Our patient was altogether three

months under treatment, which I will describe in a general manner, to avoid the repetition of daily reports. He was ordered new clothing; the surface was thoroughly and repeatedly cleansed in the sulphuretted bath. All chance of further absorption of lead by the skin was thus removed. During the first week, the following mixture was given.

℞ Magnesie sulphatis ʒij; acidi sulphurici diluti ʒss; sulphuris ʒij; aquæ Oi. Fiat mistura.

A wineglassful of this mixture was given every four hours, or less frequently, so as to cause three or four stools daily. The object of this medication is to convert any lead which may be present in the stomach or bowels into the insoluble sulphate and sulphides of lead, and secure their removal with the stools from the body.

Having in this manner removed all chance of the further introduction into the system of the poison, the treatment was directed to dislodge and expel the lead already in the blood and body.

For six weeks he was given, half an hour before meals, twenty grains of the iodide of potassium, dissolved in four ounces of water, three times daily. In solution, thus diluted, and taken on an empty stomach, the iodide finds ready access to the circulation; meets the lead in the blood and tissues, and forms with it a comparatively soluble double iodide of potassium and lead. In this form, it circulates with the blood, and is finally eliminated by the bowels, kidneys, and skin.

With respect to the use of the iodide of potassium, I wish especially to draw your attention to the importance of giving it in these large doses, and for the period of at least six weeks, if you desire to obtain from its use the full measure of advantage. When it is given in the ordinary manner of five grains three times daily, the kidneys manage to eliminate the drug nearly as quickly as it enters the circulation; and the blood does not become charged with it in sufficient quantity to secure its solvent action on the lead in the tissues. I have had several cases under my care, both in private and in public practice, where the smaller doses had previously been used with little or no improvement, and where the larger doses afforded subsequently the highest measure of success. No fear need be entertained of evil arising from these large doses. I have often used them, and have never observed any injurious result. During the first week or two of the treatment, the neuralgic pains are usually more acute and frequent; but this aggravation of the symptoms, instead of being dreaded, should be hailed as a token of the efficiency of the treatment. They quickly subside.

During the first and second of the six weeks administration of the iodide of potassium, we endeavoured to favour the extrusion of the poison by the bowels; during the third and fourth, by the kidneys; and during the fifth and sixth, by the skin.

During the first and second weeks, we gave half a drachm of the compound powder of jalap, with four grains of gamboge, once or twice in the day, so as to cause daily three or four watery stools. During the third and fourth weeks, diuretics were given. A wineglassful of the following mixture was directed to be taken every two hours; and cold water was enjoined to be drank freely.

℞ Potassæ nitratis gr. 100; spiritûs juniperi ʒi; decocti scoparii ʒx; aquæ ad ʒxx. M. Fiat mistura.

Under this treatment, the urine was much augmented. It was tested for lead, but none was found. In another patient, however, whose urine was examined while he was using the diuretics, lead was detected, although none could be found prior to the commencement of treatment. During the fifth and sixth weeks of the use of the iodide, our patient had a hot sulphuretted bath (containing six ounces of sulphide of potassium to the bath) at bedtime every second night. He remained half an hour in the bath; and, on leaving it, was placed in bed, covered with double his usual bed-clothing, and made to drink abundantly of thin warm gruel. This caused the perspiration to pour very freely from the skin. The sweat was repeatedly tested for lead, but none was found; while the iodide of potassium was always readily recognised.

Of the three channels—the bowels, kidneys, and skin—by which the poison is removed from the blood, I consider the bowels the most, and the skin the least important. Hence, in the eliminative part of the treatment of our patient, purging occupied the first, urination the second, and sweating the third place, in the order of time. Elimination was promoted by *one* channel only at a time—a point too often neglected, but of much moment, if the treatment is to be efficient. It is a therapeutical error to attempt to provoke purging and diuresis at one and the same moment. During the process of elimination, a considerable degree of exhaustion was caused, and was indeed unavoidable; but, in the choice of medicinal agents, I was careful to select those drugs which are at the same time efficient, and depress the least.

Having by these means effected, so far as I could, the removal of the poison from the body, the treatment during the remaining weeks that the patient was in the hospital was essentially tonic, having for its object the making of better and more blood; hence improved nutrition, better structure, and more strength; generous diet, pure air, sun-light, due exercise, cold sponging; and, in the way of medicine, iron, acids, especially the phosphoric, and a little strychnia, as in the following prescription.

℞ Solutionis strychniæ (Fleming) m 50; tincturæ ferri muriatis m 100; acidi phosphorici diluti ad ʒx. M. Fiat mistura.

Sig. One drachm (by measure), in a large wineglassful of water, immediately after dinner and supper.

During the whole course of the treatment, the patient was encouraged to take as much exercise as he could, with the view of promoting the tissue-changes of the body, and replacing unhealthy by healthy structure.

In the treatment of the wrist-drop and palsy, we employed, throughout the whole period of our patient's residence in the hospital, the galvano-magnetic current, the importance of which, when properly used, cannot be too strongly enforced. But, to secure its value, the current must be transmitted by means of moistened conical and pointed excitors from the nerves through the paralysed muscles collectively and repeatedly, so as to arouse, if possible, every fibre, however enfeebled. This should be practised twice daily, with much care and patience, and continued for months, if necessary. This influence may be rendered still more efficient by passing needles

into the nerves and muscles through which the current is passed.

Such, then, is the outline of the treatment adopted. The success was very marked. The patient lost entirely his cachectic aspect; gained a vigorous appetite. The bowels became regular; the muscles larger and stronger; and the movements of the arm and hand were vastly improved, though not completely restored to their normal state.

Our case suggests several interesting questions in respect to lead-poisoning; among which, perhaps, the most important inquiry is: *Why should this man have proved more susceptible to the action of the poison than his fellow workmen (of whom there are many), who had either not suffered at all, or but slightly?* This fact is constantly presented to our notice. For example, of a given number of printers or type-founders, it is observed that perhaps only one or two suffer from lead-symptoms, though all may be equally exposed to their cause. I suspect that in a majority of instances, as I have ascertained to be the fact in our own patient, want of personal cleanliness, and especially the neglect of washing the mouth and hands before taking food, furnishes a sufficient explanation. Another solution of the difficulty has been offered by Mialhe, who supposes that the especial sufferers use salt in undue quantity in their food, by which the fluids and secretions are highly charged with this salt, and are thus rendered more apt to dissolve the poison. However this may be—and the hypothesis yet needs demonstration—my own inquiries justify me in stating that, among those who are poisoned by the contact of the metal with the cutaneous surface, such as lead-glaziers, type-founders, and printers, *those suffer most whose skin is soft and perspirable.*

This fact is well shown in the following case, at the present moment under my care in the Queen's Hospital, and reported by Mr. Melson, my clinical clerk.

C. H., aged 41, a lead-glazier by trade, was admitted as an out-patient on October 21st of this year. His work consists in cutting small panes of glass, and fixing them in lead framework, which he solders together. Thus the lead comes in contact with his hands only, which are covered with black scars and marks made by it. For the last seven years he has suffered constantly from constipation and pains throughout the body, and repeatedly from lead colic. His muscles are soft and weak; there is no wrist-drop, but his hands tremble. His mouth and lips are dry; and there is a distinct blue line on the gum. His aspect is pale, and he has lost flesh considerably. The urine is pale, but no lead was found in it. He states that *his skin is peculiarly soft and perspirable; and that, when at work, his hands were always moist.* This man made a good recovery under the treatment I have already laid down.

Another point merits attention. Our patient had marked wrist-drop; the muscles of the forearm and hand were much more paralysed and wasted than those of any other part of the body. Again, those of the *right* forearm and hand were more affected than those of the left; and, lastly, the *extensor* muscles had suffered, both in weakness and wasting, more than the flexors. Dr. Todd has offered an ingenious explanation of these phenomena, though it does not entirely solve the difficulty. The blood-supply and tissue-changes are most active in those muscles and nerves which are most used, as in the workman's forearm and hand; and, if the blood be charged with

lead, such muscles and nerves will be the more quickly poisoned. This explanation does not apply, however, to the undue wasting of the extensors, as compared with the flexors, and which I believe to be owing to the *local* action of the lead-powder, which naturally falls and rests upon the outer surface of the forearm and back of hand.

It deserves notice, that our patient had not presented any symptoms of gout, a peculiar liability to which has been observed by Drs. Garrod and Begbie as among the less prominent effects of lead-poisoning—an observation which I myself have had several opportunities of confirming, as in the two following cases, which have occurred in my private practice.

Mr. H. —, aged 46, has been for eighteen years a maker of red lead. During the first eight years of this period, he worked himself in the factory, and had lead colic and constipation two or three times. The gums were then slightly coloured; but there never has been any cachexia nor paralysis. During the last ten years, he has only superintended the work, and he has had no lead-symptoms. Four years ago, and again two years ago, he had unequivocal gout in the left foot. There is no hereditary tendency to gout whatever. He has used fermented liquors, but always moderately.

Mr. D. —, his only brother, has also worked in the factory, and had mild symptoms of lead-poisoning. He likewise has suffered from gout in the hands and feet. He takes beer, but in moderation.

In the sixth Report of the medical officer of the Privy Council, it is alleged with truth, that, in consequence of the improved ventilation of workplaces, and by the adoption of habits of personal cleanliness, there has been a great diminution of lead-disease. At the same time, my own observations lead me to the conclusion that wrist-drop and other forms of lead-paralysis are more frequently to be met with in Birmingham than is implied by Dr. Whitley, in the appendix to that Report. Even the most formidable effects of lead on the central organs of the nervous system are still occasionally manifested. I have had several cases of epilepsy from this cause under my care at the Queen's Hospital. One is in the institution at the present moment.

It is that of a man named E. E., aged 50, glass-cutter and polisher, who was admitted on October 5th, 1864, with the following symptoms: Lead-cachexia well marked; aspect vacant and stupid; the mind obviously much impaired; eyes staring. He suffered much from general feebleness of the muscular system; the muscles throughout the body being soft and wasted. Marked wrist-drop, with wasting of forearms and hands. Has no power of extension of wrist-joint, and scarcely any power of separating the fingers. This man has been employed in glass-cutting and polishing for twenty-eight years. He was originally very strong, but has suffered for several years from lead colic and constipation. A year ago, he had in one day about sixteen severe fits, evidently epileptic; and again a like series about a month ago. Since the first attack, he has complained almost constantly of pain in the head. This man has improved somewhat under treatment.*

Most of the sources of lead-poisoning are now well understood; and their effects may be mitigated, if

* The notes of this case are taken from the report of Mr. Melson, clinical-clerk.

not altogether avoided, by the usual precautionary measures. But cases still from time to time occur, where the cause acts secretly and insidiously, and may undermine the health, and even destroy life, without a suspicion existing of its nature. Such causes, when discovered, ought to be made known as widely as possible.

A very interesting example of unsuspected lead-poisoning in a child six months old has been lately mentioned to me by my friend Dr. Jordan, of this place. This infant (T. O.), which was being brought up by hand, without any ostensible cause began to decline, and to present unequivocal symptoms of lead-poisoning; viz., severe colicky pains, constipation, gradually increasing emaciation, and unusual pallor; sickness, dilated pupil; finally, extreme drowsiness, and almost complete paralysis of the upper extremities. The lower limbs were also enfeebled, but in a less degree. There was no convulsion. After two months' suffering, and of mystery as to the origin of the evil, the feeding-bottle was accidentally examined, when the ball-valve and its case were found to be undergoing corrosion; and, as these were made of an alloy containing lead, the cause of the illness was at once apparent. This was removed, and the child made a rapid recovery. It is interesting to note, that in this infant, *which had no teeth*, there was no blue line on the gum.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ROYAL PORTSMOUTH, PORTSEA, AND
GOSPORT HOSPITAL.TRANSVERSE FRACTURE OF THE PATELLA; UNION
BY BONE.

Under the care of H. B. NORMAN, Esq.

J. Y., aged 37, was admitted on March 1st, 1864, with a transverse fracture of the patella. The patient, who was in a miller's employment, was carrying a sack of flour. His foot slipped, and he came with great force to the ground in a kneeling position. The patella was split transversely as near as could be in the centre; and the fragments were four inches apart. He was placed in bed in a sitting posture, with a bed-rest supporting his back; and the leg and thigh were placed on an inclined surface, rising gradually all the way from the tuber ischii to the heel. By these means, the extensor muscles of the leg were completely relaxed, and the fragments came easily into apposition. An evaporating lotion was applied; and at the end of a fortnight, all swelling and inflammation having subsided, a starched bandage was put round the thigh from above downwards, so as to counteract the action of the extensor muscles. A similar bandage was applied to the leg, commencing at the root of the toes, making a figure-of-8 at the knee, so as to keep the fragments in perfect apposition. A strong straight splint was then placed behind the knee-joint, and a starched bandage over all. On April 8th, the above appliances were removed, and there was every appearance of osseous union. A strong leather knee-cap was then placed round the knee-joint; and the man was made an out-patient.

He was able to act as carter, and drive his master's horses; and, at the end of six months, resumed his usual employment of carrying flour. He has now perfect use of the limb, and the bone is firmly knit together.

We may consider that the osseous union brought about in this case was entirely owing to the position in which the limb was placed immediately after the accident; but it is only in a hospital where the patient is closely watched by the house-surgeon to prevent him from changing his position from the sitting one, that such a satisfactory result can be hoped for. In private practice, where the patient is more under his own control, we cannot expect such a happy termination.

IMPASSABLE IRRITABLE STRICTURE.

Under the care of E. K. PARSON, Esq.

J. A., aged 23, was admitted an in-patient on January 10th, 1864, with a stricture extending two inches from the orifice within the urethra, a second at the bulb, and a third at the neck of the bladder. The whole canal was in a highly irritable condition, bleeding at the slightest touch. The urine came away in drops. The patient complained of pain in the right kidney, dizziness, and headache. He was ordered to have a warm bath, fifteen grains of Dover's powder at night, and a house-draught next morning. After a good deal of gentle manipulation, a No. 2 catheter was introduced, and a large quantity of highly offensive urine drawn off. The pain in the kidney still continuing, with head-symptoms, a mustard plaster was applied over the right renal region, and five grains of Dover's powder and ten grains of bicarbonate of soda were given every four hours. The patient was much relieved. After a lapse of four days, a No. 3 catheter was passed; and an instrument was passed every third or fourth day, until No. 8 catheter was reached. On February 7th, he was discharged, and made an out-patient. He had an instrument passed once a week for some time.

This case, one out of a number, is not given as anything new, but rather to call the attention of the profession to the different modes of treating stricture. Here we have a severe case cured by gentle dilatation, and those adjuvants which a hospital can most readily afford the poor—the warm bath, good diet, and rest.

Strictures are of frequent occurrence, and are met with in every-day practice. It will be worth while for practitioners to get the history of as many cases as possible, to enable them to come to a fair conclusion as to the best mode of cure.

ST. GEORGE'S HOSPITAL. On the fifth inst., certificates of prizes and honorary certificates were awarded. Sir Charles Clarke's Prize, to Mr. Thomas Edgelow and Mr. William Leigh. Mr. Henry Charles Johnson's Memorial Prize to Mr. F. W. Underhill and Mr. H. Ray Archer. General Proficiency, to Messrs. J. Forster, T. Edgelow, F. Sims, Howard Barrett, R. Anderson, W. Cant, and W. Tindall.

SPANISH MEDICAL JOURNALS. There are eighteen medical journals published at the present moment in Spain. The *Correspondencia Medica*; *Siglo Medico*; *Restaurador Farmaceutico*; *Porvenir de la Veterinaria*; *Criterio Medico*; *Pabellon Medico*; *Genio Cirujico*; *Foz de los Ministrantes*; *Espana Medica*; *Clinica Medica*; *Monitor de la Salud*; *Revista de Sanidad Militar*; *Monitor de la Veterinaria*; *Veterinaria Espanola*; *Cronica de Sevilla*; *Revista Medica de Cadiz*; *Revista Farmaceutica de Barcelona*; and *Vigia de los Partidos*.

Original Communications.

REMARKS ON DR. HERBERT DAVIES'S METHOD OF TREATING ACUTE RHEUMATISM.

By W. O. MARKHAM, M.D., F.R.C.P., Physician to
St. Mary's Hospital.

DR. HERBERT DAVIES recommends a new method* of treating acute rheumatic fever; viz., "exclusively by free blistering. He has lately systematically pursued this plan in the London Hospital. The treatment is absolutely local, without the aid of "alkalies, nitre, lemon-juice, bark, opium, colchicum, or, in fact, any of the internal remedies which are and have been considered as specific in that affection." The result, Dr. Davies says, is in all respects highly satisfactory. His theory of rheumatism is the ordinarily accepted one, that there exists in the system a *materies morbi*, consisting either of an excess of some normal element, or of a new product, intensely acid, and highly irritating to synovial and fibrous tissues. Upon the rapid expulsion of this element depends, in his opinion, the immunity of the patient from heart-disease. Thus arguing, and believing that the virus localised itself in the affected joints, he determined to try to eliminate it there, wherever it shows local signs of its presence, bringing it out bodily with the serum of the blistered surface. "Armbands, wristlets, thighlets, leglets, and even fingerlets (if I may be allowed to coin such words) of blisters, were applied near to, but not upon, every joint inflamed, at the very height of the inflammatory stage, when the local pains were most severe, and the constitutional disturbance the greatest.

Details of the cases (thirteen in number) on which Dr. Davies founds his opinion, are given in the *London Hospital Reports*. Since their publication, he has, he tells us, had further experience of the treatment, and has "obtained such valuable results as to lead him to hope that the plan suggested presents the most efficient means of rapidly subduing pain, limiting the duration, and diminishing the tendency to the production of cardiac disease."

A novel method of treating so formidable a disease as is rheumatic fever, and one so warmly recommended by an able and experienced observer like Dr. Davies, will naturally attract the attention of the profession; but I am sure no one will more readily admit than Dr. Davies that it must bear the test of experiment and much criticism before it become an accepted and established method of cure. Every man of medicine, alas! knows only too much, by sad experience, of excited hopes and fallen expectations in the matter of specific and sure cures of acute rheumatism, as well as of many other diseases. He, therefore, *festinat lenté*—is reasonably slow of trusting, even on such high authority, this last newly proposed remedy. Certainly the cases, thirteen in number, published by Dr. Davies as proofs of the good things he attributes to the remedy, are in my

opinion, if I may venture one, quite insufficient to prove his case. The main point, we suppose, to show of the efficacy of the remedy, is, that it prevents cardiac complications. But what satisfactory proof of such effect is given in these cases? No fewer than eight of these had signs of cardiac disease when admitted into hospital, and are therefore valueless, or nearly so, as indicators of the action of the remedy in preventing cardiac disease; so that, in reality, only five of the thirteen can be spoken of in this respect. But is it not a fact that, at the present moment, and under other (what may be called the ordinary) treatment of rheumatic fever, cardiac disease has of late become comparatively a rare occurrence? Besides, it must not be forgotten that certain individuals—young persons, for example, and especially young females—subjects of acute rheumatism, are much more liable to the cardiac complication than are grown-up men; and, therefore, in any estimation of the value of a remedy as a preventive of heart-affection, this fact must be duly taken into calculation. But no such allowance has here been made by Dr. Davies. Moreover, one important item—in my opinion, the most important of all—has been totally omitted in Dr. Davies's details: I mean the general management of the patient, and especially as regards keeping up the sweating by clothing him in blankets. According to my own experience, this general management of the patient is, of all remedial agencies, the most important and essential. No other remedy equally efficacious can be substituted for it. I have no hesitation in saying that I could produce just as good a list of successfully treated patients as is this of Dr. Davies, under the following simple treatment; viz., keeping the patient constantly and resolutely (for the patients often object to the discomfort of the thing) wrapped in blankets, and in a state of perspiration; giving Dover's powder for the purpose of maintaining perspiration, and in quantity sufficient to ease inordinate pain; keeping the bowels open and the kidneys in action by small doses of saline purgatives, mixed with liquor potassæ; applying occasionally a few leeches to any joint which may be especially painful; and swathing the joints in moist flannels; the diet being a mild milk one. I have in this way, and without the administration of alkalies or any other drugs (excepting a little coloured water, to satisfy the patient's fancy), treated the most typical cases of rheumatic fever as successfully as by any other method of treatment.

I once had great faith in the virtue of the alkaline treatment of acute rheumatism; but many broken hopes and failures in its use have long since led me to disbelieve in it as having any especial or specific efficacy. I rarely, in fact, now employ it.

It seems to me a very rational way of arguing, that, admitting there be a *materies morbi* in the system of the subjects of acute rheumatism, the best way to eliminate it is by assisting what seems the natural effort of the body to be rid of it; viz., the sweating. Cardiac complications were much more common in past days than they are now; and in those days the sweating was rather discouraged, as being hurtful, and as seriously weakening the body. I must, therefore, also venture to think that, touching the most important point in the treatment of this disease, Dr. Davies says nothing—i.e., he lays no stress upon it: I mean upon the encouragement of the perspiration.

The proposition, that the *materies morbi* is especially concentrated in substance in the inflamed joints, is, of course, at present an hypothesis—a reasonable, and, it may be, a true hypothesis. But, before proof, it is certainly just as rational a one, that the morbid element is distributed throughout the whole body—

* This treatment may fairly be called new in a relative sense; but I believe that blistering of joints suffering from acute rheumatism has been already often practised. About thirty years ago, for example, it was, I think, a common practice with Dr. Duncan in the Edinburgh Infirmary.

i. e., wherever the blood circulates; and, therefore, on the principle of treatment adopted in this case by Dr. Davies—viz., by the process of its elimination—it is assuredly as rational to encourage the elimination *per vias naturales*, that is, by the sudoriparous glands, as it is through the serum of the blistered surfaces of the inflamed joints. The serum of even many blistered joints must in amount be very greatly less than the perspiration morbidly excited by the disease, and actively encouraged by artificial means, from the whole cutaneous surface of a rheumatic patient.

The application of blisters to the joints, as recommended by Dr. Davies, may be certainly considered a good and rational proposition in the treatment of acute rheumatism, and will, no doubt, on his recommendation, be fully tried. But it should surely, at present, at all events, be only regarded as an adjunct to other and far more important treatment. To regard it, as Dr. Davies seems to do, as the *primum mobile* in the cure—as a sort of specific *methodus curandi* of acute rheumatism—is what I have here ventured to object to in my remarks upon Dr. Davies's papers.

ON CHOREA, AND ON NATURE AND ART IN THE TREATMENT.

By JAMES TURNBULL, M.D., Physician to the Liverpool Royal Infirmary.

[Read before the Liverpool Medical Society, December 1st, 1864.]

CHOREA, or St. Vitus's Dance, is well known as a nervous affection of spasmodic nature, manifesting itself by irregular contractions or twitchings of the voluntary muscles, which the patient cannot control. It occurs much more frequently in females than in males; and more commonly between the ages of 8 and 15 than in younger children or grown-up persons. Those attacked are not usually of strong constitution, but of nervous temperament and sensitive disposition; and fright is often the exciting cause. I have observed that in females it occurs most frequently just before the catamenial function is established; and, when it comes on after this, there is generally some menstrual irregularity, accompanied with more or less anæmia. I have also observed the occurrence of worms in connection with the disease; but intestinal irritation has not often appeared to me to be the sole cause.

The connection between chorea and rheumatism is one of the most singular facts in relation to this disease, and I have had many opportunities of observing it in private, as well as in hospital practice. We frequently see chorea coming on while the joints are swelled and painful from an attack of acute or sub-acute rheumatism, and it appears in such cases to supersede the rheumatic affection. Again, we see cases of chorea where the joints become swelled and painful from rheumatism, supervening or recurring. In either case, the one disease seems to take the place of the other. Besides this, we find that chorea occurs frequently in families where there is the rheumatic diathesis, one member being attacked with chorea, and others liable to rheumatic attacks. Choreia is a functional disorder, and in fatal cases no organic alterations which could be the cause of the disease have been discovered, but the organic effects which rheumatic fever produces on the heart and its valves have been not unfrequently observed. As we

have good reason to believe that rheumatism is produced by a *materies morbi* in the blood, the close connection between rheumatism and chorea suggests the inquiry whether the latter might not be dependent on the same or a similar cause. Some countenance is also given to such a theory, by the fact that when urea is retained in the blood in consequence of disease of the kidneys, there is a liability to convulsive and other nervous affections, and also by the fact that some poisons, such as strychnia, when introduced into the blood, excite spasm of the muscles.

With respect to the relation in which chorea stands to other diseases of the nervous system, I would observe that it bears to paralysis this relation, that we sometimes find in chorea not only that the patient is unable to use the muscles of the tongue so as to speak, but that it is impossible to use some of the limbs, owing to a kind of temporary imperfect paralysis. It bears also to paralysis this further relation, that in some cases one side only of the body is affected. Epilepsy is a more intractable and severe disease, attended with protracted muscular spasm and complete loss of consciousness, and ultimate injury of the mental powers, which never occur in chorea; but the absence of any traceable organic alteration of the brain or cord characterises both. As regards severity, chorea holds an intermediate place between epilepsy and hysteria, the convulsive form of which latter is more troublesome than dangerous. I have seen some cases, however, where chorea and hysteria approximated so closely, that they might not inappropriately be called cases of hysterical chorea.

Chorea is often a very trifling complaint, but it is also frequently a troublesome protracted disease, and in a few instances I have seen it prove fatal. It is then one of the most frightful diseases we can witness, causing violent contortions, and tossing the patient about in all directions, thus injuring and abrading all the prominent parts of the body, and causing rapid loss of flesh and death from exhaustion, owing to incessant motion and want of sleep. Whenever the patient sleeps, the twitchings cease, and thus the strength is renewed; but if the movements should be so violent as to preclude sleep, the prognosis becomes very grave.

The disease often begins with slight twitching, and gradually attains its highest degree of severity; but very severe cases may recover more rapidly than slighter ones. I had two cases under my care at the same time this summer which illustrate this; one was a girl of 12 years of age, who was brought regularly to see me at my house. Though the case was never very severe, it was much longer in recovering than the other, which was the most severe in which I have seen recovery take place. As to the duration of the disease, Dr. Hughes, in his digest of one hundred cases, tells us that, exclusive of the time the patients had been previously ill, it varied in Guy's Hospital from three weeks to three months, 40 per cent. of the cases being cured in from three to six weeks.

The general diffusion amongst medical men of the present day of a knowledge of the important fact that in all curable diseases there is a spontaneous tendency to recovery, is a distinguishing feature of our times; and, when combined with a due appreciation of the influence of art in promoting this object, such knowledge must exercise a most beneficial influence on practice. Sir John Forbes's little treatise is the only one in which we have a comprehensive examination of this subject, and whilst I would observe that I place a high value on the service which he rendered by his exposition of the power of nature in the cure of disease, I must add that I think the tendency of his work is to repress, and unduly repress, the progress of medicine in the direction of therapeutic inquiry.

I feel convinced, too, that if Jenner had not had a higher appreciation than this author of the powers of art, he would never have traced the operations of nature so as to make his grand discovery of the preventive power of vaccination, in which we have a beautiful illustration of art searching out and applying one of the powers of nature.

Like other curable diseases, chorea shows a natural tendency to spontaneous recovery; and Dr. Wilks, having treated some cases by diet and regimen alone, has advocated expectant treatment; and in a clinical lecture which he published, has endeavoured to show that other treatment is of comparatively little importance. "Where a malady," he observes, "can be cured by so many remedies, it may be very well left to itself, and can be placed in the same category as whooping-cough, and many other disorders which tend to a spontaneous cure." I would observe, however, that not only in disorders, but in all curable diseases, there is the same tendency to spontaneous cure. Without the assistance which has been known as the *vis medicatrix naturæ*, the physician would be powerless; and those are undoubtedly the safest and best practitioners who are the closest observers of nature's operations, and the most successful assistants in aiding her in her own methods of effecting recovery. But this principle applies as much to serious and acute diseases as to such nervous disorders as chorea and whooping-cough; and the tendency to spontaneous recovery may be quite as well, or better illustrated by referring to such acute diseases as pneumonia, the exanthematous fevers, and ague.

In the time of Sydenham, inflammation of the lungs and chorea were both treated by bleeding; and we know that in the former it was till a comparatively recent period repeated again and again *coup sur coup*, as if the only object of the medical man had been to wage war with the disease, instead of it being used as a means to promote the natural process of recovery—the only way in which it can ever be admissible as a therapeutic agent in this disease. Repeated bleeding we in the present day consider a violent, injurious, and unscientific interference with nature's operations; its moderate use may no doubt be so applied in some cases as to promote indirectly the natural tendency to recovery; but practically we know now that the great majority of cases of simple pneumonia may be far more safely and successfully treated by mild means—by eliminating and sustaining treatment, having for its object the promotion of the natural tendency to spontaneous recovery. In all the acute infectious diseases, we can as yet only assist nature in effecting a spontaneous cure, but there is a wide field here for the practical sagacity of the medical man in removing obstacles, and assisting her operations.

Ague is another disease in which we observe the same tendency to spontaneous recovery. Cases admitted into an hospital would in this country generally recover under the influence of diet, regimen, and warmth, just as in many cases of chorea. We do not, however, trust to these alone, for we know that in quinine we have a remedy which rapidly cures the disease, or, it may be, only promotes effectively the natural tendency to spontaneous recovery.

It would be easy to carry this comparison further; but let us turn to the practical question, whether we are, because many cases of chorea would recover by treatment by regimen only, to stand by and watch the case merely. The clinical observations of Dr. Wilks, to which I have referred, undoubtedly tend to this result, and are calculated to depreciate therapeutic inquiry, and thus to paralyse the search for more efficient remedies. "It is well known," he observes, "that there are fifty remedies against this disorder,

and even more than this number may be discovered, if it be worth while to collect them from medical writings." These and other remarks were made with reference to sulphate of aniline, introduced by me; and it is to be regretted that attempts should thus be made to depreciate therapeutic inquiry, which is one of much difficulty. In replying to the general question, whether we should merely watch the disease or not, I would express my opinion that, whilst we should in this, as in all other diseases, avail ourselves of the spontaneous tendency to cure, we may render valuable assistance by remedial means, and that such aid is often urgently needed on account of the disease being severe or protracted. Dr. Wilks does not, however, although an advocate of expectant treatment, entirely deny the efficacy of remedies; for he says: "It would appear to be true that tonics are useful, and that it is important to correct any morbid state of the alimentary canal." The mineral tonics, such as the preparations of iron, are undoubtedly the most generally useful remedies in ordinary cases of the disease; but where the usual means have failed, I have so often seen the disease removed by the direct sedative influence of sulphate of aniline, that I would still recommend a trial of it in such cases.

The following case is interesting, both as an illustration of what may be termed hysterical chorea, and as affording an example of successful treatment by this remedy, whether such result may be considered to have been due to its direct sedative influence on the nervous system, or partly to the mental impression it produced on the patient—an influence in the treatment of such cases which should not be overlooked.

A lady, aged about 25, was placed under my care on November 16th, 1861, on account of a peculiar nervous affection, from which she had suffered more or less for eight years. In the early period of her illness, she had been under the care of the late Sir B. Brodie, and had afterwards been under the treatment of several irregular practitioners, but without receiving permanent benefit. The nervous affection consisted of an inability to control the muscles of the right arm, and in a slighter degree those of the left. There was an almost constant contraction of the muscles of the right shoulder and arm, causing a painful fidgeting motion, and compelling her to hold the arm with the left hand. There was plenty of muscular power; but she could not regulate the movements so as to write or do any kind of work. In walking, she had not perfect control of her movements, and exhibited some of the peculiar jerking seen in St. Virus's dance. As regarded the general symptoms, the complexion was rather anæmic; the muscular development good; the tongue natural; the digestion pretty good; the bowels sluggish; the pulse quick; and menstruation regular, but scanty. The treatment was first directed to the improvement of the general health by the preparations of iron combined with ammonia, and by out-door exercise, the use of dumb-bells, etc. Warm hip-baths, with mustard, were given; sedative embrocations, with atropia, etc., were used to the arm and shoulder; and aloetic aperients were administered. By these means, the general health was improved; but no influence was produced on the nervous disorder.

On the 10th of January, after she had been nearly two months under the previous treatment, I prescribed sulphate of aniline in three-grain doses thrice a day. It produced blueness of the lips and face more rapidly than in any other case I have seen; and, in other respects, she seemed peculiarly sensitive to the influence of the remedy, which always produced in the evening, after the third dose, not only decided

blueness, but also nervous depression, discomfort at the epigastrium, slight headache and palpitation, quickness of pulse, and coolness of the hands. At the same time, it had a marked beneficial influence on the disease; the muscular irritability was rapidly diminished, and she regained the control of the right hand and arm. The depressing effect of the remedy made it necessary to watch carefully its action, and to reduce the quantity to two doses daily. It was continued for three weeks, with occasional intermission for a day; and she had then completely regained the control of all her muscles, and could play on the piano. The blueness in this, as in all cases, went off within twenty-four hours after laying aside the remedy. About the middle of February, she had some return of the nervous symptoms, which soon yielded to the same treatment; and, at the end of the month, she returned home quite well.

Aniline has a powerful influence on the nervous system when taken internally, and still more when inhaled. From being accidentally inhaled, it has in several instances produced serious poisonous effects, though it has not been known to cause fatal effects on man. In recommending it as a remedy in chorea, I advised that the sulphate should be given in doses of two or three grains; and that it should be diminished or omitted when it produced the depressing effect, which is usually experienced in proportion to the temporary blueness of the surface it causes.

Dr. Frazer, who published some cases in which he gave it unsuccessfully, appears to have administered it in a different way—in large and increasing doses, as sulphate of zinc has sometimes been given—and as if his object had been to test its toxic as much as its therapeutic effects. In one of his cases, he tells us that the patient took twenty-eight grains daily. In thirty-four days, the quantity taken was four hundred and six grains; and it was continued all this time, although it caused frontal pain and aggravated deafness. "The result," he observes, "points nevertheless to the inefficacy of sulphate of aniline in five cases; and is, therefore, *pro tanto*, a clinical fact to be noted." I believe that any agent which produces a violent impression on the nervous system may prove injurious in this disease; and I advised the employment of aniline only so as to produce a gentle sedative influence; and, as not one out of five cases thus treated in hospital improved or recovered under this mode of treatment from a disease which Dr. Wilks has shown that many patients get well of under regimen only, the result would seem to show further, that thus given, as an antidote against the disease, it may prove not merely inefficacious, but injurious.

Having referred to the toxic properties of aniline, I would here observe that they have been erroneously regarded as of similar character with those of a more highly narcotic agent—nitro-benzine—which has very noxious properties, but has nevertheless been much used for flavouring and in perfuming, on account of its resemblance to the oil of bitter almonds. The effects of aniline and nitro-benzine have been confounded together from these circumstances. When aniline is introduced into the system, it undergoes oxidation, by which the mauve colouring matter is produced, as I was the first to point out. When nitro-benzine is introduced either through the stomach or by inhalation of the vapour, a portion is first converted into aniline, and this again undergoes further change, so that the same blueness is caused by both. The effects of nitro-benzine are, however, essentially different, and more persistently narcotic than those of aniline, as has been shown by Dr. Taylor in *Guy's Hospital Reports*, in a recent paper in which he has fully examined the various

cases in which the toxic effects of these agents have been known to be produced; and he has recognised the difference in the effects of aniline and nitro-benzine. There is one fact, however, which appears to have escaped attention. It is this: that nitro-benzine is one of a series of chemical compounds which have similar effects on the nervous system. They are the xyloids—a series of substitution compounds formed by the action of nitric acid on starch (xyloidine), on sugar (saccharoine), on cotton (pyroxiline or gun-cotton), on glycerine (glonoin or nitro-glycerine), and on benzene (benzoine or nitro-benzine). Organic compounds containing nitrogen have often a powerful influence on the animal economy, as is the case with the vegetable alkaloids; and these are all nitrogenous compounds of similar chemical constitution.

Dr. Edwards, in a paper on the Physiological Properties of Xyloids, published in the *Liverpool Medico-Chirurgical Journal*, first drew attention to the action of these agents, and showed that they have similar and peculiar effects on the nervous system: the amount of their action being, in a measure, proportioned to their solubility. "They all appear" (he says) "to possess, more or less, the peculiar action on the nervous system characteristic of strychnine; and I believe that further experiments on men would prove that they possess peculiar and valuable medicinal properties. Physically, they are allied; being all highly explosive bodies, deflagrating at a low temperature or by concussion; and physiologically, they all produce a powerful effect on the heart's action, trismus, and a series of tetanic convulsions, terminating in death."

Having witnessed most of Dr. Edwards's experiments, I have taken this opportunity, of not only pointing out that nitro-benzine is different in its effects from aniline, but that it is one of the xyloids, and that to Dr. Edwards the merit is due of first ascertaining the poisonous properties of nitro-benzine, as well as its relation to the other xyloids.

Looking at chorea in a strictly practical point of view, I would now make a few remarks on the general treatment of the disease. In cancer, which is one of the most incurable diseases, many remedies have been, and will no doubt continue to be, tried; and in chorea, which is one of the most curable, many remedies have likewise been tried. Mere number points, in reference to the first, to its intractable nature; and, in regard to the second, to the fact that, though generally a curable disease, none of the remedies in use can be relied on to control the disease with any certainty. Indeed, practically, we know that there are cases which for months, and even years, resist both judicious and expectant treatment; and, therefore, the study of therapeutics in reference to this disease is still worthy of attention.

The remedies which have been chiefly used are, purgatives; the mineral tonics—iron, zinc, and arsenic; cod-liver oil; electricity; and the shower-bath. Purgatives I have given only when the state of the bowels rendered their use necessary; and not, therefore, with the curative intention with which they have sometimes been administered. The mineral tonics undoubtedly exert a beneficial influence. I do not believe they have any direct curative power; but they improve the general health, which is more or less below par, and thus they appear to lessen the excitability of the nervous system. Iron I believe to be the most generally useful, and especially in anæmic females. Dr. Hughes, in his digest of one hundred cases, makes these remarks:

"The different mineral tonics are very variously estimated by different practitioners, and one is often regarded as especially suited to the cure of chorea.

While one practitioner regards arsenic as a specific for true chorea, another cures nearly all his cases with the sulphate or the oxide of zinc, and another considers the sulphate or the carbonate of iron as an almost infallible remedy. This may perhaps arise, in a great measure, from habit. It is possible that all may be nearly equally efficacious. I have seen each of these, and many other remedies cure the complaint; and I have seen them all occasionally fail.*

Zinc has been given in large doses, especially at Guy's Hospital; where Dr. Hughes has stated that thirty-six grains of the sulphate have been administered daily. It appears such an abuse of medicine, to prescribe these enormous doses of an irritant drug commonly used in such quantities as an emetic, that we are at loss to discover how it should ever have been thus given. What Sir John Forbes has termed the autocracy of Nature, could not have been understood by those prescribing it in such a manner; and Dr. Hughes observes:

"In the practice of the hospital, I am not aware that it has been shown that small or moderate doses of the mineral, continued an equally long time, will not effect a cure."

In my own practice, I have used iron and arsenic more frequently than zinc; and I consider that, of the metallic tonics, iron is the best, and that arsenic stands next to it.

Cod-liver oil is a remedy which is sometimes of service, by improving the general health; and it may be given with, or subsequent to, the preparations of iron. Electricity seems, in some cases, to have acted beneficially, and in a very rapid manner.

The shower-bath is a remedial agent which gives tone to the system, and may be used along with other tonic treatment. I have seen it of the greatest use in many cases. In the case of a young lady, in whom the movements were incessant and violent, and prevented sleep, the movements subsided very much directly after the bath, and she soon fell asleep, and ultimately recovered. The emaciation and exhaustion of the patient from the incessant violent movements and the loss of sleep, had rendered the recovery of this patient very doubtful.

It is not less important to glance now at the means which may prove detrimental, and which should therefore be avoided in the treatment of this nervous affection. All violent impressions on the nervous system should be guarded against. We know that fright is not an unfrequent cause of the disease. It is probably on this account that the shower-bath may prove injurious when injudiciously employed, as well as very frequently useful. Narcotic remedies, such as opium, morphia, and hyoscyamus, have appeared to me (contrary to what might be expected) to be not simply useless, but positively hurtful. It has been said that chloroform is of use; but I saw the inhalation tried in two very severe cases, which proved fatal; and though it produced a temporary sedative influence, it appeared to me to act injuriously on the general progress of the disease.

In all cases, due attention should be paid to hygienic as well as medicinal treatment, so as to improve in every way practicable the nutritive functions and the general health. The diet should be nutritious, and wine or malt liquors are often of service; and out-door exercise is desirable in the less severe cases. When the disease proves chronic, change of air is advisable; and in the summer the change may be made with advantage to the sea-side, where sea-bathing may be practised.

ON THE PHYSICS OF DISEASE, AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By BENJAMIN W. RICHARDSON, M.A., M.D., Senior
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CHAPTER II.

The Force evolved in Oxygenation of Blood. Conditions of Oxygen and of Blood that modify Combination. Modifications of Oxygen—Ozone. Influence of Temperature.

I REFERRED in my last chapter to the two modes, external and internal, by which force or motion is communicated to the body. When we view the subject free from all prejudice and all superstition, we are driven to the conclusion that by none other than the means there described can motion be supplied. To presume that the nervous system can generate motion, that it can out of nothing produce something, is like saying that a galvanic battery may work a telegraph without chemical action. The nervous system is the centre of forces derived from without and within—the *tabula rasa* on which the external world is written—the centre in which motion derived from the blood is laid up, to be applied in volition. But, beyond this, the nervous system is not different from other parts of the physical organism.*

Let us then consider the source of that motion which springs from within the body; which, in better words, is evolved in the body; which gives animal power, but does not give intelligence; which makes the animal an engine, but not an animal; which is constructive and locomotive, but not animating; but which yet prepares the machine for animation, and without which there is no life.

This force or motion is elicited by the combination of the oxygen of the air with the carbon derived from the vegetable kingdom, and present in solution or suspension in the blood. We speak of the force thus evolved as primary in respect to the body, and so it is; but, in truth, we may trace it back further—at least, to the sun.

When the sunbeam falls on the vegetable world, when the radiant motion from the sun touches the vegetable world, that chemical change takes place in the leaf of the plant which is described as consisting of the decomposition of carbonic acid, the evolution of oxygen, and the fixation of carbon. This is the chemical part of the change that takes place; but there is a physical part played as well. The motion derived from the sun is also fixed, to be laid by until it is required, until the time has come when, by the recombination of oxygen with carbon, it shall be set at liberty in the form of heat, as heat of fire, or heat of body. Thus the force that supplies the organism with the motion that pertains strictly to its organic or vegetative life is conveyed into the body as coal is conveyed to the fire, through the vegetable world—conveyed as fuel to the furnace, and as food to the animal. Plants are condensers of motion for man; they take up from the earth the dead matter; they take from the sun motion; they endow the dead matter with motion; and, thus endowing it, they become to the animal constructively and actively as matter and motion.

When distributed through the blood, the carbon from the plant meets, in infinite subdivision of mole-

* In a paper read before the Medical Society of London in the beginning of 1863, I described the nervous system as the *condenser* of motion.

cule, the oxygen of the air, that being also in infinite subdivision: then those processes which took place when the sun's motion touched the plant, are reversed. Carbon and oxygen reunite; carbonic acid is reformed for the plant; and motion—heat—is evolved. Nor is the motion merely evolved to the body, but through the body it is given forth again to the universe in act—nay, in thought. This that I write is so much motion fixed through matter on the page; and when the reader, in presence of light, takes it up and reads it, it reaches him as motion liberated and carried to the eye by light, another form of motion.

To maintain a perfect balance of motion, either in the vegetable or animal world, there are conditions necessary, a departure from which is at once followed by organic change. If we deprive a vegetable of the chemical radiations of the sunbeam, we destroy, to the extent of the deprivation, the absorption of motion; or if we deprive the plant of its green colouring matter, we destroy, to the extent of the deprivation, the reception of motion. On the other hand, if we deprive an animal of oxygen, we destroy, to the extent of the deprivation, the liberation of motion; and, if we deprive it of food, we do the same thing.

This is simple enough; and, in the case of the animal, we see the phenomenon almost daily of death or cessation of motion from mere deprivation of oxygen, or from mere deprivation of food or blood. We see the first in what is called asphyxia; the second, in what is called hæmorrhage.

But between perfect combination, or health, and stopped combination, or death, there are numerous gradations, depending either on modifications in the conditions of oxygen alone, of blood alone, or of both oxygen and blood. In the presence of these modified conditions, the animal combustion is not suspended, but lessened or increased, with, in some instances, the production of new products of combustion which are foreign to the organism. These modified conditions are the causes of those various groups of symptoms which we call diseases; and on them all diseases rest, except a few, of which I shall speak in a future chapter, and which are mechanical in their origin, such as intussusception, hydatid disease, and some kinds of external injury.

MODIFIED CONDITIONS OF OXYGEN.

Let us turn first to oxygen, and ascertain what are the modified conditions under which it fails to sustain in proper degree the animal fire.

In order that oxygen should combine with blood, it is an essential condition that its molecules should be distributed, held apart from each other, and possess in themselves motion; hence a given external temperature is necessary for the oxidation of blood. In the next place, it is essential that the oxygen should be diluted in nitrogen; for, if this did not obtain, variations of temperature would lead to sudden and immediate consequences of the most serious kind. A fall in temperature below 35° Fahr. would stop combustion altogether; an elevation in temperature to 110° Fahr. would give rise to fatal combustion from excess of action. In the third place, the oxygen must be presented to the lung in the neutral form. Raised in action by being, in very minute proportions, transformed into ozone, it is unfitted for respiration: it becomes an irritant to the mucous membranes over which it passes to the blood, a quickener of action, and, by this quickened action, a disorganiser of the blood. Reduced, on the opposite side, to a negative condition, it fails in combining power, so that the blood exposed to it is unable to supply sufficient motion to the organism to sustain the functional activity.

In order to determine the effects of modified condi-

tions of oxygen on the combustion of blood, I have conducted two series of inquiries. In one series, animals have been subjected, while they were yet in motion—i. e., living—to oxygen in various states; in another series, blood that has been removed from an animal has been subjected, spread over a very wide surface, to oxygen in various states. It will be best to first direct attention to the results of experiments on the living process.

INFLUENCE OF HEAT ON OXYGEN.

By motion in the form of heat, oxygen gas is held in varying conditions for combination; the rule being that the expansion of the gas by heat, within ordinary natural temperatures, quickens the process of oxidation in animal bodies.

In order to see the influence of varying degrees of heat on oxygen, in relation to its power as a supporter of life, it is best to place animals in an atmosphere of pure neutral oxygen, and then, the gas used being always taken from the same source, to cause its inhalation under varying degrees of temperature. By this method a series of results are obtained, on similar classes of animals, so uniform, that we may consider we have in our possession the main facts bearing upon the subject in a physiological point of view. My own inquiries have been conducted on rabbits and mice. In subjecting the rabbits to experiment the oxygen was breathed by the trachea; and in order to produce various temperatures of the gas inhaled, the tube leading from the jar of oxygen to the animal passed through thirty-six feet of thin metallic tubing, which, being coiled, could be immersed in a bath containing water at various temperatures, or ice and salt: by these means I could reduce the oxygen to 20° Fahr., or raise it to 140°. In subjecting the mice to experiment, they, being small animals, were placed in chambers of known capacity, charged with oxygen and very carefully closed: by a simple arrangement the animals could be introduced into these chambers without water and without the admission of air. The chambers being thus prepared, the temperature of the air within them was modified by placing them in water heated or cooled to the degree required, ice and salt being used for the lowest temperatures. A thermometer in the chamber with the animal told the temperature of the enclosed air; and a very simple valve regulated the pressure of the gas, allowing escape when there was expansion, and means of entrance for oxygen when the extreme of cold was being applied.

When experiments constructed on the basis given are performed with exactness and without hurry, the uniformity of result is remarkable. I began by studying the effects of a low temperature, reducing the thermometer to 20°-25° Fahr. by means of ice and salt. I found that oxygen thus reduced was destructive both to the rabbits and the mice, in periods varying from fifteen to thirty minutes. The mice in all cases lived the longest, a result due probably to the mode of administration. The form of death is always the same; the animals became drowsy, and then slowly and regularly the action of the heart declines: there is no excitement of the heart first—no fluttering; it is a gradual arrest of motion; each minute brings two or three beats less, and so down and down, until the organ is quite at rest.

The animals die in these experiments because, under the influence of the cold, the combining power of the oxygen with the blood is reduced. I thought at one time it might be that the cold, by producing contraction of the capillary vessels of the lung, was the cause of death; and I, therefore, varied the experiment by subjecting animals to oxygen diluted as in air, but at the same reduced temperature. The

result was that, in the diluted oxygen, a rabbit breathing by the trachea would live one-third longer than another one would by breathing oxygen alone. Two rats placed in similar chambers, and exposed to the same temperature, were also tested; one being subjected to pure neutral oxygen, the other to common air. The rat in oxygen had ceased to breathe in half an hour; the rat in air continued to breathe slowly and stertorously for nearly two hours: taken out at the end of that time, it was as insensible to all pain as though it were profoundly narcotised with chloroform, the cold producing *general* anæsthesia, as by Dr. James Arnott's beautiful process it is made to produce *local* anæsthesia. A three-inch spark from the large induction coil, passed through the limbs, produced no contraction; and yet, by very gradual exposure to warmth, the animal recovered.

It is not, therefore, from the mere constringing influence of cold exerted on the capillaries, that animals in pure oxygen die at low temperatures, although this, as a secondary cause, is important; it is that the abstraction of caloric from oxygen is more rapid and perfect when the gas is pure; diluted with nitrogen, as it is in air, the molecules of oxygen are not so readily brought within the sphere of attraction for each other, inasmuch as the nitrogen shares with the oxygen the abstraction of heat. In this sense, nitrogen in the air does more than simply dilute oxygen: it equalises it in action during extremes of heat and cold.

From temperatures ranging from 20° to 25° Fahr., I passed to those ranging from 50° to 55°, subjecting animals, now in closed chambers only, to oxygen, neutral and pure. In these cases, in the same chambers, and breathing gas derived from the same source, the animals, instead of dying in thirty minutes at most, lived four hours—rather more than two hours longer than they would have lived had they been placed in the same volume of common air at 55° Fahr.; for, although animals in oxygen, as in air, become comatose at the same periods, those in air die so soon as they have become comatose, while those in oxygen live for more than twice the same length of time.

From 50°-55° Fahr., we pass to 70°-75°. Using the same chambers, using oxygen derived from the same source, and using animals of the same kind, I placed the animals in the chambers, and only modified the experiment by putting the chambers in such position that the thermometer told off a temperature within them of 70°, rising occasionally to 75°, but soon reduced. In this case, the animals remained conscious for three hours; then they became comatose; but they continued to live for so long a period as twelve hours.

At temperatures of 80°-90°, and even 100°, the effect produced on oxygen is not remarkably different from that observed in the last named experiments; but beyond 100° the difference is very great. If the chamber containing the animal exposed to pure oxygen be placed so that the contained gas be gently raised to 125° Fahr. (expansion of course being provided for), the animal lives for a period of fifteen minutes, breathing quickly, and becoming in the transparent parts of its body intensely red in colour; at last, the redness quickly subsides into a purple tint, after which the animal falls unconscious, becomes tetanically convulsed, and in the course of three or four minutes dies.

It might occur to the reader, that the effects produced in the animals placed in confined chambers were due to the accumulation of carbonic acid. To remove this impression, it is necessary to direct attention to the air remaining in the chambers. In the chambers containing the oxygen inhaled by the animals at 20°-25° Fahr., the consumption of the gas

by combustion is so small that only the mere presence of carbonic acid can be detected. To test the supporting power of this oxygen, I placed in a chamber containing it, after the first animal was dead, a second animal. I then gradually transferred the chamber from a temperature of 25° to a temperature of 70°. In another chamber of the same size, and filled with fresh oxygen, I placed a second animal, also at 70°, the chambers standing side by side. The two animals became comatose at the same time, and died within six minutes of each other; the one that had been placed in the chamber containing the dead animal dying first.

In a chamber in which an animal has been exposed to oxygen at 55°, the amount of gas consumed is also remarkably small. In a comparative experiment, in which two animals were subjected, one to pure oxygen, the other to common air, each chamber being of the same size, and the temperature being regulated in both at 55°, I found the animal that died in air had produced, although it breathed for two hours less, five times the amount of carbonic acid. But in a chamber in which an animal had breathed the gas for twelve hours at 70°-75°, the amount of carbonic acid, after the death of the animal, was found equal to that which was obtained from the respiration of the same quantity of common air by another similar animal. In fact, the animal in this case dies, although after a period six times prolonged, in the same manner as after the inhalation of the same volume of common air—viz., from the accumulation of carbonic acid.

In chambers in which animals die from breathing oxygen at 125°, the amount of carbonic acid is variable: it is always greater than would be developed from air respired during the same period, but all the oxygen is not consumed; and the jar, after the animal is dead, contains as much as will sustain, at a temperature of 70°, another animal for two hours.

Thus we see that extremes of heat and of cold render oxygen incapable of supporting life. The low temperature prevents, the high temperature overquickens, oxidation; while, at mean temperatures, the pure gas sustains for a long time a slow process of oxidation, during which the organic, as apart from the conscious life, is maintained; during which just sufficient motion is generated from combustion to support the heart and respiration, but none is made to be stored up in the nervous centres.

In my next chapter, I shall describe at some length certain new experimental facts relating to active oxygen—ozone—in regard, specially, to its effects on the organism.

BEQUEST. Edward Yates, Esq., leaves by will so much of his property as may legally be applied to charitable purposes to University College, London, in trust, to apply one moiety of the annual income thereof to the general purposes of the North London Hospital, connected with that college, and the other moiety to the Samaritan fund for the relief of poor patients. The residue of personal property is left to Dr. C. J. Hare, one of the executors.

DEATH OF DR. BAIKIE. Sir R. Murchison announces that Dr. Baikie died at Sierra Leone, on November 30th, of fever and dysentery. The death of this good and distinguished man will be as deeply deplored by geographers and naturalists who have been daily looking out for his arrival in England, charged as he was with much important knowledge and rich collections relating to the interior countries on the banks of the Niger, as he will be by the government which he served during nearly eleven years with so much ability and zeal in carrying out his arduous mission.

Reviews and Notices.

MEDICINES, THEIR USES AND MODE OF ADMINISTRATION. By J. MOORE NELIGAN, M.D. Sixth Edition, including a Complete Conspectus of the *British Pharmacopœia*, an Account of New Remedies, and an Appendix of Formulæ. Edited by RAWDON MACNAMARA, M.R.I.A., Licentiate of the Royal College of Physicians, etc. Pp. 758. Dublin: 1864.

A MANUAL OF MATERIA MEDICA AND THERAPEUTICS, including the Preparations of the *British Pharmacopœia*, and many other Approved Medicines. By J. FORBES ROYLE, M.D., F.R.S., and FREDERICK W. HEADLAND, M.D., B.A., F.L.S. Fourth Edition. Pp. 776. London: 1865.

ELEMENTS OF MATERIA MEDICA: Containing the Chemistry and Natural History of Drugs, their Effects, Doses, and Adulterations; with Observation on all the New Remedies recently introduced into Practice, and on the Preparations of the *British Pharmacopœia*. By Dr. WILLIAM FRAZER, Lecturer on Materia Medica to the Carmichael School of Medicine; etc. Second Edition. Pp. 453. London and Dublin: 1864.

A COMPANION TO THE BRITISH PHARMACOPŒIA, comparing the Strength of the various Preparations with those of the London, Edinburgh, and Dublin, and other Pharmacopœias: with Practical Hints on Prescribing. By PETER SQUIRE, F.L.S., Chemist on the Establishment of the Queen, etc. Second Edition. Pp. 256. London: 1864.

WE have already had occasion to notice several works, or new editions of works, on materia medica and pharmacy, which have appeared in consequence of the publication of the *British Pharmacopœia*. There now lie before us the books whose titles are given above; and we also understand that an abridgement of Dr. Pereira's voluminous and elaborate work is in course of preparation by Drs. Farre and Bentley, and Mr. Warrington.

The first work on our present list, that of the late Dr. NELIGAN, has enjoyed a high reputation as a text-book during the last twenty years, and has now reached a sixth edition. The joint editor, Dr. MACNAMARA, states in the preface that, for some time previously to the lamented death of the author, Dr. Neligan, he had been associated with him in preparing the present edition. Its final revision was delayed, however, until the appearance of the *British Pharmacopœia*; "Dr. Neligan, although on the Pharmacopœia Committee, from a high sense of honour, steadily refusing to avail himself of his position, or to make any private-personal use of the proofs of that work, which from his position had to be constantly submitted for his inspection." Hence, Dr. Neligan's death having taken place some time before the *Pharmacopœia* was published, the completion of the book devolved entirely on Dr. Macnamara, who has performed his task in such a manner as fully to sustain the previously acquired reputation of the volume.

This sixth edition of *Neligan on Medicines* contains above three hundred pages more than the first edition, published in 1844; and, on the present occasion, Dr. Macnamara informs us that the greater

part of the space gained from previous editions, in consequence of it no longer being necessary to reproduce the formulæ of three separate Pharmacopœias, has been devoted to original matter.

The book contains not only the medicines and formulæ of the *British Pharmacopœia*, but also many which are not official in that work. Hence it has devolved on Dr. Macnamara to make considerable additions and changes. Among the additions which he has made are full explanations, both verbally and in equations, after each process and test; and a sufficiently ample and clear exposition of the use of test-solutions for volumetric analysis. The posological table is retained, and is arranged in four columns, containing respectively the name of the medicine, the dose for an adult, the dose for a child aged one year, and the form of administration.

The peculiar arrangement originally adopted by Dr. Neligan, and retained in all subsequent editions, is, as many of our readers are probably aware, different from that followed in most other works of the same class. It is based on the actions of remedies; the chapters being headed respectively Antacids, Anthelmintics, Antispasmodics, Astringents, etc.; and the medicines in each class being described in alphabetical order. Hence it sometimes happens that, for the full description of any given medicine, the reader must turn to two, three, or even more, separate parts of the work. In some respects, this plan is inconvenient—at least, we have occasionally found it so; but the author and the editor have doubtless had very good reasons for this arrangement, and any inconvenience arising therefrom is of very light weight in comparison with the excellence of the information contained in the book.

We next come to a work which, like the one above mentioned, bears on its title-page the name of one who has passed away. The *Manual* of Dr. ROYLE, forming one of Mr. Churchill's well known and admirable series, has been given into the charge of Dr. F. HEADLAND to revise and renew. Dr. Headland has, like his fellow-labourers, modelled the work on the *British Pharmacopœia*; but he also retains, marking them by brackets, various medicines and preparations mentioned only in the *London Pharmacopœia* of 1851.

The plan of arrangement adopted in this work is that of the three divisions, mineral, vegetable, and animal; the articles in the latter two classes being arranged under the natural orders.

Useful information on various subjects—such as the relation between natural orders of plants and medicinal properties—is given; and at the end is a chapter on the Physiological and Therapeutical Arrangement of the Materia Medica, for which, we believe, we are indebted to Dr. Headland. Having briefly noticed the classifications proposed by various authors, he, retaining that of Dr. Royle, arranges medicines under the heads of Mechanical, Chemical, and Vital. The *Mechanical* remedies are diluents, demulcents, and emollients; the *Chemical*, escharotics, acids, alkalies, antilithics, disinfectants, astringents, and antidotes. The *Vital* agents include the various evacuants or local stimulants, general stimulants, and depressants. Some remarks are made on each class, and a list of the medicines contained in it is appended. Now, with all deference to Dr. Headland, we consider that his retention of the term "vital" to express an idea of the action of many of

the medicines mentioned is by no means an act of progress. Even if we must—and we no doubt must—retain the word to designate that of which we have not as yet a definite conception, still it seems out of place to arrange under “vital agents” such articles as the saline diuretics and cathartics. Even the narcotics and sedatives, which, as the researches of Snow and others tend to show, probably act by interfering with the oxygenating process, are scarcely in their proper place here. Dr. Headland, indeed, acknowledges that some of the so-called vital agents undoubtedly act chemically. We hope that, in future editions, he will more fully recognise this; and cease to use a term of mystery in speaking of the action of medicines, regarding which it is tolerably well ascertained that they act chemically, or physically.

What else he has done in the book, is very creditable. He has maintained for it the reputation which its talented author ensured for it.

The third book on the list comes, like Dr. Neligan's, from Ireland. Its author, Dr. FRAZER, informs us that this second edition of his work was retarded by the delay in the appearance of the *British Pharmacopœia*; and that he has re-written the book, so as to include in it the latest additions to *materia medica*.

The plan of arrangement which Dr. Frazer adopts is founded on the natural history of the various medicines. In the first part, he gives the Chemical *Materia Medica*, which, after an introduction, is divided into inorganic substances, compounds of cyanogen, alcoholic and ethereal preparations, and hydrocarbons. To this part is appended an useful chapter on Volumetric Analysis.

The second part consists of the Vegetable *Materia Medica*, arranged according to natural orders—commencing with Ranunculaceæ (to which belong Aconitum and Podophyllum), and ending with Algæ (of which Chondrus Crispus, or Carrageen Moss, is the representative). The third part contains the articles of the *materia medica* derived from the Animal Kingdom. And, in a supplement, the author gives an account of preparations used in medicine, but which are not official, nor described in the preceding portions of the work, such as aniline, apiol, bromide and iodide of ammonium, iodide of sodium, carbazotic or picric acid, oxalate of cerium, chlorodyne, datura tatula, Donovan's solution, the hypophosphites, effervescing carbonate of iron, peroxide of hydrogen, &c.

The nomenclature adopted is, whenever practicable, that of the *British Pharmacopœia*.

The descriptions are clear and concise; and the book is one which is likely to meet with much favour. As a text-book, many will find it useful.

Mr. SQUIRE has brought out a very useful *Companion to the Pharmacopœia*, supplementing much of the deficiency of the latter work, and removing its difficulties. Following the simple alphabetical arrangement of the *British Pharmacopœia*, he gives regarding each article a concise description of its physical and chemical characters, its properties, and its preparations; and specifies the formulæ by which preparations of the same name with ours are made in various foreign countries, and also the names by which our pharmacopœial articles are there known. His object in doing this, is “to enable prescribers to regulate the prescriptions of patients going abroad,

where preparations similar in name but different in composition may be employed.”

Mr. Squire has found the system of weights adopted by the Medical Council very inconvenient; and his opinion on this point, as a practical pharmacist of the first rank, deserves great attention. As an example, he says: “If we take the formula for Compound Tincture of Benzoin, and wish to prepare half a gallon, it will be necessary to multiply the grains of each ingredient ordered by 4, and to divide the number thus obtained by 437.5, to reduce it to ounces.” To overcome this difficulty, Mr. Squire has generally expressed the formulæ in parts, which may be pounds, ounces, or any other weight, English or foreign, according to the quantity which it is desired to use or make. We will give one or two examples of Mr. Squire's plan.

“CALOMELAS. Calomel. *Syn.* Hydrargyri Submurias: Hydrargyri Chloridum. Subchloride of Mercury, Hg²Cl; eq. 235.5. A dull white, heavy, and nearly tasteless powder. Insoluble in Water or Rectified Spirit.”

Then follow, concisely, the tests and medicinal properties.

“Dose.—As an alterative, $\frac{1}{2}$ to 1 gr. three times a day; as a purgative and cholagogue, 2 to 8 grs.

“(In all the *Pharmacopœias*; Lond., Hydrargyri Chloridum; U.S., Hydrargyri Chloridum Mite; Fr., Hydrargyrum Chloratum Mite.)”

Then, under the head of Preparations, is given, *cum aliis*,

“PILULA COMPOSITA. Calomel, 1; Sulphurated Antimony, 1; Guaiac Resin in powder, 2; Castor oil, 1; mix—(1 in 5).

“(Same as Lond., Edin., and Dub.; Belg., Pil. Alterans Plummeri, 1 in 3; U.S., Pil. Antimonii Comp., 1 in 6; not in others.)”

Again, under the preparations of Senna, we find the confection ordered to be made as follows.

“Senna, in fine powder, 7; Coriander, in fine powder, 3; Figs, 12; Tamarinds, 9; Cassia Pulp, 9; Prunes, 6; Extract of Liquorice, $\frac{3}{4}$; Refined Sugar, 30; Distilled Water, 2 $\frac{1}{2}$; etc.

“(Same as Lond.; Edin., without Cassia and Tamarind; Dub., with Oil of Caraway, but without Liquorice and Figs; Belg., Electuarium Sennæ Comp.; Fr., Electuaire Lénitif, more complex; not in others.)”

Again, under the *Infusum*, there is the following.

“(Same strength as Dub.; Lond., 2 in 20; Edin., 1 $\frac{1}{2}$ in 20; Belg., 1 in 10; Austr., Inf. Laxativum with Manna, 1 in 8; Fr., Composita, 1 in 8, with Manna and Rochelle Salt; U.S., with Coriander, 1 in 16; not in others.)”

We must not omit to mention that, in addition to the matter proper of the work, Mr. Squire gives tables of the equivalents of English and French weights, lists of test-solutions, ordinary and volumetrical, etc.

The book is not only valuable to the manufacturing druggist and dispenser, but also to the prescriber. That it has been found so, is evident from the favour with which it has already been received.

PROFESSOR SENATOR MATTEUCCI has been nominated Professor at the Florence Museum, and will there give a course “On the Physico-Chemical Phenomena of Living Beings.”

WE beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, JANUARY 14TH, 1865.

THE SANITARY IMPROVEMENTS OF BOURNEMOUTH.

THE frequency with which our friends and patients who go to English watering-places in search of health are attacked by severe and even fatal illness, has of late years become so alarming as to make us hesitate in recommending change of air. Nothing but the powerfully deodorising and antiseptic properties of the sea air saves some of the places of resort to which we allude, and which we will not at present name specifically, from devastating epidemics. Many of our readers must have a painful recollection of the stinks which, during the recent vacation, have met them at every turn in localities formerly celebrated for their health-giving properties, but now poisoned by the effluvia which the carelessness of an ignorant or penurious population has allowed to be generated and to accumulate in or near their dwellings. We should have thought that the constant publicity given to the fundamental rules of sanitary science would, by this time, have penetrated to the most obtuse of municipal law-givers; or, at least, we would have given this money-getting age credit for discerning the necessary connection which exists between the pecuniary interests of the permanent denizens of a watering-place and its sanitary condition. Experience, however, has shown that, with a few well marked exceptions, the teachings of sanitary science and of political economy have been equally thrown away upon the short-sighted rulers of many of the places which, with the present facilities of communication, might go far to become perfect sanatoria.

There is one place on the south coast of England to which we may be permitted to draw attention at present; not for the purpose of finding fault, but with a view to strengthening the hands of those of its residents who, appreciating the demands of the times and their own opportunities, wish to secure for it a prominent place among the health-giving localities of our much favoured isle. We speak of Bournemouth. We know few sea-side watering-places which possess so many features that recommend it. Scarcely twenty years old, it has established for itself, by its salubrity and beneficial influence in various forms of exhausting and degener-

ative diseases, a high reputation. But it has arrived at a period of its existence—its period of puberty—in which a great change must be effected for better or for worse. The dimensions which it has assumed, and the evident tendency which it exhibits to further growth, have compelled its inhabitants to think seriously about the drainage.

A large and influential party among the residents seeing, like wise men, into the future, and not adopting the *après nous le déluge* egotism of some contemporaries, wish to determine and establish a system of sewerage which, while abolishing all cesspools, shall not contaminate the beach and the sea in the vicinity of the town, and shall not require to be recast and remodelled after the lapse of a few years. They desire to adopt a plan approved by and carried out under the superintendence of an eminent sanitary engineer, which shall at once be capable of adaptation to the increasing wants of a necessarily increasing population, and at the same time benefit the surrounding country by a proper distribution of the fertilising contents of their sewers.

We see by the local papers that much discussion has been going on of late on the subject; but we rejoice also to see that a sanitary committee has been recently appointed, embracing the names of Drs. Burslem and Falls and Colonel Moody. The former two well known physicians secure an adequate representation of the medical aspects of the question; while the Colonel, who is an officer of the Royal Engineers, and has had large experience in drainage in the colonies, will advise on technical details. These gentlemen have received and published urgent letters from Mr. Edwin Chadwick, C.B., Sir Jas. Clark, Dr. Ferguson, Dr. Sieveking, and Dr. West, on the importance of a thorough and efficient system of drainage, which have been read before the local Board of Improvement Commissioners, with whom the above named Sanitary Committee are somewhat at variance as to the best mode of draining the town. We do not wish to constitute ourselves judges as to the merits of the points at issue between them; but we cannot but express a strong hope that the most enlightened counsels may prevail, and that such a system may be adopted as will save Bournemouth from the disgrace of having neglected the painful experience of the past, the teachings of science, and its own best interests, whether regarded in a moral, sanitary, or pecuniary point of view. Let those who may be disposed to sacrifice permanent advantage to temporary economy, reflect that an opportunity such as now offers will never recur, of rendering Bournemouth an illustration of the superiority of local to central government, of making it permanently one of the healthiest and most attractive of our watering-places, and of demonstrating the capability of even a very young community to anticipate the wants of its posterity.

HOSPITAL HYGIENICS.

For some time past, the Surgical Society of Paris has been seriously engaged in discussing the hygienic conditions of hospitals. The discussion has arisen *à propos* of the rebuilding of the Hôtel-Dieu, but is, of course, of general significance. The leading surgical authorities in Paris have taken part in the debates; and the whole question has been worked out in that complete and logical and precise method of argument characteristic of our French *confrères*. After two months' inquiry, the Society has adopted the following conclusions, its desire being to "contribute to the efforts now being made to withdraw the practice of surgery from the baneful influences of nosocomial complications, etc."

Every hospital should be situated in an open space, on sloping and spacious grounds. A minimum of fifty square *mètres* should be the smallest space allotted to each patient. The atmosphere of a hospital is purer in proportion as the hospital is removed from populous quarters. Only such hospitals as are absolutely required for cases of urgency and for instruction should be permitted in large towns—(a statement which we recommend to the consideration of the governors of St. Thomas's Hospital). Economy would be promoted by attention to this recommendation.

Good hygienic conditions may be readily obtained in hospitals of 200 to 250 beds. In large towns, where the beds exceed that number, such conditions are impossible. The expenses of hospitals of the size indicated are not greater (in proportion) than they are in much larger hospitals.

Atmospheric elements are mingled chiefly in a horizontal direction; consequently, the effects of contiguity of patients, of bed to bed, of ward to ward, and building to building, should be counteracted by the occupation of large spaces of ground.

Contagious influences are effectually opposed, not alone by augmenting the cubic space allotted to each patient, but above all, and especially, by increasing the superficial area, so sadly insufficient in our present civil hospitals. For this reason, the building should have few stories, because each story engenders its own vitiated layer of air. A rigorous hygiene would require that no hospital should consist of more than two stories.

It is an error to believe that an abundant aëration within the walls may be substituted in the place of space and external aëration. No artificial means will supplement the deficiency of natural aëration.

Buildings, completely isolated, having the same aspect, directly exposed to the rays of the sun, to the action of rain and wind, should be disposed in parallel lines of 80 or 100 *mètres* apart, in order to obtain an effective degree of isolation and free and ready external aëration.

Small wards, containing from fifteen to twenty beds, are superintended with facility. In such wards, the patients are less exposed to mutual inconveniences occasioned by their diseases; the chance of direct contagion is diminished; and all impurities are readily removed. Wards of this size should be preferred for ordinary purposes.

The furniture should in no way interfere with the circulation of the air. The medical attendants should have power to remove the curtains of the beds in all cases where they think it proper.

The wards should be separated from each other by passages, etc.; and it is desirable that there should always be one to which the patients who can leave their beds may resort and take their meals.

The periodical and regular evacuation of the wards for an interval of some months produces results in French military and foreign hospitals, such as warrant the general adoption of the practice, especially in times of epidemics.

Everything should be disposed for facilitating the rapid removal and destruction of all odorous and infecting matters, which should never be allowed to remain either within or in the neighbourhood of the wards occupied by the patients.

The Surgical Society concludes by saying that, enlightened by the long discussion in which so many of its members have taken a part, it would be sorry to see the administration, in the project adopted for the reconstruction of the Hôtel-Dieu, neglect or overlook any of the principles here laid down. In its opinion, neither the wants of the population nor the requirements of instruction demand the erection of a hospital of six hundred beds in the *Cité* at the present day. Such a hospital must necessarily be subjected to evil hygienic conditions, both in respect of position, of space, of number of beds, of disposition of its buildings, and of aëration. The Society hopes that authority will listen to its advice, and adopt such a project as will be in conformity with the fundamental requirements of hospital hygiene. To this excellent wish of the Surgical Society of Paris we shall all affirmatively respond.

Naturally, in reading the complete and excellent debates, or rather we may call them finished discourses, on hospital hygiene (mainly addressed to the erection of another Hôtel-Dieu), which have been delivered by the leading surgical authorities of France during the last two months, our thoughts have again and again turned to the erection of St. Thomas's Hospital in our own metropolis. It is, we suppose, quite useless now to question further the propriety of again erecting so large a building on the site chosen for it, or any where within the air of the metropolis. This only we can say, that the very arguments and conclusions so urgently pressed upon the French Administration by the Surgical Society of Paris against the project of reconstructing and

erecting another large Hôtel-Dieu, tell with equal force and equal reason against the project of erecting a hospital of 400 or 500 beds on the Stangate site. The thing, we suppose, must now inevitably be done; but we must nevertheless be permitted to say that it is an act not in accordance with the laws of hygiene, as thus worked out by the Parisian Surgical Society; and that the words applied by the Society to the Hôtel-Dieu project seem to fit equally well the St. Thomas's Hospital project; viz., that "neither the wants of the population nor the requirements of instruction at the present day call for the erection of a hospital of 600 beds within the city. Such a hospital will be subjected to evil conditions both in respect of space, of number of beds, of disposition of its buildings, and of aëration of the whole edifice."

THE SMYLY TESTIMONIAL.

At the inauguration of the Smyly Testimonial, the public were favoured with a professional and a non-professional opinion of special hospitals by Dr. Stokes and Lord Wodehouse. The Smyly Ward for children in the Meath Hospital was opened on January 5th. The ward is a memorial erected to the memory of the late Surgeon Smyly, who had been thirty years connected with the Meath Hospital. The sum of £650 has been subscribed; and provision has been made for the support of nine out of the ten beds which the ward contains. At the head of each little bed is printed the name of the lady who has undertaken to support it, either from her own resources or money collected among her friends.

Dr. Stokes, having borne testimony to the merits of his departed friend, referred to the alarming prevalence of infant mortality in different countries.

"From a pamphlet by Dr. Moore, *On the Value of Hospitals for Sick Children*, we learn that the mortality of children in London, up to the tenth year of age, is about 35 per cent. In Manchester, the mortality before five years of age is 55 per cent. In Berlin, on an average of forty years ending in 1822, 52 per cent. died in the first year of existence; and during the war in the early part of the present century we have the authority of Casper for stating that not less than 71 per cent. perished. Mr. Simon well observes that a high local infantile mortality must indicate a high local prevalence of those causes which determine a degeneration of race. Without impugning the value of children's hospitals, it may be asked whether special hospitals for the diseases of children are to be preferred to the allocation of wards for a similar purpose in a great general hospital. This is one of those questions which must be solved by experience. In the meantime, I may be permitted to express an opinion that of the two plans the latter is the preferable one. The powers of the human mind become narrowed whenever they are long confined to any one specialty. Great physicians and great surgeons are only made by practice in a general hospital. In an hospital exclusively devoted to infantile disease, it is not likely that its inmates could ever have the advantage of such judgment and

skill as that possessed by a Cooper, a Brodie, or a Baillie, or by a Crampton, a Cheyne, or a Graves. It is plain, at all events, that the establishment of a children's ward or wards is a matter greatly to be desired in every large hospital. The success of the children's ward in the Adelaide Hospital may be appealed to. The Smyly Memorial Ward will be the second of these institutions; and I happen to know that it is the intention of the community of the Sisters of Mercy to allocate a portion of the hospital of the Mater Misericordiae for the same important purposes."

The Lord-Lieutenant dissented from the remark of Dr. Stokes, that great infant mortality in any population is a sure sign of its degeneracy. In Russia, there is a large proportion of deaths among infants; but the adult population are not the less vigorous on that account. Indeed, the fact that the sickly, weakly, and ill-formed children died naturally led to the inference, that the portion that survived would be more robust and vigorous than the whole population would have been if all the infants had lived. On another point, also, the Lord-Lieutenant expressed dissent. He said:

"Dr. Stokes has expressed a strong opinion in favour of attaching special wards to general hospitals rather than establishing a separate hospital for the special treatment of sick children; and I think it is very fortunate that in Dublin that system can be fairly and completely tried. At the same time, there are two sides to that question. It cannot be doubted—and I think the observation must be as applicable to medical science as it is to all other branches of science—that those who devote themselves to special departments do acquire a special and particular knowledge that is not possessed by others who travel over a wider field. Yet we must not allow ourselves to be entirely convinced that it may not be desirable for many classes of disease, at all events, to have special hospitals established, provided you have them on a sufficiently large scale; for, undoubtedly, if they were not on a large scale, the experience of the medical officers will be too much contracted. I believe that, where you have these special hospitals on a large scale, you will advance medical science more effectually than by having professional duties extended over too large a field. I think that all who have attended to the progress we have made in the various sciences and arts must have perceived that those who have devoted themselves to some one special pursuit are generally those who have made new discoveries and inventions for the benefit of mankind."

BANTINGISM ABROAD.

MR. BANTING may well be elated at the success of his system; for, besides having been put on the stage in London, it has now found an exponent in Germany, in the person of Professor Julius Vogel of Halle. The force of circumstances, and the idiosyncracies of the medical students of Halle, have removed Professor Vogel from the Clinical Professorship which he held in that University, and caused him to return to the sobrieties of Morbid Anatomy, the subject by which he made the reputation which carried him to the clinical chair. He now employs

some of his leisure time with the vindication of great principles to their authors, and his *Essay on Corpulency* is one of these vindications.

The principles and practice of Bantingism are, in his pamphlet, clearly shown to be nothing more or less than the application of the well known chemico-physiological discoveries of Liebig to the construction of a very commonplace dietary; and, consequently, to be neither new nor original. At the same time, the author makes use of the humorous element in Mr. Banting's tale, which is of course the mainspring of its popularity, to impart this latter quality to his essay, so as to make it acceptable to that peculiar class of beings, the lay readers of medical essays written with a keen eye to the main chance.

In a notice of his essay, which Professor Vogel has published in a periodical, we perceive that he lays stress upon the statement made by Mr. Banting, to the effect that he had consulted several of the foremost physicians of London to get relief from his corpulency, but without success. What a pity it is, that Mr. Banting did not publish the advice and prescriptions which were thus given to him in vain! And withal he might add the names of those gentlemen who advised him; for, as they belong to the most eminent, the failure of their skill in his case can do them no great harm. Perhaps, also, this plan would provoke a little cross-examination by way of retaliation, with a view of showing whether or not Mr. Banting followed to the letter the advice given by these eminent physicians. As matters stand at present, there exists necessarily a little prejudice against this statement regarding the failure of the advice of these eminent doctors of the healing art. This prejudice is founded upon the peculiar circumstance, that the art of reducing corpulency by dietetic means derives from Æsculapius himself, and was practised by his sons and successors; and Hippocrates even went so far as to commit the indiscretion of recording the Æsculapian rules in his aphorisms.

"Fat people" (he says) "who wish to become slender, must do their work with an empty stomach, take their food while panting with fatigue, and not allow themselves to cool down; they should then drink a little somewhat diluted wine, and eat green vegetables. The vegetables should be dressed with a great deal of grease, in order that the smallest possible quantity may do away with the appetite. They must eat but once in the day, remain unwashed, sleep upon a hard bed, and walk about naked as much as possible."

Here is a code of rules which, we warrant, would reduce a man of twice Mr. Banting's dimensions and weight to the size of an ordinary mortal in a reasonable time. The rules are quite in harmony with physiological science. All trainers know them well, and have always known and practised them; the walking about naked included. This latter part

would be difficult of execution in St. James's, except, perhaps, between the hours of three and five in the morning. But, in rural retirement, it offers no difficulty; and at the seaside, it would merely amount to the prolongation of a fashionable amusement. As for that ounce of sugar which has such enplastic properties as to increase the weight of an alderman by somewhat like ten times its amount, it has betrayed, in an objectionable manner, the amount of logic which gentlemen who now talk about the subject of fat are really able to apply to it. To our readers we beg to propose a problem, the solution of which, we are sure, would enlist much more sympathy amongst society than Bantingism; namely, rules by which the cacoplastic constitution can be made to deposit adipose matters—regulations by which a scraggy young lady can be made fat. The solution of this problem would command the attention and recognisance of vast numbers of the sweetest and most sugar-devoted human beings.

DR. GAIRDNER, in the *Glasgow Medical Journal*, details his experiences of "Two Months of Fever Duty in the Glasgow Royal Infirmary." His conclusions are worthy of very serious attention.

Dr. Gairdner regards typhus as a disease which has a distinct and certain course to run, and cannot be cut short. Two-thirds or three-fourths of his cases were successfully treated "without either medicine or stimulants." Febrile excitement, rapid weak pulse, and delirium, are normal facts of the disease, and cannot be avoided or cut short. Remedies, therefore, are to be reserved for variations from this normal course of things; as when tartar emetic is given in bronchitic complications, and stimulants in tendency to collapse. Under such practice, mortality has not been more than 9.3 per cent. In persons up to the age of 20 or 15, fever, so treated, is of hardly any danger. Nourishment of the kinds indicated is to be carefully administered throughout the course of the fever; viz., a bland and nutritious diet, as milk, buttermilk, rice, arrowroot, and beef-tea. Free ventilation is indispensable. "Good nursing and constant watchfulness, especially watching the chest, evacuations, and the skin of the back, are the real 'physic' needed by all fever patients." No alcoholic stimulants, or only very small and carefully regulated quantities, need be added to the diet. "The first lesson that has to be learned in dealing with fever, is at the same time to many minds the most difficult—to let well alone. The argument, to many an irresistible one, will always recur, What! are we to stand by and do nothing at all, when the pulse is 120, the tongue dry, the brain oppressed and delirious? The question is an extremely embarrassing one. But, in view of facts which have become clearer and clearer in proportion as our knowledge of typhus fever has been defined and rendered more exact, it has become a duty with teachers of medicine, not indeed to acquiesce in a blind expectancy, any more than in any other unreasoning routine, but to take a firm hold of principles based upon experience, and to place these in the light of such practical illustrations as their opportunities, derived from hospital practice, enable them to command."

Progress of Medical Science.

SURGERY.

SUBAPONEUROTIC LIPOMA OF THE THIGH. Many cases are on record in which large lipomata have been removed; but in almost all instances the tumours have been subcutaneous. Deeply seated lipoma, under the aponeurosis and among the muscles, are more rare, and there are but few instances of extirpation of them. M. Velpeau some years ago removed an adipose mass weighing 16 kilogrammes (about 35 pounds) from the inner and upper region of a man's thigh. In 1854, M. Robert shewed to the Surgical Society a lipoma removed from the temporozygomatic region. In 1856, M. Marjolin removed a large lipoma from among the muscles of the posterior part of the thigh of a young child. Gerdy removed deeply seated lipomata from the fore-arm and thigh. In 1864, M. Ollier removed from a woman, aged 35, a lipomatous tumour situated under the trapezius. M. Cruveilhier, in his *Anatomie Pathologique*, says, that he knows of no instance of intermuscular fatty tumour in which the mass was so large as in M. Velpeau's case. In November 1863, a lady, aged about 40, perceived a painless enlargement of her thigh, which increased rapidly. In May 1864, she placed herself under the care of M. Ollier, who found a tumour of the upper and inner part of the thigh, covered by the fascia. It was found to be unattached to the bone. It was removed by operation, a considerable amount of dissection among the muscles being found necessary. The only point where there was adhesion of any strength was at the ramus of the ischium and pubes; and in removing it, a small portion of bone was detached. The tumour weighed six kilogrammes (more than 13 pounds avoirdupois). The patient recovered completely, without any unfavourable symptoms. (*Gaz. Méd. de Lyon*, 16 Novembre, 1864.)

TRAUMATIC ANEURISM OF THE OPHTHALMIC ARTERY; LIGATURE OF THE COMMON AND EXTERNAL CAROTIDS. The following case has been related to the Academy of Medicine by M. Legouest. The patient had traumatic aneurism of the orbit, which had appeared after a fall from a height, and was accompanied by exophthalmia and paralysis of the sixth nerve. Digital compression was applied to the trunk of the common carotid for four days without success. M. Legouest then determined on first tying the common carotid artery, then the external carotid above the origin of the superior thyroid. The characteristic signs of the aneurism disappeared; the tumour gradually diminished; the eye returned into the orbit; the sight was preserved, but permanent strabismus remained, doubtless from an irremediable injury of the oculo-motor nerve. (*Bull. Génér. de Thé.*, 15 Novembre, 1864.)

MERCURIALISED COLLODION AS AN APPLICATION TO CONDYLOMATA. A patient aged 56, under the care of Dr. G. Finco of Padua, had around the anus a large number of condylomata, which had increased in size under the use of nitrate of silver. Dr. Finco mixed twenty-five centigrammes of corrosive sublimate with fifty-two grammes of collodion, and, having shaken the mixture well, applied it with a brush over the two largest tumours. The next day, these had almost disappeared. In the course of sixteen days, Dr. Finco destroyed more than sixty condylomata; and the patient had no return of his disease. (*Gaz. Med. Ital. Lomb.*; and *Bull. Génér. de Thé.*, 30th Dec. 1864.)

OBSTINATE HÆMORRHAGE FROM A TOOTH: COMPRESSION OF THE COMMON CAROTID ARTERY. A lady aged 78, had for some days a painful enlargement of the gum on the left side of the upper jaw, near the last molar tooth, of which only the old carious fangs remained. One day, she observed a discharge of blood from the painful part. This increased to a somewhat alarming extent, and plugs dipped in perchloride of iron were applied, and syrup of the perchloride with syrup of digitalis was given internally. The hæmorrhage still, however, persisted, and the patient became seriously weakened. Thereupon M. Guipon, under whose care the patient was, compressed, by the fingers, the common carotid artery against the cervical vertebræ. The hæmorrhage was sensibly diminished in less than half an hour, and was completely arrested in an hour. Pressure was maintained steadily during some time longer; no return of the bleeding took place, and the patient recovered gradually from its effects and from those of the application of the perchloride of iron to the mouth. (*Bull. Médicale du Nord*; and *Bull. Génér. de Thé.*, Dec. 30, 1864.)

EXOSTOSIS OF THE NASAL FOSSA. A patient, under the care of M. Legouest, had a large ivory exostosis in the left nasal fossa. It had distorted the face in the same way as a large fibrous polypus, and gave rise to dangerous hæmorrhage. It was impossible to ascertain its extent and attachments; and, to remove it M. Legouest, having made the necessary incisions through the soft parts, enlarged the anterior nasal aperture with the gouge and mallet, and, still finding it impossible to displace the tumour, temporarily removed the vault of the palate, after which the tumour, which projected from the posterior nares, was enucleated. The bones were replaced; the soft parts were united by suture; and the patient recovered, preserving nearly entire the osseous portion of his face. (*Bull. Génér. de Thé.*, 15 Novembre, 1864.)

ENCYSTED TUMOURS IN CHILDREN. Encysted tumours are often met with on the face and scalp, and especially the eyelids; and although they may sometimes disappear under the influence of an inflammatory elimination or the action of solvents, when they prove persistent and increase in size they should be removed. In dread of erysipelas, M. Guersant has renounced in these cases the employment of cutting instruments and resorts in all of them, even in tumours of the eyelids (except when these can be extracted on the inner side), to the Vienna paste. Through the aperture formed by its aid the tumour will sometimes issue unaided, although, on other occasions, its elimination may have to be assisted. The cicatrix left behind is smooth and does not project, but it is of slower formation than is that which succeeds to incision. No accidents follow the separation of the tumour, especially when its extrusion has taken place unaided. Sometimes, when this process has been sought to be hastened, erysipelas has occurred. The tumour to be acted upon is covered with adhesive plaster, in which an aperture has been cut of the form and size of the intended opening in the skin, and over this the paste is spread. In eight or ten minutes an eschar is produced, which may be poulticed or otherwise treated, so as to facilitate its separation. This may be delayed for eight or ten days; and after it has taken place, and the tumour has issued out, whether spontaneously or aided by nitrate of silver, cicatrization should be encouraged. With respect to small cysts of the eyelids, M. Guersant follows Dupuytren's procedure of opening and emptying them, and then cauterising their internal surfaces. (*Bull. Génér. de Thé.*, and *Dub. Med. Press.*)

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Wednesday, Jan. 25, 7 15 P.M.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, DECEMBER 15TH, 1864.

W. ADAMS, Esq., F.R.C.S., President, in the Chair.

A Case showing the Dangerous Effects of Mercury through the Skin. By W. SEDGWICK, Esq. A journeyman tailor, aged 23, in consequence of what appeared to be a venereal sore, with some brown patches on the skin, had applied on October 31st for advice at one of the large hospitals as an out-patient. He received a pot of blue ointment, which he was desired to rub into the thighs night and morning; and a small bottle of colourless lotion for the sore. After using the ointment a few times, the gums became very swollen and raw, and the patient felt very ill and exhausted; but he managed to attend again at the hospital on November 4th, when he was told to continue the ointment and lotion, and to attend again next week. The symptoms of exhaustion, however, increased so rapidly, and the salivation became so profuse, that the patient's friends were much alarmed, and requested Mr. Sedgwick to take charge of the case. Mr. Sedgwick visited the patient for the first time on November 6th, and found him suffering from profuse hæmorrhage from the mouth, which appeared to proceed from the mucous membrane of the gums and cheeks; but it was almost impossible at the time to examine the interior of the mouth, as the jaws were fixed. The mercurial fœtor was very offensive and overpowering, and the patient had not had any sleep during the two previous nights. A gargle, composed of a solution of chloride of sodium with hydrochloric acid and syrup, was used with advantage; and the patient was ordered to take every four hours a mixture of quinine and ether. Brandy and milk were given at short intervals, and as much beef-tea as he could manage to swallow. There was considerable hæmorrhage from the mouth for three days afterwards; and this did not entirely cease until November 13th. The gargle for the mouth completely did away, after a few days, with the mercurial fœtor; and, by means of twelve-grain doses of Dover's powder at night, some amount of interrupted sleep was obtained. As soon as the patient's mouth could be opened fully enough to allow of examination, it was ascertained that not only were the gums very much swollen and ulcerated, but that the adjacent mucous membrane of the cheeks and sides of the tongue, as far back as it was possible to see towards the base, were also extensively ulcerated. The patient recovered, so as to be able to take out-door exercise for the first time on November 25th; and, at the time of last report (December 1st), was quickly recovering his strength. With reference to any supposed necessity for mercurial treatment in this case, it was stated that the patient had been married two years and a half, and had not apparently required any medical advice since his marriage. He had led a "gay" life, and had been treated for venereal disease; but this, it was said, had been cured.

Mr. DE MÉRIC observed, that the danger of mercury through the skin was like that of using it in other ways. Some persons would take four or five times as much as others to salivate them. In cases of salivation and ulceration of the mouth caused by mercury, he had found a useful application to be a stick dipped in pure hydrochloric acid and applied to the ulcerated surfaces, which then should be gargled with a solution of salt in water.

Dr. DRYSDALE remarked, that medical literature teemed with accounts of injury inflicted by the use of mercury as an ointment rubbed into the blood. Dr. Christison had mentioned a case where two drachms of blue ointment rubbed in on the thighs had produced pytalism and death in three days. Dipping the hands in mercury for a few hours has produced salivation. Ramazzini and Tardieu had given a sad picture of the workmen employed in mines of mercury. Trembling paralysis, swelling of the feet, ulcers of the gums, loss of the teeth, asthma, phthisis, were among the diseases ascribed to this dangerous poison. In describing the mines of Frigas and Almaden, most authors attributed to mercury the accidents which are sometimes met with in the mercurial treatment of syphilis; viz., salivation, vertigo, loss of memory, trembling, partial paralysis, and pains in the bones. Workmen of thirty years of age are quite edentulous. Of 3,911 workmen at Almaden mines, forty-eight sicken yearly; the half of these patients die in the course of a year. As it had been fully proved, he thought, by the evidence adduced by himself and others, that diseases were injured instead of benefited, including syphilis, by the use of mercury, it was high time that its internal use should be abandoned. He had recently received the works of Professor Böck of Christiania, where every case of syphilitic ulcer and its treatment had been kept since 1827, and where mercury is now definitively abandoned; in consequence of which, bone-disease is no longer met with in those treated in Norway.

On the Syphilitic Affections of the Nails. By V. DE MÉRIC, Esq. The author recapitulated the subjects he had treated on former occasions before the Society; one being the possible escape of children born of syphilitic parents; the other, hard chancre in the female. As to the affections of the nails, he considered them very rare in syphilis; as, in a practice of twenty years, he had seen but a few cases. He divided these into two classes—the purulent (onychia syphilitica), and the dry (ungual psoriasis). Of the first class, Mr. De Méric related several cases both from private and public practice, those occurring in hospital being accompanied by drawings. The dry class, characterised by yellowish stains under the nail, and the gradual brittleness and crumbling of the latter, was illustrated from private practice chiefly; one case being very remarkable by presenting the affection in two individuals, one of whom had been contaminated by the other. The author had brought forward the subject principally to aid diagnosis, and to attempt the description of the characters which are peculiar to syphilitic affections of the nails, seeing that these characters are not sufficiently noticed in systematic works.

The PRESIDENT asked whether there was not, in addition to the two forms of nail-disease so well described by the author, another class of cases, where the nail begins to dry and split up the middle, and spots may be seen in the nail by making a thin section of it and viewing it in the microscope. A lady, in good health, had almost lost the nails of three fingers of both hands by such a disease. All the specifics in the *Pharmacopœia* had been tried on her to no purpose.

Mr. JAKIN related a case of syphilitic onychia, occurring in a painter and plumber, which was cured by the use of the nitrate oxide of mercury ointment.

Dr. MORTON mentioned a case of syphilitic disease of the nails recently seen by him.

Dr. DRYSDALE had seen a case similar to that mentioned by the President in a person with lepra of a simple kind.

Mr. CURGENVEN mentioned that splitting of nails seemed to be a constitutional peculiarity, as he had had a family under his care where this affection was found both in parents and children.

Dr. Sisson said the diagnostic signs of syphilis were very uncertain: mistakes in this respect were daily made by the best observers. With regard to the copper colour of an eruption, it must be borne in mind that this only occurred in the later stages; and that at such stages it was not confined to syphilis, and was only valuable when taken with other symptoms. He had always considered the absence of itching a valuable diagnostic mark in syphilitic eruptions; but it was fallible, as he had at present a patient with syphilitic lichen under his care, who complained of intense itching.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 13TH, 1864.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

THE CAUSES AND PREVENTION OF INFANT MORTALITY. BY ISAAC PIDDUCK, M.D.

THE design of this paper was to designate the causes of excessive infant mortality with a view to its prevention.

These causes might be regarded in a twofold aspect—the hygienic and the medical. Under the former were comprised all that related to the health of infants; under the latter, everything that pertained to the health of the parents. It was to the last two points that the attention of the Society was more especially invited. Statistics have revealed the appalling fact that more than one-half the children born die within five years of their birth. But this only comprised children born at the full term; it did not include miscarriages, still-born infants, and those who died immediately after birth; and not to mention numerous cases of infanticide, whose deaths were not registered. The preventible causes producing this alarming result were comprised under the following heads:—1. Sexual excesses. 2. Syphilitic diseases. 3. Excessive indulgence in tobacco-smoking, snuff-taking, and chewing, and of spirit-drinking. 4. Unhealthy occupations, such as mining and metallurgic operations. These principally pertained to the fathers; those which more especially belonged to mothers were:—1. Indulgence in idle, luxurious habits. 2. Sedentary occupations, factory and agricultural labour. 3. Deficient nutriment, the want of which is too often supplied by excessive tea-drinking, if not by stimulants of a more pernicious kind. 4. Mental distress arising from domestic troubles and from the loss of children. And lastly, as a consequence, debility occasioned by hæmorrhagic and leucorrhœal uterine and vaginal discharges, especially during utero-gestation.

It was by the combined operation of these causes that the health and vigour of the parents were undermined, which tended to the production of a puny, non-viable offspring.

A brief statement of a few out of the many cases presented at the Bloomsbury Dispensary followed, in which one child after another, in some as many as

five out of six, in others all the children, died in infancy. In all these cases the cause was clearly traceable to the habits and health of the parents, and for the most part was preventable.

The action of the remote causes gives rise to *tuberculosis*. The symptoms of tuberculosis, being a blood disease, may be manifested in all the tissues of which the body is composed; in short, there is scarcely a disease which is fatal in infancy and childhood that may not be referred to some form of tuberculosis, and that this is in the great majority of instances congenital, *post mortem* investigations of infants clearly demonstrate. In the temperance movement it was long before people could be made to believe that intemperance is destructive of health and the real enjoyment of life; but by reiterated statements of facts and reasoning upon them a deep impression has been made, and habits of intemperance amongst respectable classes have been considerably diminished. So in this case, by a repetition of the causes producing such excessive infantile mortality an impression may be made upon the minds of parents favourable to the health and longevity of their offspring. To this end would be conducive early marriages, the marriage of our sailors and soldiers, extending to children the motives for temperance in parent and newly-married couples; the duty of capitalists to promote the health of their labourers by every means in their power; and lastly, subjecting mothers, who are suffering under exhausting discharges during utero-gestation, to a course of treatment directed to their cure.

ULCER OF THE LOWER PORTION OF THE ILEUM, COMMUNICATING WITH THE BLADDER.

BY JOHN MORGAN, ESQ.

A gentleman, aged 60, having been much in tropical climates, but without having had severe dysentery, in March 1862, first complained of a fulness in the left groin, which, though undefined for some weeks, increased in the following six months to a considerable size. It was attached posteriorly, painful on handling, and seemed to interfere with the functions of the bowels, which, from having been generally relaxed, became unusually torpid. In April 1863, he began to pass feces by the urethra, at first slight in quantity, but soon the whole intestinal contents were discharged through this channel. Under the pain and irritation thereby produced, the health soon gave way, and he died six months after the first appearance of feces in the urine.

A *post mortem* examination showed that the tumour had quite disappeared. On opening the abdomen the ileum was found dilated into a large pouch, for an extent of five or six inches, when within a short distance of its junction with the colon. The coats of the intestine were attached firmly to the inner wall of the abdomen and also to the bladder, and an ulcer, the size of a sixpence, was found opening directly into the bladder, at the fundus of this organ. No other spot of ulceration was observed in any other portion of the intestine.

LINCOLN MEDICAL SOCIETY.

THURSDAY, JANUARY 5TH, 1865.

E. F. BROADBENT, President, in the Chair.

Cancer of the Penis. Mr. SYMPSON made some observations on a case of cancer of the penis, in which he removed the organ close to the pubes.

Small-pox and Vaccination. Mr. GARNHAM observed that the city of Lincoln had during the past year been visited by an epidemic of small-pox; and, in his office as house-surgeon to the General Dis-

pensary, he had been called upon to attend a large number of the cases. On referring to the annual statements of the institution, he found that, in the eight successive years 1853-60, only nine cases were recorded, and no death; in 1861, 50 cases, and one death; in 1862, 32 cases, and no death; in 1863, 36 cases, and one death; in 1864, 150 cases occurred, and eight proved fatal; and these, with the exception of two cases, in the last two quarters of the year. Mr. Garnham observed that some cause must be assigned for this steadily increasing tendency year by year to an epidemic of this disease; and he considered it to be due to the manner in which the compulsory Vaccination Act was carried out, many parents in the town refusing to have their children vaccinated. Of the 98 cases, the papers of which had been returned to him, he found as follows: Not vaccinated, 29; said to be vaccinated, did not take, but having no cicatrix, 18; having one cicatrix, 26; having two cicatrices, 21; having three cicatrices, 4. Of the eight fatal cases to which he had certified, all were unvaccinated, except one, which was said to be done, but bore no cicatrix. Of 47 vaccinated persons attended with modified small-pox, 41 were above the age of ten years. He considered the Vaccination Bill as good in its working as the Medical Registration Bill, being left to the public to carry it out; consequently, being every man's duty, it never got done. The subject of vaccination was fully discussed, several members affirming they had never seen a case of small-pox within seven years of successful vaccination.

Microscopic and Pathological Preparations were exhibited; and the members were afterwards entertained by the President.

Correspondence.

PRICEY v. BOWEN.

LETTER FROM EDWARD LUND, ESQ.

SIR,—In accordance with the promise I made in my letter to you of Saturday last, I beg to state that, in my written opinion on this case, after having described the condition of the plaintiff's arm, in which I said: "She has no power whatever to turn the hand round so as to change the position of the palm or the back of the hand, although it is possible for another person to move it slightly in either of those directions, which gives her some pain; the hand, as it is at present, is quite crippled and useless to her"; and, after explaining that there were two bones in the forearm, one of which crosses the other in the act of turning the hand, etc., I went on to say: "Now, there is naturally a space between these two bones, nearly three-quarters of an inch in width in the widest part, when the bones lie side by side parallel to each other; that is, when the palm of the hand is uppermost, there is the greatest space between the two bones; but when the back of the hand is uppermost, the radius has been so brought across the 'ulna' that the two bones almost touch each other in the middle part of the forearm. To keep the hand for a long time laid on its back (or *supine*) is a very irksome and painful position; or else, being that in which the two bones are furthest apart, it would be the best position in which to place a forearm so as to prevent the bones growing or sticking together improperly; and, therefore, it is customary in such an accident to keep the hand in what is called the *semi-prone position*, half way between the two extremes—that is, with the thumb uppermost and the fingers forward.

"Now it appears, according to the statement of the plaintiff, that the defendant caused the hand to remain in the *prone position* for the first nine days after the accident, which would keep the broken portion of the radius so near to the broken portion of the ulna that, in my opinion, the bones would be liable to stick, or grow together, to a certain degree; and that this is one chief cause of the plaintiff not being able to turn the hand, or to roll the radius over the ulna, as takes place in that movement. Moreover, when the hand is prone (*back upwards*), the nerves and blood-vessels are more compressed and displaced than in any other position; and this, therefore, would greatly increase the tendency to sloughing, which came on towards the end of the nine days.

"I do not think much can be said against the defendant for having over-banded the arm in the first instance. It clearly was not intentional; he saw the patient in about twenty-four hours afterwards, and from the sudden swelling of the forearm, the bandage might appear to be too tight *then*, while, perhaps, when first put on, it was not at all so. Still the limb was not in the most favourable position for the circulation of the blood; and the position of the hand was such as to make it much more likely that it would swell, than if it had been laid on its back, or placed edgeways with the thumb uppermost.

"If the case go into court, I am of opinion that it is very important Mr. Martin, who saw the plaintiff, should appear to bear testimony to the state in which the forearm and hand were, at the end of the six weeks, when the plaintiff was removed from the treatment of the defendant. The defendant will doubtless say, that he cannot be held responsible for the results of an injury which has been under surgical treatment for nearly fifty-two weeks, when he had only to do with it during six weeks of that time; therefore, it is not so much how the limb is at the present time, but how it was when the defendant ceased to treat it, and if its bad state at that time was due to his fault, and has clearly brought about its present crippled condition.

"Fractures of the forearm are admitted by all surgeons, and in all surgical works, as being very difficult to treat; and they are sometimes, even with the greatest care, followed by serious deformity and loss of the use of the hand. Sloughing cannot always be prevented; and the *turning point* in this case will be, whether or not everything was done on the part of the defendant which ought to have been done to prevent this, and to preserve the mobility of the limb.

"Everything, therefore, will depend on the value of the plaintiff's own testimony as to the precise way in which the fractured arm was placed and treated during the first nine days; for, unless malpraxis can be fairly shown during that period, I believe the case for the plaintiff will break down."

I considered that, in thus expressing my opinion, I had given it as fairly as I could, as an expert ought to do, with reference both to the interest of the plaintiff and the defendant; and, seeing that I had narrowed the decision of the case for the plaintiff to the one single question of fact, whether or not the description of the treatment was true or false, it seemed to me that the defence would not be difficult, in the event, as was easily shown at the trial, of the defendant having acted in a perfectly correct manner according to the legitimate rules of surgery. I have also to state that I have received an authentic transcript of the short-hand writer's notes of the evidence given by me in this trial, from which I will make a few extracts, to show that some of the wording of the newspaper paragraphs gives an erroneous idea of the exact opinions which I expressed on that occasion.

But before doing so, being aware that exception has been taken, and as I think, on reflection, properly taken, to the answer given by me to question No. 2, viz.:—"I believe you are one of the surgeons of the Manchester Infirmary—the Royal Infirmary?" *Answer*—"I am,"—I will observe that, inasmuch as I am a dispensary surgeon and not a full surgeon to the Manchester Royal Infirmary, I am prepared to accept any blame that may attach itself to me, for having omitted to mention this distinctive difference.

In the *Liverpool Mercury*, it is stated, Mr. Lund deposed that "he had heard Mrs. Pryce's description of the way in which her arm was placed, and that, if that description were true, he was of opinion that it was improperly placed." "The proper position was with the palm uppermost; and it was known amongst medical men that the reverse position was wrong."

With regard to the latter part of this statement, what actually took place was this. Having answered the fourth question put to me, in which I was asked if I had heard Mrs. Pryce's description of the treatment said to have been adopted, I was requested by the counsel for the plaintiff to place the bones of an articulated forearm in such a way as that they would be nearest to each other (*prone*), and then I was asked the next question, viz.:—"Now, assuming it to be true that her arm was placed in the splint as she described, with the back of the hand up, is that the proper way of setting the arm?" *Answer*—"No."

I was next asked, in the same way, to place the bones so that they should be furthest apart (*supine*); and the question was put, "What would be the proper way of placing the arm?" I answered, "The best way of placing the arm would be thus, the forearm slightly bent with reference to the arm, and the palm uppermost," and I made this answer as the direct conclusion or inference from the position in which I had just placed the bones, so as to show them as the furthest apart; for in the next question I was asked, "Is that the regular and well-known way of placing the arm, in a simple fracture of the forearm?" and I immediately replied, holding my hand in the usual semi-prone position, "This is the best position in which to place it in a case of simple fracture." And it is worthy of remark that, in the manuscript copy of the shorthand writer's notes now before me, the transcriber has emphasised the word *this* by placing a line beneath it, as if it were to be printed in italics, to indicate, doubtless, that when I used the word, I threw great stress upon it, to show that it was the position in the treatment of a fractured forearm; I being led to show the supine position only in illustration of that condition in which, for anatomical reasons, the bones would be the furthest apart. Then followed these two questions, with the answers:—"Is the other way, with the back of the hand up, known among medical men to be a wrong way?" *Answer*—"Yes, it is a wrong way of placing it." "Would it be wrong practice to leave the arm in this position, with the back of the hand up, during nine days?" *Answer*—"It would be wrong practice, in my opinion."

The error, therefore, which has occurred in the newspaper description would lead those who have read the account to suppose that I said the *supine* position was the position, *par excellence*, whereas, as soon as I was asked to give "the regular and well-known way" of placing it, I showed the semi-prone position.

Another mistake which has arisen from the newspaper description being so freely circulated, has been, that it has appeared as if I had stated the bones were *absolutely* grown together, while this assertion was "denied by Mr. South" in his evidence; yet, in my written opinion, it will be seen that I said it was possible for another person to rotate the hand slightly,

although she could not do it herself; and when the following questions were put to me in the witness-box, the answers will show I did not state that the bones were completely united together, but that passive motion could still be permitted.

"Is there something which is not bone, which is between these two bones?" *Answer*—"Yes, a strong membrane called the interosseous membrane, between the bones." "If that becomes stiffened, it prevents them turning one over the other?" *Answer*—"Yes." "Is that the reason why the wrist will not rotate?" *Answer*—"Yes, why she cannot perform this motion (the witness describes by turning his hand round)." "Can she perform this motion?" *Answer*—"She can let it be done for her."

It has also been said, in the newspaper report from which your extracts were taken, I agreed with Mr. Evan Thomas, junr., that the bones were glued together, etc., as if I had stated that I had formed my opinion conjointly with his; whereas the remarks I made were given quite independently of what had been said by any other witness, and on my own responsibility; for, in the shorthand writer's notes of my evidence, there are no questions or answers in which reference is made, in any way, to that gentleman's name.

It has been asked, how is it that I did not apply to Dr. Bowen and hear his version of the case before the trial? My answer is, that it did not occur to me to do so; and, had I thought of it, I should have considered it improper, after giving an opinion on the merits of the case to the solicitor of the plaintiff, to have had any communication with the defendant.

I can only repeat how deeply I regret that I did not, in the first instance, decline to touch the case at all, or to give any opinion whatever about it; but I beg to assure yourself and the profession generally that, in my whole conduct in this matter, I have erred from a want of judgment, rather than from a desire to injure a member of my own profession.

I am, etc., EDWARD LUND.

Manchester, January 10th, 1865.

SIR,—I am instructed by the medical officers of this Infirmary to forward the enclosed correspondence, and to request the favour of your publishing the same.

I am, etc.,

BRANSTON NASH, *House Surgeon*.

The Royal Infirmary, Liverpool, Jan. 7th, 1865.

[COPY.]

Dear Sir,—Complying with the instructions of my colleagues, I beg to transmit to you the accompanying document.

I am, dear sir, your faithful servant,

J. VOSE.

To the Chairman of the Medical Board of the Manchester Royal Infirmary.

Liverpool Royal Infirmary, Dec. 24th, 1864.

At a meeting of the honorary physicians and surgeons of the Liverpool Royal Infirmary, held on Saturday, December 24th, 1864, it was resolved—"That the attention of the honorary medical officers of the Manchester Royal Infirmary be called to the cause *Pryce v. Bowen*, tried at the Liverpool Assizes, before Mr. Justice Blackburn, on Thursday last, the 22nd instant. From a perusal of the evidence given upon that occasion, it will be observed that a gentleman of education and of experience, who holds the office of surgeon to one of the hospitals in this district, had an action brought against him for alleged unskillful treatment of a broken arm. The plaintiff's solicitors, after vainly endeavouring to procure medical evidence against the defendant from the profession in Liverpool, turned their attention else-

where; and succeeded in obtaining the services of Mr. Lund, who declared himself, at the trial, to be a 'surgeon of the Manchester Royal Infirmary', and who gave evidence for the plaintiffs; which evidence, the medical officers of the Liverpool Royal Infirmary submit, was not to be expected from a member of the profession, who holds the appointment of surgeon to the Manchester Royal Infirmary. Signed, on behalf of the meeting, JAMES VOSE, M.D., Fellow of Royal College of Physicians, Chairman. P.S.—A copy of the *Liverpool Mercury*, containing an account of the trial, is herewith enclosed." To the Chairman of the Medical Board of the Manchester Royal Infirmary.

[COPY.]

Manchester Royal Infirmary and Dispensary, Jan. 5th, 1865.

Sir,—In reply to your communication of the 24th ult., to the Medical Committee of this hospital, I am directed to inform you that Mr. Lund is not a surgeon to the Manchester Royal Infirmary, but Mr. Lund is one of the dispensary surgeons; and, inasmuch as Mr. Lund is not a member of the Medical Committee, this Board must decline entering into the consideration of Mr. Lund's conduct in his capacity as a private surgeon.

I have the honour to be, sir, yours obediently,

GEO. REED, M.D., *Resident Medical Officer*.

To the Chairman of the Medical Committee, Royal Infirmary, Liverpool.

DR. BARCLAY ON MEDICAL ERRORS.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—I shall feel obliged by your publishing the enclosed letter, which I have addressed to Dr. Barclay.

I am, etc., GEORGE JOHNSON.

11, Savile Row, Jan. 9th, 1864.

[COPY.]

Dear Dr. Barclay,—I beg to thank you for the copy of your book on *Medical Errors*, which you have been so good as to send me.

On reading the work, however, I find that you have criticised me and my treatment of cholera by purgatives in a manner which I consider unjust, and of which, therefore, I feel that I have a right to complain.

The passages to which I chiefly object are the following. You say: "One or two remarkable recoveries took place after the administration of castor-oil; and it was consequently assumed that the action of the oil was directly curative by aiding in the elimination of the poison."

Again, you say: "The theory [of elimination] was very easily put to the test of experiment; and it seems to us now, on looking back, strange that the author should not have so tested it before venturing to bring it publicly forward. It seems probable that the theory was based on a false analogy, which associated under the common term 'poison' two conditions which are really quite dissimilar; and that the author applied to the one deductions drawn from the facts connected with the other. On this assumption, he rested mainly for the acceptance of his inferences. He does not seem to have attached much importance to the cases adduced, although he was aware that, without such supposed evidence of its having been tested, he could not have gained a hearing."

Now, I beg to remind you that, in my first published communication on the subject of cholera (*Medical Times and Gazette*, Sept. 1854), I stated that I had treated fifteen cases by castor-oil, and that twelve of these had resulted in recovery. The number of cases, I admit, is small; but the difference between twelve recoveries and "one or two" is con-

siderable. Then, in the same communication, I stated that a careful study of the subject had convinced me "that those plans of treatment which have been attended with the largest amount of success have been essentially eliminative in their tendency. I allude especially to the saline treatment of Dr. Stevens; the treatment by small and repeated doses of calomel, as practised by Dr. Ayre; and the emetic plan of treatment. While, on the other hand, the largest mortality has occurred in the practice of those who have given freely either opium or alcoholic stimulants."

My conclusions, that the oil had some curative influence, was not, therefore, as you assert, an assumption based on "one or two," or even twelve, recoveries; but, manifestly, it was an inference mainly drawn from the effects of what I believed to be analogous modes of treatment. Your statement, that I did not test the theory by experiment; that I rested mainly on an assumption for the acceptance of my inferences; and that I did not attach much importance to the cases adduced—is surprisingly inaccurate.

My letter in the *Medical Times and Gazette*, before referred to, was mainly a statement of the results of the experiment with castor-oil; with the reasons which led me to employ that remedy, and not to delay the publication of the results already obtained. I have since published full particulars of all my cases in a book (*On Epidemic Diarrhœa and Cholera; their Pathology and Treatment. With a Record of Cases*), which embodies the results of nearly a year's hard and honest work at the pathology and treatment of cholera. The result of my own cases shows, as I think, that my principle of treatment was, in the main, correct. And I have endeavoured to explain the reported ill success of some other practitioners, by showing that, in many instances, the treatment by castor-oil was combined with other measures—especially the administration of brandy and opium—which, in my opinion, were injurious. So much for your statement, that I do "not seem to have attached much importance to the cases adduced."

You evidently believe that the treatment of cholera by purgatives cannot be beneficial, because, as you say, "the thickened condition of the blood following on the abstraction of the serum is prejudicial to life". And this, you think, has been proved by the wonderful efficacy of fluid injected into the veins in bringing back temporarily to life and consciousness patients who were in the last stage of collapse."

This oft repeated argument—this most plausible of "medical errors"—I have met and refuted in the book before referred to, which probably you have not read, but a copy of which I herewith send you.

You deny, or doubt, the existence of a morbid poison as the essential cause of cholera. I suppose you will neither deny nor doubt the existence of very peculiar morbid secretions in the digestive canal. This surely, to use your own words, is "some material thing present in the body of a cholera patient, which has to pass out of his system"; and the proposition, that the removal of these morbid secretions by an unobnoxious purgative may exert a favourable influence on the progress of the disease, is not such a manifest absurdity that it can be disposed of by a sneer.

You say that, "if such a law could be proved of cholera, it ought to be applicable to the whole series of epidemic diseases. For instance, it should have been shown that to rub croton-oil liniment on the skin was the best treatment for small-pox, in order to eliminate the poison by the natural channel through which it finds its exit from the body." This proposition seems to me a palpable *non-sequitur*. I

must confess myself incapable of following you to "the height of this great argument". My main object now, however, is not to discuss with you the pathology or the treatment of cholera, but to protest against what I must call your misrepresentation of my course of reasoning and of my conduct in this matter—a misrepresentation the effect, if not the intention, of which is to hold me up to the reprobation of the profession as having been guilty of culpable rashness and folly.

However much you and I may differ in opinion upon various subjects, I suppose that we shall agree in this: that, whether in conducting a scientific inquiry, or in criticising the opinions and the practice of others, an accurate statement of facts is at least as important as a logical argument.

I am faithfully yours,

To Dr. Barclay.

GEORGE JOHNSON.

P.S. It is my intention to send this letter to the Editor of the BRITISH MEDICAL JOURNAL, with a request that it may be published.

MR. HARTSHORNE AND MR. THURSFIELD.

LETTER FROM R. THURSFIELD, ESQ.

SIR,—Had you kept your wise resolve, expressed in the JOURNAL of the 24th ult., and remained "dumb", you would have spared me some trouble and your readers a great deal of what concerns two parties only, Mr. Hartshorne and myself. Mr. Hartshorne's letter of the 22nd ult. leaves the discrepancies between us a matter of who shall be believed—the man who spoke, or he who heard.

I inclose you the copies of two letters, one from the judge, the other from the registrar of the court, which I must beg of you to insert in your next publication, together with this letter *in extenso*, so that your readers may draw their own conclusions. I quite agree with "Query's" remarks in your last JOURNAL; but Mr. Hartshorne well knows why he did not apply to the Ethical Society. I shall now certainly do so, and at the same time lay before its committee an anonymous communication published in the *Shrewsbury Chronicle*, together with two letters addressed by Mr. Hartshorne to myself, one indignantly denying the authorship of it, and the second admitting he was so; and I shall leave it for future consideration, whether I give them the same extensive circulation Mr. Hartshorne has secured for his charge against myself.

I am, etc., RICHARD THURSFIELD.

Broseley, January 9th, 1865.

[COPY.]

Broseley, January 7th, 1865.

Dear Thursfield,—I well recollect the case of Hartshorne v. Cleeton, and your being called upon by the defendant's advocate to give your opinion thereon. I paid particular attention to the case, and felt so much pleased with the fair and candid manner in which you gave your testimony, that, before leaving the court, I stated to you the impression it had made upon me.

You peremptorily declined to give any opinion (and I think very properly) as to the amount of the fee Mr. Hartshorne was entitled to; but you stated that for your services you should charge the defendant £3:3.

Yours faithfully,

R. Thursfield, Esq.

GEORGE POTTS.

[COPY.]

Astor Hall, Shiffnall, January 7th, 1865.

Dear Thursfield,—In reply to your letter, I beg to say that I believe your statement to be correct.

As far as I remember, you were a very unwilling witness, and refused to give an opinion on the charges of Mr. Hartshorne, but said your own would be £3:3. I conclude you were called upon to give evidence, as you frequently are, from your well known position in your profession, and the certainty of your being in court, to save the expense of a professional witness.

Yours truly, W. CORBETT.

THE INDIAN ARMY MEDICAL SERVICE.

SIR,—Although I am very unwilling to prolong controversy with a "Retired Surgeon-Major," the subject in dispute between us is so important, that I must ask for a little space for a brief rejoinder.

Your correspondent denies having given advice on the choice of a career; "he only said to aspirants for the red jacket, choose the British service." If this be not advice, I should like to know what is. This, however, is a point of no moment; I do not dispute his right to advise, provided only he bases his advice on a fair representation of facts.

In my reply to his first communication, I pointed out that the question of rank was one that could only be settled by the Horse Guards and War Office. When Sir Charles Wood withholds from Indian medical officers any privileges of this kind accorded to their brethren in the British army, it will be time enough to complain. My opponent replies, "Sir Charles Wood has given *substantive* rank to two grades; and what he has the power to do for these, he can do for all." It is strange that the "Surgeon-Major" does not see the Secretary of State's plain meaning. In former years, in the Company's service, inspectors and deputy inspectors general were merely *staff officers*, their appointments were regarded simply in this light. Sir Charles Wood now gives the same definite relative rank to officers in the above grades, as in the British service. If he will inquire at the India Office, he will find at once that this was Sir Charles Wood's meaning. In the Indian Medical Service for the future, an inspector general or a deputy inspector is in the same position as regards relative rank all over the world as in the British army. No more; no less. So that if men are not to go into the Indian Medical Service until this question of rank "is satisfactorily settled," neither should they enter the British army, for the rank of medical officers in both services is alike.

Again, the "Surgeon-Major" is in error in supposing that the furlough pay of Indian medical officers is unsettled. The last despatch, or warrant, as it is erroneously called, was merely supplemental to one that put this essential matter on a new and liberal footing. If your correspondent doubts, let him inquire at the India Office, and he will find it to be as I say it is.

With regard to medical or other funds, they are past praying for: Her Majesty's Government, not wisely, as I think, has abolished them; but when it comes to a comparison between the two services, it should be remembered that both are alike in this particular.

Once more, as to the number of prizes. Of course, every one cannot expect to be an inspector general in the Indian service. Does your correspondent know that in the British service there are only seven inspectors general for the whole army? Like many Indian medical officers, the "Surgeon-Major," I suspect, is not well informed on the subject of pensions in the British army. No British medical officer has any right to a pension at all until he has served twenty-five years on full pay. If he claims a pension at that time, he must have a certificate from a board

of medical officers, to the effect that his health unfits him from further service; if he cannot obtain this certificate, he must serve on, or retire on a lower rate of pension. And the highest rate after the longest possible service is £600 a year. Compare this with the scale of pensions graduated according to service, *not health*, in the new Indian medical scheme. When I said that an officer might retire on £800 a year, I was writing of one who had served his five years as inspector general. Here is an example. Dr. Macpherson of Madras has seen twenty-seven years service, and has served five in the grade of inspector general; and this officer may, and probably will retire on the sum I mentioned. Under the old rules a member of the medical board could retire on £700 a year, *not*, as the "Surgeon-Major" says, £900.

And now with regard to what I said as to *stoppages*. I am quite aware of the rules regarding "privilege leave," without loss of allowances; what I alluded to was another matter entirely. A surgeon, we shall suppose, lands in Calcutta; his regiment is 600 miles up country, or more. Under the old rules he could draw no staff allowance until he joined. Under the new he gets what is now termed "unemployed pay," on a liberal scale, which is available also on leave on private affairs other than *privilege leave*.

Your correspondent is right as to the error of the writer in the *Spectator*, but for that I am not responsible. I have only to say, in conclusion, that I have served more than twenty-two years in India, and that circumstances, into which I need not enter here, make it necessary for me to know pretty exactly the emoluments of medical officers of both services.

I am, etc., D. J. G.

ABSINTHISM. According to Dr. Emile Decaisne, the consumption of absinth has of late years increased to an enormous extent in France. It is made by infusing in alcohol ends of wormwood, both major and minor (*sommités d'absinthe*, from which the liquor takes its name), angelica root, *calamus aromaticus*, aniseed, dittany seeds, and common marjoram. Some distillers, however, vary the recipe, and use fennel, mint, and balm. The concentration of the degree of the alcohol is generally very high. Indigo, tincture of turmeric, juice of hyssop, and nettles, are called to aid to improve the colour and appearance of the pernicious draught. The effect of absinth is to produce a superabundant activity of the brain, a cerebral excitement which at first is agreeable. The intoxication "comes on rapidly; the head swims; and the effect produced is nearly the same as that of poisoning by a narcotic, which certainly does not occur with an equal dose of brandy. With the absinth-drinker, as with the brandy-drinker, the excitement the liquor produces diminishes daily in intensity. Each day he is obliged to augment the dose, in order to screw himself up to the right pitch." The diseases brought on by drinking brandy are produced much more rapidly by the use of absinth. One of the greatest dangers of absinth, says Dr. Decaisne, consists in its adulteration. Dr. Decaisne has observed more than 150 cases of chronic absinthism, and concludes that absinth ought to be prohibited. He has convinced himself that absinth, even of good quality and in moderate doses, sooner or later invariably produces disorders in the human economy. He considers that the extent to which it is now consumed in France demands the intervention of Government. He declares that the pale green demon has invaded all classes of society, the idler and the workman, the soldier and his officer; all professions, those who work with the brain, and those who work with the hand, swallow it with frenzied eagerness.

Medical News.

APOTHECARIES' HALL. On January 5th, 1865, the following Licentiates were admitted:—

Haslewood, Albert Octavius, Darlington, Durham
Meeres, Albert, Haddenham, Bucks
Milburn, Frederick Lefevre, Aldringham, near Saxmundham
Somerset, William Porter, Claydon, Bucks
Wilson, Henry, 393, Strand

APPOINTMENTS.

ROYAL NAVY.

ASHFORD, J. W., Esq., Assistant-Surgeon, to the *Donracl*.
DEVONSHIRE, C. J., Esq., Assistant-Surgeon, to the *Penguin*.
DOYLE, E. W., Esq., Acting Assistant-Surg., to the *Princess Royal*.
MEIKLEJOHN, John A. S., Esq., Surgeon, to the *Columbine*.
RICHARDSON, F. H., Esq., Assistant-Surgeon, to Jamaica Hospital.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

JACKSON, V., Esq., to be Assistant-Surgeon 4th Administrative Battalion Staffordshire R.V.
NESBITT, F., Esq., to be Assistant-Surgeon 4th Administrative Battalion Staffordshire R.V.

DR. SIEVEKING has been elected a director of the Briton Medical and General Life Association, in the place of Mr. W. Manton deceased.

UNIVERSITY COLLEGE HOSPITAL. A gift of £100 has been received from J. Hibbert, Esq., of Maidenhead.

HORSE-RACING AND CHARITY. We are not quite certain into which category of philanthropists to place Mr. Joseph Bond, who for many months has been aiming to mitigate all the woes of humanity by devoting a certain regulated proportion of the stakes in all horse-races above fifty pounds in value to the purposes of hospitals. Mr. Bond's ingenious idea has for a long time been very generally acted upon on the continent of Europe. The infamous gambling dens of the Palais Royal were compelled by the terms of their lease to set aside a portion of their ill-earned profits for the benefit of the hospitals and the poor of Paris; but the four or five hundred thousand *frances* which annually flowed into the *Bureau d'Assistance* and the coffers of the Hôtel Dieu from this polluted source did not deter the Municipality of Paris from at last abolishing a scandalous nuisance. The rouge-et-noir rooms of Aix-la-Chapelle for a long time warded off their impending doom by large contributions to charitable institutions. Homburg continues to mingle a factitious charity with the abominations of its Kursaal; and from the profits of the roulette table contrives to support all the almshouses and hospitals of his chief and only town. Mr. Bond seems to have argued that betting was like gambling, and that the Homburg system of making naughtiness assist suffering virtue might be advantageously transferred to England. Now, considering Mr. Bond as a racing philanthropist, we confess we cannot regard his hospital scheme with any special favour. There is absolutely no connection between the turf and charity. We dare say the hospitals would like the arrangement well enough; but racing men would be apt to regard the philanthropic clause as a tax, then to resent it as an imposition, and finally to denounce it as a swindle. Mr. Bond might move the hearts of the sporting fraternity were he to deliver a discourse on "Horse-racing and Hospitals" at the Spread Eagle at Epsom, the night before the Derby. But we strongly object to making that which should be in every case a voluntary and spontaneous act in any way obligatory. Charity on compulsion is no charity at all. (*Daily Telegraph*.)

THE VENEREAL DISEASES COMMISSION. Dr. Babington has been nominated a member of the Commission on Venereal Diseases, appointed by government in place of the late Dr. Kirkes.

SUICIDE OF A SURGEON. An inquest was lately held on Mr. E. Humpage, lately living at Bristol, a surgeon. The jury found "that the deceased died from the effects of a dose of prussic acid taken while in a state of insanity from affection of the brain."

THE ALKALI WORKS REGULATION ACT. The Alkali Works Regulation Act has now been in force twelve months. The object of the legislature was to compel manufacturers to condense at least 95 per cent. of the hydrochloric acid evolved in the production of soda from common salt. The operation of the present Act is strictly confined to alkali works. Sulphurous fumes from copper works are allowed to escape as before; and the most careless management of chemical works still remains without government interference. There is no difficulty in the way of complete condensation of the hydrochloric acid. The wilderness around St. Helens, however, is not likely soon to blossom as the rose. It is still what it was described by a witness before the Commission, "one scene of desolation. You may look round for a mile, and not see a tree with any foliage on whatever." The fact is, that only this one "noxious vapour" has been suppressed. Others no less deadly, but almost as easily prevented, are still allowed to escape as freely as before, and while these are at large the country round St. Helens can never be like what it was fifty years ago. The satisfactory results of the Alkali Act will no doubt encourage the legislature to proceed further in the same direction.

RETENTION OF DEAD BODIES IN HOUSES. Dr. Barnes has drawn up certain suggestions with the view of diminishing the dangers resulting from the undue retention of the bodies of the dead in inhabited houses, and has submitted them to the General Purposes Committee of the Association of Medical Officers of Health. He says that, there appear to be five principal quarters to which appeal for aid in carrying out measures for diminishing the evil may usefully be addressed:—A. The medical profession generally (through the medical press). B. The vestries, district boards, and boards of guardians (these to appeal to the public). C. The registrar-general. D. The cemetery companies and undertakers. E. The hospital authorities. He recommends as follows:—*For the Vestries.* E. 1. That a circular be prepared for submission to the vestries and district boards, setting forth the dangers arising from the existing practices relating to the dead previous to burial, and containing the following recommendations with a view to the diminution of such dangers. The circular to be sent, in the first instance, to the medical officer of health of each board, requesting him to submit it to his board. 2. That the extreme importance of providing some suitable place for the temporary deposit of dead bodies previous to interment be urged upon the vestries and district boards. That the vestries and district boards be requested to use their influence with their boards of guardians to allow the use of the parochial dead-houses for this purpose. 3. That as a sanitary measure, the vestries and district boards issue a public notice to be permanently maintained, as by painting on boards, and by printed placards, directing attention to the public danger resulting from the undue retention of the dead amongst the living, and stating that in cases of urgency the bodies of the dead may be deposited in the parochial dead-house under the security of a responsible officer, until arrangements are completed for the burial. [The construction of regulations for

the reception and care of the dead in the parochial (avoid the word "workhouse") dead-house or "mortuary" will require some consideration.] 4. That undertakers be informed that dead bodies can be received in the parochial mortuary, and be encouraged to deposit them in this place, rather than to keep them on their own premises. 5. That the undertakers and the master of the poor-house be instructed in every case of a person dying in the poor-house of scarlatina, fever, or other infectious disease, especially to surround the corpse with charcoal. 6. That the undertakers employed by the boards of guardians be instructed when sent to bury a body from the dwellings of the poor, to surround it with charcoal. 7. That the vestries and district boards be invited to consider the propriety of applying to the legislature for the enactment, in an amended Diseases Prevention and Nuisances Removal Bill, or otherwise, of clauses empowering them, as sanitary bodies, to provide mortuaries, and their medical officers to order the removal of corpses to such mortuaries, similar clauses being contained in the City Sewers Act. c. 1. That the registrar-general be requested to append a note to the forms of certificates of the cause of death supplied to medical men recommending the use of charcoal in the manner described. 2. That the public be earnestly invited by placard (?) or by a notice, to be given in every case by the registrar, when applied to by the friends of the deceased for a certificate of the cause of death, to see that the body is surrounded by charcoal as soon as placed in the shell or coffin. D. 1. That a circular be sent to the cemetery companies, requesting them to establish depositories for the dead in convenient places for the reception of bodies waiting interment in their respective cemeteries. 2. That the funeral companies and leading undertakers be invited to establish convenient depositories, such as would, for decency and care, command the confidence of the public. *Measures for the Hospitals.* E. 1. That a circular be issued (either by the Association or from the vestries) to each of the metropolitan hospitals, inviting the authorities to take measures that every dead body, before being allowed to leave their dead-houses, shall be duly surrounded with charcoal. [In support of this request, attention should be drawn to the frequent propagation of disease by the neglect of disinfection; to the fact that bodies are sometimes removed from hospitals to the house of friends or to the premises of undertakers before interment, and that the observance of this precaution would act as a great encouragement to the general adoption of similar means amongst the public.]

UNIVERSITY OF OXFORD. The second examination for the Degree of Bachelor of Medicine was held on December 2nd: examiners, Dr. Acland, Dr. Chambers, and Dr. J. W. Ogle. In *Medical and Surgical Pathology*, the questions were on the following subjects:—The microscopical appearances of encephaloid carcinoma and fibro-plastic growth; leucocythemia; the diagnosis of typhus and typhoid fever; the causes of general anasarca; the conditions under which urine contains albumen, sugar, and pus-globules; the conditions producing jaundice, and those in which it may be considered remediable; the characteristics of general paralysis of the insane; and the diseases for which it may be mistaken; the diagnosis of hæmorrhage into the spinal cord; the varieties of hernia in the abdomen, with an enumeration of the swellings which may occur in the inguinal and scrotal regions, besides hernia; and the various modes of growth in fibrous tumours of the uterus. In *Materia Medica and Pharmacy*, the candidates were asked to mention the official preparations of the *British Pharmacopœia* containing opium, and the proportions; the chief

diuretics used in England, and their doses; the "mixtures" in the *British Pharmacopæia*, and their composition; the composition of pulvis jalapæ compositus, of the pilula scillæ composita, of liquor morphinæ hydrochloratis, and of liquor strychninæ of the *British Pharmacopæia*; the medicines which impart colour to the excretions; the preparations of iron in the *British Pharmacopæia*; the use of ferri peroxidum hydratum, and the method of making it; the classes of medicines fitted for preparation by decoction or for infusion; the making of liquid extracts; the temperature at which linseed, mustard, charcoal, and yeast poultices are to be made; the principle of volumetric analysis; the French equivalents of the weights and measures employed in the *British Pharmacopæia*. In *Therapeutics*, the candidates were required to give an outline of the mode of treatment of acute rheumatic fever; the treatment of a case of pneumonia supervening upon delirium tremens, and the probable result of the treatment; the steps required by the law of England to be taken before a person of unsound mind can be put under bodily restraint; the line of treatment in a well marked case of pyæmia; the treatment of the various forms of uterine hæmorrhage, its several causes being borne in mind; the steps to be taken if a woman, previously healthy, were seized with convulsions during labour; the measures to be adopted in spasmodic stricture of the urethra; the indications for the use of, and contraindications against the use of, elaterium, digitalis, aloës, and copaiba, severally in various diseases; the poisonous doses of the official preparations of opium respectively, and the treatment of deep narcotism from that drug. In *Forensic Medicine and Hygiene*, the questions were on the symptoms by which the candidates would seek to form a diagnosis between intoxication from alcoholic drinks, and concussion of the brain; the process of testing the contents of the stomach of a person suspected of having been poisoned by arsenic; the symptoms of a poisonous dose of belladonna and of hydrocyanic acid; the symptoms of poisoning by oxalic acid, and the *post mortem* appearances; the evidence that an infant found dead had not breathed; the several ways by which a room, or a ward, may be ventilated; the impurities which have been detected in the air of sick rooms; the mode in which typhoid fever is said to be propagated; the conditions under which drinking water is usually contaminated by lead; and the names of any diseases which make butchers' meat wholly unfit for human food. Then followed a clinical examination of cases in the Radcliffe Infirmary, regarding which the candidates were required to give with care the history, diagnosis, and prognosis of the cases, and also the treatment recommended; and to add such general remarks as might occur by way of clinical comment. They were then asked to describe a specimen of urine, to describe and sketch a microscopical object, and to describe a morbid product. Then followed a translation from Morgagni, of a case of rupture of the left ventricle, regarding which the candidates were asked to relate any similar case which they might have seen or heard of; and to state the probable condition of the cardiac muscular fibres. The examination ended with a translation from the Greek of Aretæus.

BOOKS RECEIVED.

1. Lectures on Man. By Dr. Carl Vogt. Edited by James Hunt, Ph.D. Anthropological Society. London: 1864.
2. Two Months of Fever Duty in the Glasgow Royal Infirmary. By W. T. Gairdner, M.D. Glasgow: 1865.
3. The Painless Extinction of Life in Animals Designed for Human Food. By H. MacCormac, M.D. London: 1864.
4. Undine. Translated from the German by Anne Burden. Belfast: 1864.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
 WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
 THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Pathological Society of London, 5 P.M.
 THURSDAY. Harveian Society of London, 5 P.M. Dr. H. C. Stewart, "On the Diagnosis of Embolia affecting the Great Vessels of the Heart, with Cases."

TO CORRESPONDENTS.

* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

LITHOTRITY.—Mr. Charles Hawkins has published in a pamphlet form his excellent article on "Lithotritry," published in the last volume of Holmes's *System of Surgery*; and has appended to it the account of a case of calculus in the bladder removed by lithotritry, in which a communication existed between the bladder and intestine, published in the first volume of the *Medico-Chirurgical Transactions*.

MR. HARTSHORNE.—A correspondent writes: "On seeing Mr. Hartshorne's letter in our JOURNAL, my first impression was, that if he had any complaint to make against a professional brother, and a member, moreover, of the same Ethical Society as himself, it was his duty in the first instance to have laid it before the Council for their adjudication; and, if reasonably dissatisfied with their decision, he might then with some show of justice have made a public appeal to his brother practitioners through the columns of the JOURNAL."

VILE PRODUCTIONS.—SIR: I have had the enclosed sent to me (a London postmark) within the last few days. Pray take some notice of the abominable production; it is bad enough to have the vile notices before one in every country newspaper, still worse to have such an infernal torpedo flung into an unsuspecting household. I am, etc. M.D. LOND.

[The legislature alone can effectually reach these villainies. This is only one of many scores of a similar cast. EDITOR.]

NON-MERCURIAL TREATMENT.—SIR: In your issue of December 24, 1864, there is an account of three cases of syphilis, under the care of Mr. Dunn, at the Farringdon Dispensary, in which the non-mercurial plan of treatment is used. In Cases I and II, I find that an ointment containing nitric oxide of mercury is prescribed; and Case III had previously taken grey powder, and had used mercurial ointment. Might I venture to ask if such is strictly within the limits of the non-mercurial treatment?

I am, etc. ED. LLOYD HARRIES FOX, M.B. Lond.

Broughton, Hants. December 26th, 1864.

COMMUNICATIONS have been received from:—Dr. HENRY MARSHALL; Dr. HARRISON; Dr. DURRANT; Dr. BARCLAY; THE HONORARY SECRETARIES OF THE HARVEIAN SOCIETY; DEPUTY INSPECTOR-GENERAL; Mr. A. H. DOLMAN; Dr. W. H. O. SANKEY; Dr. B. W. RICHARDSON; Dr. TERNBULL; Mr. LUND; Mr. WILLIAM CONEY; Mr. CURGENVEN; Mr. THURSFIELD; Dr. ALEXANDER FLEMING; Dr. G. JOHNSON; Dr. SKINNER; M.D.; Mr. RICHARD GRIFFIN; Mr. W. J. CLARKE, JUN.; and THE HON. SECRETARIES OF THE OBSTETRICAL SOCIETY OF LONDON.

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Lectures ON ORTHOPÆDIC SURGERY.

BY

BERNARD E. BRODHURST, F.R.C.S.,

OF ST. GEORGE'S HOSPITAL, AND THE ROYAL
ORTHOPÆDIC HOSPITAL, ETC.

LECTURE XV.

ON TALIPES, OR CLUB-FOOT.

(Continued.)

Talipes Valgus occurs both as a congenital and a non-congenital deformity. As compared with talipes varus, it is a rare form of congenital deformity; but it is a very common non-congenital affection.

The *external characters* of this deformity are in some measure expressed in the name by which it is known, which signifies that the foot is twisted outwards. Thus the inner margin of the foot is depressed, while the outer is more or less raised; and the sole presents outwards. From its nomenclature, it would be supposed that this deformity was the reverse of talipes varus; and, if this is not absolutely the case, the name is sufficiently well given, for it expresses the most prominent external characteristic—namely, that the foot is inclined outwards. The general appearance of the deformity, as it is seen in the young child, is shown in the following figure.



Fig. 44.

When the child begins to walk, the great inconvenience of the deformity shows itself. Not only is much lameness produced by the shape which the foot assumes, but pressure on the ground, as in walking, becomes excessively painful. It is only necessary to see such a figure as the following, for instance, to feel sure that such must undoubtedly be the case. The weight of the body is borne on the inner margin of the foot; and pressure may induce ulceration of the integument and troublesome sloughs. This is rare, however. Occasionally, walking becomes impossible without crutches or supports of some kind.

Morbid Anatomy. The following figure (Fig. 45) represents a severe form of congenital deformity;

and yet, even where the deformity is so great, there is seldom to be found any deviation from the normal forms of the tarsal bones. The os calcis always deviates somewhat from its normal position, the tubercle calcis being drawn upwards by the tendo Achillis



Fig. 45.

and the powerful contraction of the muscles of the calf of the leg. In one case which he examined, Mr. Adams found the tuberosity of the os calcis as much elevated as it is in a severe example of congenital varus. The astragalus lies somewhat obliquely; and its head presents beneath the skin on the inner margin of the foot, and is partly uncovered by the navicular bone. The prominence which is formed by it may always be distinguished in congenital valgus. The longitudinal and transverse arches of the foot are obliterated, and even they may be reversed; so that the plantar surface shall present a convex instead of its usual concave form. The scaphoid, cuneiform, and cuboid bones, together with the metatarsal bones, are all more or less altered, not in shape, but in their positions, both absolutely and relatively as regards each other; and the foot is bent upon itself, and everted at the transverse tarsal joint. The following figure shows this better, perhaps, than either of the preceding. (Fig. 46.)



Fig. 46.

The muscles which are especially active in this deformity are the peronei and the extensor longus

digitorum; but also, in general, the muscles of the calf of the leg are retracted, and become serious obstacles in the mechanical treatment of this deformity. The strong ligaments and fasciæ in the sole of the foot are lengthened and much weakened.

Non-congenital Talipes Valgus is, in one or other of its various grades, a very common affection, occasioned for the most part by debility, but arising also from other causes, such as paralysis, spasm, inflammation, and wounds.

The *external characters* of non-congenital valgus have strong resemblances to congenital valgus, and yet there exist differences which enable the observer at once to distinguish between these varieties of deformity.

Non-congenital valgus consists of a flattened condition of the longitudinal and transverse arches of the foot, through which the sole of the foot rests with its inner margin flat on the ground. This condition is induced slowly. At first, it is present only when the weight of the body is borne on the feet, as in standing; and the natural arches are restored on removing the superincumbent weight. But at length the elasticity of the structures which enter into the formation of the sole and arches of the foot is lost, and the foot remains flat. In proportion as the arches are flattened, so is the height of the instep diminished, and the foot becomes somewhat elongated and everted; and, in consequence of these changes, the internal malleolus is brought absolutely nearer to the ground, and its prominence is increased in proportion to the eversion of the foot. These points are shown in the following figure. (Fig. 47.)



Fig. 47.

This flattening of the foot alters absolutely the positions of all the tarsal bones; but perhaps none are affected in a more important manner, or tend to destroy the use of the ankle-joint more, than the calcaneum and the astragalus. The astragalus being placed somewhat obliquely, and the anterior surface of the calcaneum being depressed, together cause a partial locking of the tibio-tarsal joint, which is further increased by the contraction of the muscles of the calf of the leg to render the tendo Achillis tense; thus to prevent painful motion at the ankle-joint. Thus, not only is elasticity lost through the destruction of the arches of the foot, but lameness is rendered still greater by the loss of motion at the ankle-joint. The arches of the foot are destroyed, compressing very painfully the soft structures of the sole in walking (see Fig. 48); and the deformity may

even increase to produce a convex surface towards the ground—the reverse of the natural arches of the foot.

One of the most severe forms of this distortion that has perhaps ever been witnessed, was lately under my care at St. George's Hospital. It was induced



Fig. 48.

as a consequence of extensive ulceration on the dorsum of the foot and by cicatrization in healing. In this instance, the arches of the foot were absolutely reversed; the foot was much everted and flexed, and its outer margin was raised; the tendo Achillis was tense; and there was scarcely perceptible motion at the ankle-joint. The following illustrations show the deformity well. (Figs. 49 and 50.)

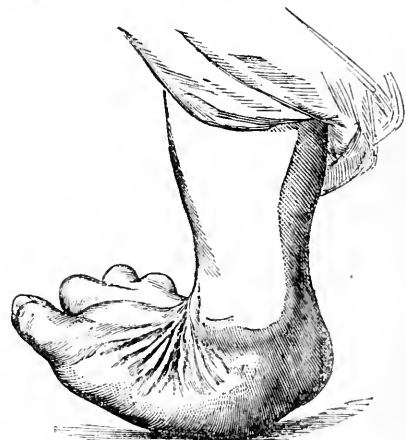


Fig. 49.

The *Treatment of Congenital Valgus* varies somewhat according to the degree of deformity which has to be removed. Just as in varus, slight cases of deformity may be treated by mechanical means alone, and without the division of tendons. It is only justifiable, however, to recommend such a course when the deformity is so slight that the treatment may safely be left in the hands of a judicious nurse. In an ordinary case, this mechanical treatment would occupy many months, and it might probably then not be successful.

Lately, I saw a case of congenital valgus, of not a severe grade, which had been treated mechanically for several months, with very little gain except to

the surgeon himself, when he proposed to divide the tendons; for he was then convinced that the operation was necessary. The operation was performed, not however by the bandagist, and the deformity was entirely removed in six weeks.



Fig. 50.

But if, at a tender age, these efforts of bandaging are futile, how much more so must they be in congenital cases at a more advanced age. In many of these cases, the most perfectly adapted mechanism will scarcely avail to remove deformity even after the section of tendons and fasciæ. In the majority of cases, it is sufficient to divide the peronei tendons. If, however, the extensor longus digitorum muscle is retracted, its tendons should also be divided. Then, after the punctures have healed, the foot may be gently and gradually inverted and restored to its normal form, being bound to a pliable splint. In instances of severe distortion, it is frequently necessary, also, to divide the tendo Achillis after the foot has been fully inverted.

In the adult, the treatment will probably occupy as many months as it occupied weeks in the infant. A well adjusted mechanical shoe will be required to remove deformity after the tendons have been divided. The improved instruments which are now in use for the treatment of these cases are very powerful; and they require nice management, lest so much force should be exerted as to injure the soft structures.

The *Treatment of Non-Congenital Valgus* will vary according to the degree of deformity and the cause which gave rise to it. A very large majority of these cases depend on debility; and the deformity may be removed by local support, and by general tonic treatment and rest. No treatment will avail anything without rest—that is to say, rest to the overworked lower limbs.

In paralytic valgus, the deformity may generally be overcome without operation and by mechanical means only. When the affection is recent, this may always be done, and even there is then hope of partial recovery, at least, of muscular power, when attention is given to the cause of paralysis, and means are taken to excite the affected muscles. When the deformity is of long standing, the loss of power will probably remain; and, in consequence of structural shortening which will probably have taken place,

one or more tendons may require to be divided. In these cases, however, the comfort and power which are given by restoring the normal shape of the foot, and by well adjusted mechanical support, are worth anything to one who has been long crippled. Such support may probably be necessary during the remainder of life, that contraction may not again occur.

Spasmodic valgus is rare. It is a sequel of convulsive action, perhaps occasioned by teething or by some other irritating cause; and it remains, for some years perhaps, just as, in another instance, strabismus may remain, or equinus, or any other muscle or group of muscles may remain affected. Without, however, an epileptic condition or a morbidly excitable nervous condition continues, this spasmodic muscular action will probably diminish, and at length cease altogether, without division of tendons. It is necessary to attend to the exciting cause of spasmodic action, rather than to the manifestation itself. Wherever disease of the nervous centres remains, no idea of section of tendons can be entertained: but when irritation and disease have entirely passed away, and this habit (so to say) of increased muscular action is left as the sole indication of former disease, it may be justifiable to divide a tendon and thus to restore the use of a limb.

Inflammation about the foot and ankle—whether by inducing thickening and softening of ligaments and other soft structures, or by causing loss of substance and subsequent contraction—may give rise to valgus; and there is no form in which this deformity can present itself that is more obstinate or difficult to control than this arising from inflammation. A severe case is well nigh hopeless: if it be of long standing, it is intractable; and when it is recent, wounds and sloughs readily form. The only manner in which these cases can be mastered, is to encase the limb in cerate on strips of kid, and then to apply mechanical means as gently as possible.

When the ankle-joint itself has been affected, and partial ankylosis remains as a result of inflammation, the greatest benefit may be derived, after inflammation has entirely ceased, from the section of such tendons as may tend to impede motion. It is rare, however, that the tendons themselves have to be divided. For the most part, it is alone necessary to break through the adhesions after chloroform has been fully administered.

After deformity has been removed, the use of the limb may be regained by various well adapted movements, galvanism, shampooing, the hot air bath, and such other means as may be indicated by the cause and nature of the affection itself. It is necessary, in all cases of this description, that mechanical support shall be worn until the control of the limb has been gained.

LONDON FEVER HOSPITAL. Mr. Charles Squarey, the house-surgeon of the Fever Hospital, is suffering from an attack of typhus fever, which he has no doubt taken in the discharge of his onerous and dangerous duties. Mr. Squarey for many months during 1863 acted as one of the resident surgeons of the hospital, so that this is a second occasion upon which he has so courageously volunteered to do battle against the insidious attacks of fever to which the unusually numerous patients admitted into the hospital during the last year have been subjected.

LEEDS GENERAL INFIRMARY.

STATISTICAL TABLES OF THE OPERATIONS PERFORMED FROM JANUARY TO JUNE, 1864, INCLUSIVE.
Operations for Necrosis and Caries of Bone.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 11	Mr. Teale	Removal by gouge of carious part of os calcis.	43 days	Cured. Wound very nearly healed when discharged.	Four sinuses led to caries of the posterior part of the right os calcis. The disease had continued for four years. An incision was made down to the disease, and a hole having been made into the back part of the bone by Mr. Smith's auger, a considerable number of carious fragments were gouged out. The cavity rapidly filled up.
2	F. 19	Mr. S. Hey.	Gouging of carious cavity in inner malleolus.	55 days	Cured. Wound nearly closed.	An opening led directly into a cavity in the inner malleolus of the tibia. The diseased bone was exposed by incision, a free opening made into the cavity by Mr. Smith's auger, and the diseased bone gouged out.
3	M. 8	Mr. S. Hey	Removal of sequestrum.	15 days	Cured, with useful limb.	A loose sequestrum was protruding from the left tibia in front. When removed by forceps, it measured about three inches. The cavity was gouged.
4	F. 5	Mr. Nunneley	Removal of sequestrum.	20 days	Cured.	The left angle of the lower jaw was necrosed. Pieces of sequestrum were removed through the mouth.
5	M. 16	Mr. S. Hey	Gouging os calcis.	33 days	Cured.	Sinuses led to a carious cavity on the inner side of the os calcis. The diseased part was exposed and removed by Mr. Smith's auger and the gouge. After the operation, the wound healed well.

Removal of Innocent Tumours.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	F. 30	Mr. Teale	Excision of small epulis from lower alveolus.	7 days	Recovery.	This was a fibrous growth, of the size of a filbert, springing from the periosteum of the lower alveolus on the right side. It was removed by the knife and bone-scissors, along with a superficial piece of the jaw.
2	M. 53	Mr. Teale	Excision of rodent ulcer situated on the right ala nasi.	15 days	Recovery.	About one-half the right ala nasi was destroyed by a rodent ulcer of four months' duration. The base of the ulcer was freely removed by the knife. When discharged, the wound was nearly cicatrised.
3	F. 34	Mr. Teale	Excision of bursal tumour from both patellæ.	15 days	Recovery.	Over the right patella was an almost solid bursal tumour as large as a pigeon's egg, which had commenced five years before; and over the left knee a similar growth, of the size of a walnut, of like duration. After removal, both wounds healed rapidly and well.
4	F. 6	Mr. Teale	Excision of small epulis from upper alveolus.	13 days	Recovery.	A small glandular epulis was removed by bone-scissors and gouge from the centre of the upper alveolus, in the situation of the front incisor teeth, which had previously been extracted.
5	M. 61	Mr. Teale	Removal of simple fibro-cellular polypus from right antrum.	13 days	Recovery.	Forty years before admission, polypi were removed from both nostrils; and every two years, for five or six times, the operation was repeated. No return took place until July 1863, when the right nostril again became the seat of the disease; and in the same month the upper part of the right cheek began to bulge. The nasal polypus was again removed, but the cheek continued to swell, and at the time of his admission presented two nodules—each the size of half a walnut—below the orbit. The operation was commenced as if for excision of upper jaw by two incisions—one reaching from the malar bone to the nose immediately below the orbit, and the other from the inner canthus downwards by the side of the nose and through the upper lip; the flap thus marked out was turned outwards, and a mass of ordinary polypus, which had made its way through the anterior wall of the antrum, was at once exposed. The whole was gouged away, and the flap laid down again. Union was rapid, and his recovery apparently complete.
6	F. 41	Mr. Teale	Excision of fatty tumour.	20 days	Recovery.	The tumour was pendulous, was situated over the right trochanter, and weighed about a pound.
7	F. 40	Mr. P. Teale	Excision of adenocoele from left breast.	22 days	Recovery.	The tumour was situated in the outer part of the breast, and was as large as a hen's egg.
8	F. 46	Mr. Nunneley	Excision of fatty tumour.	22 days	Recovery.	The growth was about the size of half an ordinary cocoa-nut, was situated over the epigastrium, and was of three years' growth.
9	F. 47	Mr. P. Teale	Excision of small cheloid.	Out-patient	Recovery.	This was a small cheloid growth of the skin in the summit of the left shoulder.
10	F. 40	Mr. P. Teale	Excision of small cheloid.	Out-patient	Recovery.	A small cheloid tumour situated over the upper part of sternum.
11	F. 40	Mr. P. Teale	Excision of adenoid tumour of breast.	14 days	Recovery.	An adenocoele of the left breast, about as large as a pigeon's egg.

Operations for the Cure of Aneurism, Nævus, etc.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	F. 9 w.	Mr. S. Hey	Application of nitric acid to nævus.	13 days	Cure.	The nævus affected the skin of the cheek and lower eyelid. That on the cheek had been previously excised by the knife. Nitric acid was carefully applied to the disease affecting the eyelid. A slough and cicatrization followed, which resulted in cure of the disease without deformity.
2	F. 7 m.	Mr. Teale	Excision of nævus.	12 days	Cure.	The nævus was situated on the right cheek, was as large as a walnut, and involved both skin and subcutaneous cellular tissue. The whole was removed by the knife.
3	F. 10 m.	Mr. Teale	Excision of nævus.	Out-patient	Cure.	The nævus was situated on the left side of the head, and was about the size of a sixpence.
4	F. 5 m.	Mr. P. Teale	Enucleation of large parotid nævus.	5 days	Death.	The nævus was very large, and chiefly subcutaneous. It measured about an inch and a half in diameter, and occupied the lobule and inferior part of the helix of the ear and the whole parotid region. The skin was dissected off, and the growth removed by enucleation. Death was caused by convulsions. The child had been subject to laryngismus stridulus.
5	M. 26	Mr. P. Teale	Compression and ligature of femoral artery for popliteal aneurism.	60 days	Recovery.	An aneurism, about as large as an ordinary cocoa-nut, completely filled the right ham. Pain in the part about a month, but no tumour noticed until sixteen days before admission. Symptoms and signs of aneurism well marked; also very loud musical regurgitant aortic murmur. Swelling had during the last few days become more solid, and on its surface several enlarged anastomosing vessels could be felt; no treatment for six days beyond rest in bed; pulsation had then increased; aneurism decidedly larger. Signoroni's tourniquet applied over femoral artery in the groin, and was removed in an hour and a half because of pain. During following three days, pressure for a short time at intervals. Swelling continued to increase; knee-joint became somewhat distended with fluid; œdema of leg became more manifest; and pain very severe. Femoral artery was tied at the apex of Scarpa's triangle. After operation, everything went on well; pulsation ceased, and did not return; aneurism quickly solidified, and gradually lessened; œdema disappeared; pain ceased; collateral circulation rapidly established; and on discharge, only a solid tumour of the size of a small orange. The ligature was cast off on the eleventh day.
6	M. 6 m.	Mr. P. Teale	Introduction of setons for the cure of nævus.	16 days	Partial cure.	The nævus occupied the lower half of the nose and its septum, and extended through the entire thickness of the middle third of the upper lip. That on the nose only was treated on the present occasion. Setons of silk were passed through its substance in various directions, and left there until fourteen days afterwards, at which time the part of the growth so treated was quite solid. A second similar operation was performed three months later. After which, the growth seemed to have lost its navoid structure.
7	M. 5 m.	Mr. S. Hey	Excision of nævus.	Out-patient	Cure.	The nævus was about the size of a fourpenny-piece, and situated on the forehead.
8	M. 17	Mr. Nunneley	Aneurism by anastomosis treated by ligature of vessels and introduction of setons.	33 days	Partial cure.	The disease occupied the whole upper lip (which was enlarged to more than twice its normal size), and had followed immediately upon a blow by a stone when the patient was six years old. The two enlarged superior coronary arteries were tied, and through the substance of the lip three double thick silk setons were passed. Considerable suppuration having been set up along the track of the setons, they were removed at the end of twenty-six days. When seen three months later, the lip was considerably lessened, felt solid, and pulsated less strongly. The operations were repeated, and the setons left in fifteen days, with the result of still further solidifying the lip, and diminishing pulsation. This case is still under treatment.
9	M. 37	Mr. Wheelhouse	Compression and ligature of femoral artery for popliteal aneurism.	47 days	Recovery.	Right ham was completely filled by a large aneurism, which had first appeared six weeks before admission; though for two or three weeks previously to finding the swelling, the patient had acute pain in and around the right knee. Up to the commencement of the disease, he had been engaged for several weeks on a farm, in digging a hard clay soil, using the right foot constantly to press the spade. No other hours each day for thirteen days. When the aneurism had become solid, and pulsation nearly ceased, all treatment was suspended. Ten days later, pulsation slightly increased; and at its most prominent part, the skin became thin, red, and conical. Fearing lest the sac might burst, Mr. Wheelhouse tied the femoral artery at the apex of Scarpa's triangle. All threatening signs left; pulsation ceased; eight days after which he was allowed to get up. When seen lately, there was still a very large hard tumour in the ham, but no pulsation. He did not suffer pain, and there was no œdema. There was a feeling, however, of fluctuation on the outer side of the tumour in a limited space.

Excisions of Joints of Bones.

1	F. 26	Mr. Teale	Excision of os calcis.	80 days	Recovery, with useful foot.	Right heel had become the seat of disease three years before. At the time of admission, six sinuses—all leading to the os calcis, which was felt bare—surrounded the heel. Transversely across the sole opposite and down to the calcaneo-cuboid joint, the other commencing at the outer extremity of the first: and extending directly backwards along the outer border of the heel as far as the insertion of the tendo Achillis; and thus was mapped out a large flap, comprising the whole of the tissues of the heel, which was dissected up and turned inwards. As the os calcis alone was found to be in a carious condition, it was removed, whilst the other bones were left. The flap lived and united well; and at the time of her discharge the wound had nearly closed. When seen some months afterwards, the foot was quite sound; and, with the exception of a little puckering, there was no deformity. She had not then tried to walk upon it, but was ordered to do so.
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Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DERRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

IN reading the valuable and interesting paper by Dr. Ransome, of Bowdon, Cheshire, "On the Need of Combined Medical Observation", I was particularly struck with the following remarks.

Speaking of the literary labours of the medical profession, Dr. Ransome observes: "All the more curious and rare forms of disease are thus brought to light, and carefully studied. Eminent men connected with hospitals contribute the results of their experience in the treatment of intricate or dangerous cases, and give their opinion upon difficult questions of diagnosis or pathology. In truth, our officers fight well; but the rank and file of the profession, more trained to observe, and thoroughly capable of giving material aid, yet find no direction pointed out, in which they might also push on the advance of their science. There still remain to be gathered in many items of observation, each, by itself, apparently unworthy of record and too unimportant to advance the reputation of any one, which, when massed together, would form a most valuable store of evidence."

It is to this "rank and file", or, in other words, the busy, practical, general practitioner—he who is accustomed to deduce facts from his own experienced observations, and who is ready and anxious, in return, to receive short practical deductions from the daily observation of others—that the incalculable value of the record of "combined medical observation" must especially apply.

When we consider the enormous amount of practical lore that might be culled from the observation of a portion only of the members of our large Association, were that to be, systematically and in a few words, committed to paper, we can only regret that so much valuable matter is lost to the profession, and which would, if duly registered, prove of such inestimable assistance to the young practitioner.

Often, in my own neighbourhood, when I have asked my busy medical friends why they do not briefly jot down the result of their own every day valuable experience, have I been met with the following replies: "I have no time"; or, "Anything that I could say would be of no value"; or, "To detail a case properly would occupy more time than I can afford." Now, it is to this latter reply that I would mainly advert.

I have constantly heard it asked, "Why do not our journals contain shorter and more practical papers; inasmuch as it is impossible that the mind, harassed and over-fatigued with its daily round of toil, can appreciate or digest the more lengthy, yet more valuable, matter that is weekly put before us?"

While inculcating the advantages which I think would obtain by the record of the large experience of busy practitioners, scattered over different districts, and accumulated under different circumstances, I would by no means ignore, or in any way depreciate, the great value of the labours of those who, from possessing more time and talent, are enabled to give the result of their deeper researches towards the unravelling of the more intricate phenomena of disease.

It appears to me, however, that what we require in

addition, is a brief, but faithful, detail of facts, emanating from every grade of practitioner, and giving the results of his personal experience; more particularly in reference to the value of remedies, the effects of atmospheric changes, and the influence of locality; and, also, the importance of particular symptoms, with a view to a correct diagnosis. The collection of facts bearing upon these points may appear trivial to him who is called upon to make them; but, in the aggregate, they cannot but prove of inestimable value, as the result of concurrent labour, worked out in different localities and under varying circumstances, but each having the same grand object in view; viz., the advancement of his profession, and the good of his fellow man.

Having made these observations, I propose now to give a cursory detail of the class of cases that have presented themselves as out-patients within the last two years at our local hospital. In doing so, I shall confine myself to those that have fallen under my own care; making such brief remarks upon symptoms and treatment as the nature of the case may warrant.

The town of Ipswich stands in a valley, in the midst of a purely agricultural district. The locality, in warm weather, especially for the young and to those unacclimatised, is relaxing; and, consequently, we find disease assuming, more or less, the asthenic type. Acute diseases, as obtaining among out-patients, is very rare; but the more chronic and tedious forms present themselves in almost every variety for relief; and this is especially seen in the different forms of pulmonary and gastric disorder.

In noticing the diseases classed under the several heads, I shall consider them in reference to their frequency of occurrence.

NERVOUS SYSTEM.

1. *Cerebral Congestion.* This is a common form of complaint; and, when not arising from direct cardiac disease, it may be more frequently attributed to a deficient propelling power of the heart, and a turgid, languid condition of the venous system generally. Atmospheric influence, with the depressing effect of long continued east winds, greatly aggravate the congestive tendency.

The patient complains of "confusion", headache, and depression of spirits, giddiness, singing in the ears, muscæ and sometimes scintillations, and occasional nausea, although this seldom amounts to actual vomiting.

In the more severe cases, cupping between the shoulders has acted most favourably. Repeated blisters behind the ears; and, if the symptoms be obstinate, a seton in the nape of the neck, are useful. The bichloride of mercury is certainly useful in this affection. Ammonia, with the spirit of nitrous ether and tincture of colchicum; and acting steadily upon the bowels with neutral salts in occasional combination with the compound decoction of aloes should be employed.

The urine should be always carefully tested, both for albumen, oxalates, and excess of uric acid.

2. *Neuralgia.* The forms which this affection has presented during the two years have been Facial Neuralgia; Hemisrania; and Sciatica.

Facial neuralgia, when not depending upon decayed teeth or intracranial disease, may, in general, be traced to one of two exciting causes: 1, a general deficiency of nerve-tone, the result sometimes of malaria; and 2, which among all classes is a very common excitant—viz., a deranged condition of the digestive organs. In the treatment of the first variety, quinine, with or without cod-liver oil, will often effect a speedy cure; but I have, as a rule, found drachm doses of the sesquioxide of iron of the *London Pharmacopœia* more to be relied on.

Regulation of the bowels and attention to diet are, of course, very important auxiliaries.

In the treatment of the second, or gastric variety of facial neuralgia, the duration of the complaint is, I believe, often much prolonged by the too early exhibition of tonics, especially quinine. I have so frequently seen the pain, which had been agonising, subside so unmistakably upon the withdrawal of the quinine, and the substitution of an antacid digestive mixture, that I have no misgivings in jotting down this hint as one to be borne in mind. An useful formula is the following (*Lond. Phar.*):

℞ Potassæ bicarbonatis ʒiss; potassæ nitratis ʒss; tincturæ hyoscyami, spiritus ammoniæ aromat., ā ʒij; ætheris chlorici ʒj; misturæ camph. ad ʒviij. M.

One sixth part to be taken three times a day.

With this, I give compound rhubarb pill at night; regulating the diet, and directing sherry (with water) to be substituted for malt liquor.

The case of hemicrania was a very severe one, resisting for a long time all remedies. It yielded at last, however, to arsenic and cod-liver oil.

The sciatica cases were also severe in character, and somewhat obstinate. In them, I certainly saw great benefit accrue from the purgative formula of (I believe) Mr. Hancock, of Charing Cross Hospital.

℞ Olei tiglii mʒ; pilulæ colocynth. comp. gr. viij; extract hyoscyami, pilulæ hydrargyri, a gr. iv. M. Make four pills.

Two of these pills are to be given every second or third night, so as to ensure free purgation. This plan of treatment is certainly valuable. Of the direct tonics, provided the stomach be in a condition to receive them, the most efficacious will be found to be the sesquioxide of iron, in drachm doses, with cod-liver oil. I have seen benefit also from the extract of stramonium, in doses of half a grain, increased to one grain, every four hours. Guaiacum sometimes does good; but very frequently it fails. If a syphilitic taint be suspected, the iodide of potassium, with the bichloride of mercury, will be the proper remedies. Large blisters along the course of the nerve often afford much, and permanent, relief; and I have seen the hypodermic injection of a solution of morphia relieve the pain almost instantaneously. The cases giving rise to these notes having been purely functional, I do not here include such as depend upon the pressure of a tumour or a portion of necrosed bone. In forming a diagnosis and prognosis, however, this should not be lost sight of.

3. *Chorea*. The disease next in frequency is chorea. The cases treated as out-patients have not been severe; as the only two aggravated instances were advised to become in-patients, and were admitted as such.

One case only deserves a passing remark, inasmuch as the disease was confined to the muscles of the face and neck, the extremities being unaffected. In this patient, the eyes blinked continually, and the mouth, when opened, was closed with a sudden snapping motion. The head also, at the height of the attack was twitched continually towards either shoulder.

In the treatment of a case of chorea as an out-patient, the great obstacle lies in the difficulty of ensuring a diet sufficiently nutritious, with the additional stimulus of wine. These are remedial adjuncts of such importance, that it is thought by some practitioners that, with a nutritious diet, with wine, medicine, if necessary at all, plays but a very secondary part in the treatment. I have been so well satisfied with the result obtained from arsenic, that I have entirely depended upon Fowler's solution in the treatment, provided merely that the digestive

organs be not disordered, nor the bowels much confined. Occasionally a blister to the nape of the neck will be found of signal service.

4. *Epilepsy*. The cases of epilepsy that have presented in the last two years among our out-patients have been fewer in number than have obtained in previous years. Two of these cases have been functional only, depending upon the period of puberty in both sexes.

In the treatment, if the attack be slight, I have been satisfied with the application of a blister to the nape of the neck. If, on the contrary, the disease be of a severe character, and the fits of frequent occurrence, I believe that no remedy acts with such good prospect of success as a seton at the same spot.

Of medicines given internally, I think that I have seen decided benefit follow the use of the bromide of potassium, in doses of five grains, increased, if necessary, to ten grains, three times a day. With this may be combined the ammoniated tincture of valerian. Steel, zinc, and arsenic, in the milder cases, are also valuable remedies. The beneficial effect of nitrate of silver has, I think, been much overrated. It must be borne in mind, however, that, in uncomplicated epilepsy, every new remedy for a time appears to do good.

The diet should be nutritious, with wine rather than malt liquor; and all over-fatigue, with mental excitement, strictly prohibited.

[To be continued.]

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D.Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

THE course of these papers having been unavoidably interrupted, it becomes necessary to recapitulate the argument which the illustrations were intended to support. In the first papers, Melancholy was described; first, in its most simple form; next, with intellectual disturbance; then, with prominent motor symptoms—that is, in some cases with restless activity of motion, in others with a fixed and semicataleptic inactivity. After that, cases of Mania were given; and it was shown that, as a rule, all cases of acute mania commence with a melancholic stage—that the states of melancholy and mania run imperceptibly together, so that there is no evidence of any pathological difference between these different forms of insanity.

That a stage of melancholy ushers in a very large proportion of all cases of insanity is beyond question. It is the commencement as well as the chief portion of those attacks, to which the name of Melancholia is given; and we have seen that it also ushers in typical cases of mania. That every variety of mental disease has a primary melancholic stage has been doubted and denied. The question is an important one on many accounts; and therefore I have analysed all the new cases that came under my observation during the year 1863 at Hanwell, excepting the cases of general paralysis, epilepsy, and idiocy. I find that there were 198 admissions; and of these 32 belonged to some form of mania. The history of the disease was complete, however, in only 18 of these 32; and there was a distinct and well marked premonitory stage of melancholy in 13, and none in 5 only.

These five cases, without a melancholic stage pre-

coding the evidences of mania, resembled each other in many other points. 1. None of them were primary attacks of insanity. Hence we may draw this inference, which is corroborated by all my experience, that all primary attacks of mania (proper) commence by melancholy; and the converse—viz., that where an outbreak of maniacal violence takes place in an individual without a previous stage of melancholia, such individual has been insane before. 2. These five exceptional cases commenced suddenly. 3. They exhibited great violence for a short period. 4. All recovered; and on recovery all denied having been ill, and dwelt much on the injustice of their detention or incarceration. 5. It is curious—but whether it is an accidental coincidence or not I am uncertain—that three out of the five (and these were all females) stripped themselves naked when first taken.

These cases certainly have characters of sufficient constancy and distinctness to enable us to predicate their future progress; I am not convinced, however, that they constitute in themselves a separate form of disease, or a distinct species.

I know of nothing which marks their character—for example, in the first onset, or in the primary attack. I am not aware of any diagnostic mark which would enable one who witnessed the primary attack to prognosticate that the patient would be liable to repeated secondary attacks of the disease. Nor does my experience enable me to say whether the primary attack is invariably accompanied or not accompanied by melancholic symptoms. This is a point which remains for future inquiry.

If we admit this form of case as distinct, it is nearly the only one out of the multitude of variations which have received distinctive appellations to which I would yield the same distinction.

In different authors, one meets with an almost innumerable variety of forms of insanity, on which separate names have been bestowed. The confusion thus introduced into the subject becomes perplexing in the extreme. Guislain thus commences his ninth chapter: “Vingt-trois formes de manie, sans compter plusieurs formes composées non indiquées, voilà, me direz-vous peut-être, un bagage symptomatologique passablement lourd pour la mémoire.” (P. 203.) Before proceeding with the illustrations of distinct forms, it becomes necessary here to explain of what these so-called varieties consist. From a careful examination of all these variously named kinds of mania, I think it will be found that they belong to one of the three following classes.

1. Certain so-called forms will be found to consist of cases in which one particular symptom has been perhaps rather more prominent than the rest; as, for example, cases named kleptomania, erotomania, nymphomania, oinomania, homicidal, suicidal mania, etc.

2. Another large section of these varieties are named from some presumed cause of attack, such as puerperal mania, hysterical mania, phthisical mania, mania a potu, none of which have very distinctive characters, according to my experience.

3. Varieties have been formed out of what really are only stages in the progress of insanity. The cases hitherto narrated have all belonged to the acute stage of the disease. The morbid processes, in entering upon the chronic stage, undergo certain modifications in their downward progress. The disease may subside gradually, or it may alternate between activity and inactivity; and it may ultimately cease altogether, but leave the mind in one case enfeebled only, in another nearly annihilated. Out of these progressive stages, more kinds of insanity have been formed.

1. In the worst condition, the patient is demented—imbecility, dementia.

2. In another set of cases, the morbid process appears to terminate, but leaves the mind permanently changed in some peculiar function; as a particular delusion remains, an alteration of disposition, or an eccentricity in habits, etc. Most English writers would call this a state of chronic mania. In France, it constitutes what they call monomania; and some writers have coined names for almost every sort of eccentricity of conduct or behaviour met with. “There is a mania,” writes Guislain, “which I call *manie astucieuse, malicieuse*, which resembles this foregoing (*manie raisonnée*), but which presents phenomena of marked character. The patient is guided by a spirit of intrigue; he is a cheat, a sharper, an intriguer,” etc.

3. The downward progress in certain cases is not uniformly progressive. The patient, on the whole, declines towards dementia; but periods of activity—flickerings of the morbid process—occur. Thus the chronic mania may be subject to occasional outbreaks of violence—to a recurrence of the acute symptoms generally; and these attacks take place at completely irregular or at more or less regular intervals. We have the following modes in which this may take place.

1. The patient is subject to occasional outbreaks of violence and excitement; but a constant and progressive increase of imbecility goes on.

2. The patient's condition alternates between a state of general depression and one of great excitement. (This form is called *folie circulaire* by French writers.)

3. The patient has repeated attacks, of two or three months' duration every year, for many years consecutively; not entirely recovering sanity in the interval, but free from depression. These cases are what have already been alluded to as recurrent mania.

In the next paper, a few observations on these variations of the symptoms will be considered.

NOTE ON LARYNGOSCOPY.

By GEORGE JOHNSON, M.D., Professor of Medicine in King's College.

It is common to meet with persons who, having had no experience in the use of the laryngoscope, are sceptical as to the possibility of examining the larynx without difficulty, and, in particular, without occasioning considerable annoyance to the subject of the examination. In illustration of the facility with which, in the great majority of cases, the larynx may be inspected, I beg to narrate the following occurrence.

A few days since, after lecturing to my class at King's College on the Use of the Laryngoscope, I announced to them my intention of first showing them my own larynx, by the simple process which I have described in my published lectures, and then I requested that twelve of my pupils would submit to a laryngoscopic examination, with a view to ascertain in what proportion of cases the larynx could be inspected without difficulty.

Accordingly, twelve gentlemen presented themselves; and the result was, that in eleven cases I at once got a complete view of the larynx by a single introduction of the mirror; while in the twelfth case a large and rather nervous tongue somewhat interfered with the examination, and, after three or four attempts, I got only an incomplete view of the larynx.

The whole process of demonstrating my own larynx, and inspecting the larynx of twelve members of my

class, occupied exactly a quarter of an hour. I believe that not one of these gentlemen had ever before been subjected to a laryngoscopic examination. The ease with which the inspection was borne by the subjects of it was not, therefore, the result of habit on their part.

I thought that this mode of proceeding would be an effectual means of showing my pupils that a laryngoscopic examination may usually be made quickly and with ease; and I think that the publication of the result may influence some sceptics who may chance to read the account. To guard myself against a possible imputation of having made an unwarrantable "assumption", requiring to be exposed and corrected in a second edition of *Medical Errors*, I beg to state that I by no means infer from this experiment that an inspection of the larynx may always be made with equal ease in the same proportion of cases.

Reviews and Notices.

ACUPRESSURE: A New Method of Arresting Surgical Hæmorrhage and of Accelerating the Healing of Wounds. By JAMES Y. SIMPSON, M.D., F.R.S.E., Professor of Medicine and Midwifery in the University of Edinburgh, etc. With Illustrations. Pp. 580. Edinburgh: 1864.

A LITTLE more than five years ago, Dr. SIMPSON described to the Royal Society of Edinburgh a plan for the suppression of hæmorrhage by the temporary compression of arteries by means of metal. This method of treatment, to which he gave the name of *acupressure*, has excited much interest among surgeons, and its reception has been watched throughout by the proposer himself, who now, after a silence of years, comes forth with his matured opinions, first in two lectures in the *Medical Times and Gazette*, and then in the expansion of them in the present work.

After a chapter on the Importance of Surgical Hæmorrhage and Surgical Hæmostatics, the author speaks of the Impediments to the Primary Union of Wounds. In the course of his remarks, he traces the readiness of union in vesico-vaginal fistula, ruptured perinæum, and hare-lip, to the absence of arterial ligatures; and, *vice versa*, he holds that, when surgical wounds fail to unite by primary union, it is because ligatures have been employed.

"It is, in short, the absence or the presence of these ligatures tied around the ends of the bleeding arteries, that makes the marked and distinctive difference between wounds likely to heal and wounds not likely to heal by the first intention. But then arises the next question,—Why do the ligatures interfere with the primary adhesion of wounds?"

"Arterial ligatures prevent the primary union of the lips of wounds in two ways—(1.) By acting as extraneous and irritating bodies, and hence as miniature setons; and (2.) By their necessarily producing strangulation and sloughing of every tied artery at the part of deligation." (P. 22.)

He then proceeds to object to ligatures, that they act as foreign and irritating bodies, and that they strangle and slough the artery at the point tied.

Again, Dr. Simpson still more strongly expresses his abhorrence of the arterial ligature, by comparing its use to the placing of minute morsels of dead flesh into the raw cavities or on the sides of surgical wounds.

"For thus, in every wound, surgeons (1) artificially produce and make as many small masses of strangulated, dead, and sloughing tissue, and have (2) as many small irritating seton-threads attached to these masses, as there are vessels tied. Further, they (3) retain these small sloughs, and the long threads which are anchored to them, for five, ten, or more days, in the depths and sides of the wound, whose surfaces they wish to cohere throughout. (4.) Each separate arterial slough inevitably sets up around it an eliminative process of ulceration and suppuration, and every ligature-thread inevitably also excites suppurative irritation along its track. Is it a great marvel then that primary union so seldom occurs in wounds so managed? Would it not, be a greater marvel, if union by the first intention followed oftener under such adverse circumstances?" (Pp. 45-46.)

In the sixth chapter are described Acupressure-Needles, and the means of applying them.

"*First Method of Application* This was the mode which I generally adopted in most of the first acupressure operations. It consists in passing a long needle twice through the flaps or sides of a wound, so as to cross over and compress the mouth of the bleeding artery or its tube, just in the same way as, in fastening a flower in the lapelle of our coat, we cross over and compress the stalk of it with the pin which fixes it, and with this view pass the pin twice through the lapelle. The only portion of the needle which is left exposed internally on the fresh surface of the wound is the small middle portion of it, which bridges over and compresses the arterial tube at its bleeding mouth, or a line or two or more on the cardiac side of it. And if it were a matter of any moment, this part need not always be left bare; for the needle could be often passed a few lines higher up between the vessel and the cut surface, and without emerging on that surface. More or less of both extremities of the needle, viz., its head and point, are exposed externally on the cutaneous surface of the side or flap of the wound. When passing the needle in this method, the surgeon usually places the point of his left forefinger or of his thumb upon the mouth of the bleeding vessel, and with his right hand he introduces the needle from the cutaneous surface, and passes it right through the whole thickness of the flap till its point projects for a couple of lines or so from the surface of the wound, a little to the right side of the tube of the vessel. Then, by forcibly inclining the head of the needle towards his right, he brings the projecting portion of its point firmly down upon the site of the vessel, and, after seeing that it thus quite shuts the artery, he makes it re-enter the flap as near as possible to the left side of the vessel, and pushes on the needle through the flesh till its point comes out again at the cutaneous surface. In this mode we use the cutaneous walls and component substance of the flap as a resisting medium, against which we compress and close the arterial tube. But in some wounds a neighbouring bone or other firm unyielding texture forms the best and readiest point of resistance against which to pin and compress the artery by the acupressure needle. In such cases, the end of the finger at the bleeding point is sometimes necessary to assist the needle in duly pressing it down upon or against the open vessel. In both these modifications of acupressure a thick flap, or a vessel situated deeply, requires a proportionally longer needle; and the amount of pressure upon the artery is easily regulated and increased, when required, by the acuteness of the angle which the needle makes in its passage over the arterial tube. The degree of compression required to shut an artery by acupressure is generally by no means great, especially if care be taken to pass the needle as near as

possible to the arterial tube, and without a layer or layers of elastic tissue intervening between them. This needle can be withdrawn at will, at any hour or time, by pulling at the head of it; which, I have said, is placed externally.

"There are some objections to using such long needles in acupressure when they can be avoided. They are liable to be passed so as to compress the included tissues too strongly; they compress, however slightly, an unnecessary extent of tissue; and, being partly external, they are liable to prove unwieldy and incommodious in putting on dressings, etc., to the wound, provided we do use such applications to it.

"In the method of acupressure which I have described, the long needles are introduced from the cutaneous surface, and their extremities left out *externally*. In the two other methods—the second and third—common sewing needles are used. They are introduced on the raw surface of the wound, and are situated thus altogether *internally*, or between the lips of the wound.

"*Second Method of Application.* A common short sewing needle, threaded with a short piece of iron-wire for the purpose of afterwards retracting and removing it, is dipped down into the soft textures a little to one side of the vessel, then raised up and bridged over the artery, and then finally dipped down again, and thrust into the soft tissues on the other side of the vessel. In bridging over the vessel, care must be taken to press the end of the needle down upon the mouth or tube of the bleeding artery with force sufficient to shut the arterial tube and arrest the hæmorrhage. The end of the finger pushed against the side of the projecting portion of the needle is often required thus to compress and close the vessel adequately, before the tip of it is sent onwards and fixed in the tissues beyond.

"*Third Method of Application.* This method is the one which will probably be most frequently followed. It consists in compressing the vessel between the threaded sewing needle and a duplicature of passive iron thread. Here, as in the method last related, the cutaneous surface is left intact; but the needle is passed *below*, instead of over or above, the artery. The point of the needle is entered a few lines to one side of the vessel, then passed under or below it, and afterwards pushed on, so that the point again emerges a few lines beyond the vessel. The noose or duplicature of wire is next thrown over the point of the needle; then, after being carried across the mouth or site of the vessel, and passed around the eye-end of the needle, it is pulled sufficiently tight to close the vessel; and lastly, it is fixed by making it turn by a half-twist or twist around the stem of the needle. A slight half-twist usually fixes a rigid wire-thread quite perfectly. If the operator prefers, he may keep the two threads of the noose open after they bridge across the artery, and *tie* them below or behind the eye-end of the needle, in the form of a common single or double knot. A common silk thread may be used in the same way. But the tie with any kind of thread takes much longer time than the twist with metallic thread, and certainly is not more efficient. When in either case—whether the twist or tie has been adopted—the operator wishes to remove this simple acupressure apparatus after a period of, say five, twenty, thirty, or more hours, all he has to do in order to withdraw the needle is to pull it out, by dragging at the twisted wire with which it is threaded. The noose of wire-thread is thus at once loosened and liberated, and can be withdrawn. To distinguish easily between the wire-thread passed through the eye of the needle and the duplicature of wire, it is always convenient to mark the former by

having it plaited or twisted, or a knot for the same purpose can be tied on the end of it." (Pp. 53-61.)

As to the time during which the needles should remain applied, further investigation, Dr. Simpson says, is required; but the period varies with the size of the artery, and is comparatively short, ranging from fifty to twenty or thirty and even two hours. The early removal of the needles is contraindicated by the presence of sickness and vomiting, and by pulsation in the artery up to the edge of the wound. In these cases, it is better to err by leaving the needles longer than is actually required, than to remove them too soon, and thus give opportunity for hæmorrhage to occur.

The eighth chapter contains Dr. Simpson's opinions on the Local Requisites for the Primary Union of Wounds. He advocates the use of metallic sutures; and, beyond these, the use of no other dressing whatever. Vesico-vaginal wounds, he believes, heal readily just because we cannot meddle with them and load them with all kinds of applications.

"Even a dressing of charpie and cold water to a recent wound is, perhaps, more hurtful than useful. It busily unmakes what nature is busily making—a crust along the edges of the closed wound. If the lips of it threaten to become red and irritated or inflamed, then we may apply to them cold water, or still better, cold air. I have found that occasional streams of cold air directed upon the wound or its vicinity from a pair of bellows prove both most beneficial locally, in keeping down morbid heat and irritation, and are most grateful to the feelings of the patient. When the surface of the wound is thus left uncovered, we have an opportunity of at once ascertaining the accession of redness or swelling in any part of it, and of relaxing or snipping any particular suture-thread that may be offering to produce traction or irritation. We can do this without putting the patients to the annoyance and pain of forcibly lifting or raising the dressings from the site of the recent and tender wound—entangled, as these dressings are always apt to be, with the ends of the ligature-threads, and with dried discharges gluing them to the newly cut surface. This absence of all coverings further frees their thoughts from the dread of the renewal and changing of the dressings themselves from time to time—a source of terror of which some patients, as M. Velpeau correctly observes, are almost as afraid as they are of the operation itself. The abandonment of all dressings whatever saves the patient, I repeat, alike from any sufferings and from any fears attached to the removal of them." (Pp. 117-118.)

In the ninth chapter, Dr. Simpson gives a Retrospective Notice of the Primary Local Dressing of Wounds, relating the well known tale of the alarm of Ambroise Paré at his supply of hot oil being exhausted, and his astonishment at finding that the wounded to whom he had applied a more simple dressing were in much the best condition. The author also notices the great changes which have taken place in the treatment of amputation-wounds during the last century in this country, and specially mentions "two of the most able and enlightened provincial surgeons of England"—Mr. Teale of Leeds and Dr. Humphry of Cambridge—as having warmly testified to the superiority of the practice of closing wounds with appropriate sutures, and, beyond this, using no applications.

Some objections against acupressure are now considered. First, is it more difficult than deligation?

Deligation itself, says Dr. Simpson, was once a difficult process in comparison with cauterisation; but now it has become simplified and much more easy. In like manner, "other and simpler means of applying the acupressure-needle than any which I have proposed will very probably be suggested by others." Even at present, however, most surgeons who have tried acupressure, according to the author, have found it as easy as ligature.

Is secondary hæmorrhage more liable to occur with acupressure or with deligation? Not with acupressure, says Dr. Simpson; because, as numerous surgeons write, secondary hæmorrhage depends in the large majority of cases on local causes—ulceration and sloughing; and these, unavoidable after ligature, do not occur when acupressure is used.

"It is when one or other, or both, of these processes proceed to a morbid excess and depth, that secondary hæmorrhage from the opened arterial tube follows. In acupressure, on the other hand, there is no ulceration or sloughing whatsoever of the arterial tube; its cavity becomes obliterated after merely laying its internal surfaces in contact by the pressure of the needle. And hence, secondary hæmorrhage as the result of its two common causes—viz., ulceration and sloughing—should be almost or altogether unknown when acupressure is resorted to." (P. 158.)

Acupressure has been followed by secondary hæmorrhage in two cases; one which occurred in the practice of Mr. Page of Carlisle, where, in amputation of the thigh, the needle was withdrawn in twenty-four hours—probably too soon; and another related by Mr. Crompton, where the formation of a plug in the artery was probably delayed by constitutional causes.

In the fifteenth chapter, Dr. Simpson examines and replies to further objections against acupressure, urged by several of our most eminent surgeons. It was stated by Professor Miller (when Dr. Simpson first brought forward the subject) that it would be difficult to avoid including the vein, and probably also the nerve. To this Dr. Simpson now answers, that acupressure has now been used in many operations without any evil consequences, such as were referred to by Mr. Miller, being induced.

The next statement referred to is that of Mr. Erichsen, who admits that acupressure is "unquestionably safe as well as convenient" for small arteries, but urges that the safety of its application to large arteries remains to be shown. Dr. Simpson replies:

"Already, however, acupressure has been repeatedly employed in stopping hæmorrhage from the largest vessels ever opened in wounds, and that as readily, and as successfully, as from the smallest bleeding arteries. It has been used repeatedly in all the larger amputations. I know of upwards of a dozen cases of amputation of the thigh in which the femoral and all the other arteries of the stump were simply, easily, and successfully secured by acupressure." (Pp. 252-253.)

Another objection is one started by Dr. Neudörfer of Prague, that acupressure can be employed in amputation-wounds only. Dr. Simpson thinks that Dr. Neudörfer can only have seen an imperfect notice of the process, and has hence misunderstood it.

To the objection that a great number of needles may be sometimes required, for the same reason that

a large number of ligatures is demanded, Dr. Simpson replies, that the application of a great number of ligatures is the worse evil of the two. If twenty or more needles were ever requisite, "their use would be followed by no such unfortunate local lesions as the ligatures inevitably produce." He hopes, however, that at some time "one acupressure-needle may perform the function of many ligature-threads", by being applied half an inch or an inch or more above the proposed line of the wound.

Another objection, urged by Mr. Spence, is the frequency of necrosis of the stump after amputation; in consequence of which, too early closure of the wound is not advisable. Dr. Simpson thinks that Mr. Spence overrates the frequency of the occurrence of necrosis.

Mr. Fergusson has expressed an opinion that the tracks of the ligature are useful as vents for pus; and that acupressure may heal wounds too rapidly, and lead the patient to use the limb too soon. Dr. Simpson replies as follows.

"I incline to believe that one great and undoubted source of the suppurations in the interior of wounds is the very presence of the ligatures and of the sloughs and irritation which they produce; and if primary adhesions were far more directly and distinctly aimed at, the formation of any considerable amount of pus would be a far more rare occurrence. In short, it is better, I am inclined to argue, to avoid having foreign bodies, as ligatures, left in the wound, and capable of producing pus, in order, as far as possible, to avoid the formation of pus, rather than lead the pus off by these foreign bodies after it is once formed. By their presence they tend to create the pus as well as evacuate it; but in surgery, as in other practical sciences, the principle of prevention is recognised as infinitely superior to the principle of cure." (P. 263.)

"If the mere speed with which a wound was completely healed were any objection to the method by which that speed was accomplished, it would be a strange paradox in professional ethics. It would be an argument, at all events, that no patient could appreciate or approve of; for it would be difficult, I opine, to persuade him that his wounds should heal slowly under a chronic application of local disturbances, dressings, and discharges, rather than heal swiftly and kindly without any long continuation of pain, or vexation, or trouble whatever. The cure of a surgical wound, as much as the infliction of it, ought always surely to be accomplished, as Celsus writes it, '*tuto*;' but also as surely, wherever it is practicable, '*cito et jucunde*.'" (Pp. 264-265.)

Dr. Simpson then makes elaborate replies to some objections raised by Mr. Syme, who has stated that the ligature is not hurtful but useful in the healing of wounds; that torsion is a sufficient substitute for ligature; and that acupressure is only very limited in its action.

The sixteenth chapter contains notices of cases in which acupressure was employed successfully after ligature had failed or could not be applied.

In the seventeenth chapter, the author describes the arrest of arterial circulation by *Filo-pressure*, or compression by means of thread. The process is an old one, having been noticed by Marianus Sanctus in 1543. Dr. Simpson speaks of the suggestions made by Ferri, Paré, Guillemeau, Dionis, Antoine Louis, Lowe, Wiseman, O'Halloran, etc.; and observes:

"In the preceding retrospect we have found a series of stages of advance in the use and application of the

thread-compress—(1.) Santi applied the compress, tying the knot upon the unprotected skin; (2.) Ferri introduced the use of the bolster or cushion to tie threads upon; (3.) These authors used a thread-compress in common incised wounds, but Paré applied it to amputation wounds; (4.) Up to the time of Dionis the thread was introduced by the use of one long needle, which was passed twice in order to surround the vessel—namely, first from without inwards, and then from within outwards; but Dionis expedited the process by using two needles—applying one to each end of the thread, and passing both from the internal surface of the wound to the cutaneous surface of the flap.

“When studying in 1859 the effects of the circular ligature of vessels now commonly used by surgeons, and considering the means by which it was possible to avoid strangulating and sloughing the tied point of the artery, I had repeatedly occasion to look at the action and effects of the thread-compress as described by Paré, Dionis, and others. But I was led to believe that it had been found objectionable in practice from its having fallen into entire disuse, and I spoke only of acupressure in my first communication on this subject to the Royal Society of Edinburgh in December 1859. Within a few weeks after that communication was published, Mr. Hilliard, an ingenious instrument maker of Glasgow—evidently unaware of all previous writings in the matter—sent me a model and explanation of the thread-compress by which the plan of Dionis—as consisting of the simultaneous use of two needles—was exactly followed—being modified only by the substitution of a thread of iron-wire instead of a thread of hemp or silk. The mere material, of course, of which the thread is made may modify the safety of the operation, but it does not alter the character of the operation itself. Some months afterwards, Mr. Dix of Hull, to whom Mr. Hilliard had also sent his model and proposal, put the plan in practice in three cases of amputation of the finger, foot, and thigh, in a case of removal of the testicle, and in another of removal of the mamma; and, in January 1863, he read before the Medico-Chirurgical Society of London, a very ingenious and able paper on the subject, which has been published in the *Edinburgh Medical Journal* for September 1864.” (Pp. 333-336.)

The thread-compress has also been used by Langenbeck, and recently by Neudörfer, who appears to have independently devised precisely the same procedure as that of Mr. Dix.

In succeeding chapters, Dr. Simpson comments on Surgical Fever and its causes, and its greater liability to occur after ligature than after acupressure; and describes various applications of acupressure. Among them, he suggests the use of acupressure to aneurism, and to the ovarian pedicle in ovariectomy. There is also an appendix of much interesting matter.

Dr. Simpson is a man to whom nothing seems to come amiss. Known throughout the civilised world as an obstetrician of the first rank, and as the discoverer of the anæsthetic properties of chloroform, he extends his inquiries not only into other departments of his profession—surgery especially—but even beyond. He has a name as a learned antiquarian. Very much of what we know of the medical service of the Roman armies is due to him; and we have seen some elaborate antiquarian—non-professional—essays, his productions. In this book, too, the spirit of research into old things appears; with the effect of showing what is due to the old surgeons. We will give a few interesting extracts, which may at least

remind our readers of what our forefathers used to think good surgery. Let us take first a description of an old plan of removing the breast.

“Very many of the old and mediæval surgeons, without recommending the rush of blood following each new individual gash of the knife to be arrested by a new application of the red-hot cautery-irons, effected first the complete excision of the diseased organ, and then subsequently applied their canteries, caustics, or other hæmostatics, to the extensive resulting bleeding surface, till the hæmorrhage was stanch and restrained.

“The diseased mamma, under this plan of treatment, was entirely sliced off by one or two huge and rapid incisions through its base. Ere the simple grasp of the hand was mainly trusted to, various ingeniously merciless devices were employed to hold the diseased mass steady and outstretched whilst the stroke for this swift and rough process of amputation was inflicted. For this purpose, one of the oldest methods followed consisted, as represented in the plates of Scultetus and Heister, in transfixing the breast with two threads or cords introduced crosswise to each other; a plan described and praised also by Nuck. The diseased part was pulled outwards by traction upon these cords, and then the wholesale extirpation of the entire mamma—gland, skin, and all—was effected by cutting behind the cords or through the base of the tumour. To lift and hold out the breast, Solingen and Bidlow transfixed it with a large strong fork, the prongs of which were seven or eight inches in length. Bidlow, in smaller cancers, employed for the same object a flattened sharp-pointed instrument, which Heister correctly compares to a small sword, effecting with it the transfixion and elevation of the mass. For the same purpose Helvetius contrived great pincers, the sharpened beaks of which were ruthlessly dug into the sides of the mammary mass to hook and hold it up; and this instrument of Helvetius was long in fashion and much employed and lauded by European surgeons. Tabor, Hartmann, and Vylhoorn, used for the purpose a special instrument or machine, which was intended for the double function of both fixing and slicing off the breast. It consisted of a jointed circlet of iron made so as to close and tighten upon the basis of the mamma that was to be removed; and then subsequently a knife, of the shape of a sickle or half-circle, by a strong and swift motion of the handle shaved off the whole diseased mass.” (Pp. 220-223.)

Here, again, is the treatment of stumps, as described not a century ago by Mr. Bromfeild, surgeon to St. George's Hospital, and to the Queen.

“He recommends some twelve or more different series of applications to be laid upon it at its primary dressing; namely, 1, dry lint on the bone; 2, a circular piece of old holland to lie within the skin of the stump, or on the cut muscles; 3, dry lint applied on the outside of this piece of linen to fill up the cavities in the stump; 4, a little flour on this bit of cloth; or on, 5th, another superimposed layer of lint, which may also be assisted in its compression by applying—6, a soft bolster of tow on the lint; 7, small pledgets of digestive ointment spread on lint, and applied to the edges of the stump; 8, a large general pledget of digestive ointment, or lint; 9, a compress of tow; 10, straps of leather and cloth spread with adhesive plaster, and crossed over the end of the stump like the rays of a star at its centre, and kept in their places by passing—11, a slip of sticking-plaster, spread on leather, round the whole stump, so as to prevent any of the points getting loose; 12, the usual amputation cap of Fabricius Hildanus drawn over

the stump so as to envelope it, and secured by—13, a roller wound over it from the end of the stump loosely upwards, with strings sewed to the cap, and fastened round the body." (Pp. 126-128.)

Such were the old abuses, which modern light has dispelled; and Dr. Simpson, seeing still further need of improvement, raises his voice against the persistence in treatment which he believes to be injurious. As a rational reformer, however, he proposes a substitute for that which he denounces; and this substitute he defends with energy and ability against all comers. This must be borne in mind in reading Dr. Simpson's work, that he writes as a partisan—for one system, and against another; and hence, while we accept the book as the expression of his honest and carefully matured opinion, we must make all allowance for the parental affection which Dr. Simpson must naturally be expected to feel towards his own offspring. The profession is now in possession of what Dr. Simpson has to say on acupressure; he has laid his plan before surgeons; and it is for them to test it fairly, and to adopt, modify, or reject it. We would suggest a careful inquiry into the relative merits of the needle and the ligature. Our hospital surgeons throughout the country, and the Royal Medical and Chirurgical Society, might well take the subject up, and endeavour to determine by experiments *in corpore vili*, as well as in operations on man, whether acupressure really fulfils all that has been said of it by its proposer. Whatever be the result, the gratitude of the profession will be equally due to Dr. Simpson for his attempt to introduce an important improvement into the practice of surgery.

PRACTICAL DIETARY FOR FAMILIES, SCHOOLS, AND THE LABOURING CLASSES. By EDWARD SMITH, M.D., LL.B., F.R.S., etc. Pp. 265. London: 1864.

THE popular laudations of Bantingism, Turkish baths, hydropathic wet sheet and water-drenching establishments, and some other like "perfect cures", are, when reduced to their simplest expression, the thanksgiving of gluttony. People eat and drink more than their belly and its members can dispose of; and thereupon, in the due course of things, naturally and properly fall sick—"out of sorts". They can neither eat nor drink with their former degree of contentment, and are angry with the stomach because it is rebellious at being oppressed with work. But eating and drinking are, with the sort of persons we are speaking of, a great business—one of the most important. To be deprived of the privilege and power of "dining" would be fatal to their happiness—would, in fact, be to them a loss of one of the most essential purposes or objects of existence. When, therefore, the *gourmet* has arrived at such a pass; if he cannot dine with satisfaction; if he become painfully obese; if his liver enlarge, and his legs swell; if his breathing be short; if gout attack his joints excruciatingly; and if other of the luxurious evils attendant upon "good living" fall upon him,—he naturally looks around for relief from his woes; and he requires a peculiar relief. It must be of a kind which shall allow him quickly to return to his happiness—give him back his stomach. Let his doctor, for example, recommend to him the virtue of abstinence as his rational cure, and very certainly he will

never trouble that doctor for advice again. But let his doctor purge him well—Abernethy him with blue pill and black draught—for a few days; disgorge his liver of bile; eliminate lithates, etc., with his urine; and give him a clean tongue and mouth—in fact, an appetite to start afresh with; and he will suit his patient, and have him again. But purging at last becomes irksome, and, what is more, ceases in the end to have its usual effects; and then the *gourmet* has to cast about for further help, but of the same sort—viz., that which shall enable him *revenir à ses moutons*—to go back to his table with a satisfactory stomach. And, consequently, there spring up for his services Herr Preissnitz and his plenaqueous brethren. Under their direction, our *gourmet* will, for the promissory note of a future stomach given him, put a check on his appetite; live for weeks on bread, and beef, and water; breathe fresh mountain-air; take good walking exercise—in fact, eat and drink like a reasonable creature. All this restraint he freely and hopefully undergoes for the time; and then returns to the city, lauds the water-cure to the skies, and abuses the doctors!

The Turkish Bath is another refuge for the glutton. By exciting an excessive action of the skin, this pleasant and luxurious remedy enables him, at all events for a time, to counteract the material evils of gluttony. Instead of blue pill, he takes a sweating. What a capital thing! It makes one light as a bird. What an appetite it gives one! But even the Turkish Bath is not an immortal remedy for gluttony; its virtues, like that of all unnatural operations, must come to an end. An over-stimulated skin cannot be flogged into extra action beyond a certain point. And so our poor *gourmet* is again thrown on his beam-ends.

Thanks to the shade of Daniel Lambert, then comes panting to his aid the immortal Banting—last in the field of diet-teachers, and yet the most esteemed! "Listen to me," says he. "I neither purge you, nor sweat you, nor ask you to drink water and eat dry mutton, nor swelter in cold sheets, nor live in the outer regions of civilisation; but I will let you have capital eating and drinking, and, in truth, make your indulgence of your stomach your very means of cure. A fine and elegant, but carefully selected *cuisine*, shall be your remedy." Need we say that the men of fat and feeding fall down and worship and believe in Banting and his golden calving for the appetite?

Then there is another sort of human beings, and they also suffer through their stomachs; and, unfortunately, they are a much larger class than the one we have been speaking of. They suffer, not through a surplus, but from a deficit, of food; or suffer from an ill-chosen regimen; and it is with this class that Dr. SMITH has to deal. His work, he says, "is intended to be a guide to heads of families and schools in their efforts to properly nourish themselves and those committed to their care; and also to clergymen and philanthropists who take an interest in the welfare of our labouring population."

That such a book is wanted, every medical man knows well. The mischief done, the seeds of disease laid, through ignorance in proper feeding, is very great in schools, and especially in female schools. The bad management of infants is also a well known fact.

In the first part of the work, Dr. Smith treats of the Elements of Food required by the Body, and the Qualities of Foods. In the second part, the Dietary of Families, of Schools, of the Labouring Classes, is detailed at length. The last two chapters, upon the Dietary of the Labouring Classes, are of particular value. They show how the labourer may turn his money to the best advantage—how he may extract from his hard-earned wages the greatest amount of nutritive materials.

Though written mainly for non-professional readers, the book has an exact and philosophic style; and certainly no person in the kingdom is more entitled to write upon the subject of diet than Dr. Smith is. We will venture to prophesy that the book will find as great favour within as outside the profession; and for the reason, that it contains a very large amount of information which the medical man requires to know, and gives the information in a concise and philosophic form.

Progress of Medical Science.

MEDICINE.

POISONING BY THE ENDERMIC USE OF ATROPINE. Dr. H. Ploss of Leipsic relates the following case. A man, aged 33, had an affection of the larynx, which Dr. Ploss regarded as being of a syphilitic nature. Another physician, however, being called in consultation, decided that the case was one of simple laryngitis, and ordered a blister to be applied round the neck, to be dressed on the following day with an ointment composed of 15 parts of sulphate of atropine to 700 of lard. Dr. Ploss expressed his fears as to the effects of this; but his remonstrances were not attended to. Some minutes after the application of the ointment, the patient suddenly sprang from his seat, in a state of indescribable anguish; he ran about the room, crying out that he was suffocated, that everything appeared black before his eyes, and that he felt as if he were being strangled. He violently tore off the dressing; and threw himself on his couch, his eyes fixed and his face fiery red. Dysphagia and dyspnoea increased more and more; clonic convulsions of the limbs set in, resembling those of chorea; the breathing became very frequent; the pulse rose to 140 or 150; the patient could not utter a word. An attempt was made to bleed him; but this could not be done on account of the constant convulsive movements. It was equally impossible to introduce anything by the mouth or by the rectum. The breathing soon became interrupted, the pulse thready, and the patient died, scarcely two hours after the application of the ointment. (*Zeitschr. für Med., Chir., und Geburtsh.*; and *Gaz. Méd. de Paris*, 22 Octobre, 1864.)

ETHER AS AN ANTHELMINTIC. M. Lortet, in a paper read before the Société des Sciences Médicales at Lyons, proposes to destroy tapeworms by anaesthesia. He was, he says, one day assisting the late M. Bertolus in an experiment on a dog; when, the animal having been asphyxiated by the ether vapour, a mass of tanie rolled together were found in the lower part of the rectum. On being placed in water, at about 104° Fahr., they revived and swam about. This experiment has been several times repeated by M. Lortet, always with the same result; and he has, therefore, been induced to use ether as an anthelmintic in man. He has given it in five cases; and

in all the tænia has been passed without pain, entire or nearly so, and always with the cephalic end uninjured. The dose of ether is sixty grammes (about two ounces), in capsules or mixed with syrup, followed in two hours by an ounce of castor-oil. (*Gaz. Méd. de Lyon*, 1 Janvier, 1865.)

TARTARISED ANTIMONY IN URÆMIA. Dr. Lange of Königsberg recommends the use of tartar emetic in uræmia, especially that following acute exanthematous diseases. For adults, thirty centigrammes are dissolved in 150 grammes of water, and a teaspoonful is given every quarter or half-hour. This treatment appears to have been successful in three cases out of five. One was a weakly child, who had considerable anasarca and ascites, the result of acute nephritis; another was a strong woman, aged 23, who was suddenly seized, during scarlatina, with convulsions, coma, and other symptoms of uræmic poisoning. (*Presse Méd. Belge*; and *Bull. Génér. de Thér.*, 30 Dec., 1864.)

TRAUMATIC TETANUS TREATED BY OPIUM, BELLADONNA, AND CHLOROFORM: RECOVERY. A strong young man was admitted into the hospital at Poitiers, with a deep contused wound of the left hand produced by a pistol charged with powder and wadding only. The wound was almost healed on the sixth day, when the patient was seized (November 26) with trismus. Rest was ordered, and syrup of belladonna was given every two hours. On November 29, the trismus had not increased, but there was some stiffness of the dorsal and abdominal muscles. Anaesthesia was produced by chloroform twice on this day; and three times on the following. There was still much rigidity of the muscles of the trunk, and also constriction of the pharynx and consequent dysphagia. On December 2, chloroform was again given three times. On each occasion on which anaesthesia was produced, it was followed by abundant sweating, and the pulse fell from 70 or 80 to 45, and even 40. On December 3, the jaws were almost free. An opium pill was given every two or three hours, and the chloroform was continued. On the 9th, the patient had a febrile paroxysm in the evening, and eight grains of sulphate of quinine were given. The rigidity of the abdominal muscles did not completely cease until the 28th December, the treatment already described having been continued throughout. (*Journ. de Méd. de Poitiers*, and *Bull. Génér. de Thér.*, 30 Decembre, 1864.) In this case, as the reporter in the *Bulletin* remarks, it is difficult to say to which of the remedies employed the recovery was due. The occasional assumption by tetanus of a chronic form, and the consequent greater probability of the patient's recovery, must also not be forgotten.

LEAD-COLIC TREATED BY SULPHUR. M. Guibout of the Hospital Saint Louis, had recently two cases of lead-colic, in which he administered the usual remedies without success. He then gave them sulphur in daily doses of sixteen grammes, to be taken in honey or water. Both patients recovered. M. Guibout promised to make further experiments, and lay the result before the Academy of Medicine. (*Bull. Génér. de Thér.*, 15 Decembre, 1864.)

PATHOLOGICAL COMPLICATIONS OF CHRONIC RHEUMATISM. According to M. Cornil, chronic rheumatism, as well as acute, may be complicated with disease of internal organs. He sums up a long memoir as follows:—1. Diseases of the heart, especially acute or chronic pericarditis, may be met with in cases of chronic articular rheumatism; and, if their occurrence has not hitherto been generally recognised, it is be-

cause of the difficulty of diagnosing them during life. 2. Diseases of the urinary organs—cystitis, pyelonephritis, and consequent atrophy of the parenchyma of the kidneys—are frequent enough in the course of this disease. 3. In some cases, there may be chronic albuminous nephritis. 4. In almost all cases, at an advanced period of the disease, there is dyspepsia, characterised by want of appetite, vomiting, and diarrhoea. 5. There is produced a peculiar cachexia which favours the production of gangrenous eschars and extensive suppuration, with loss of skin. (*Gazette Méd. de Paris*, No. 39, 1864.)

SYPHILITIC PULMONARY DISEASE TREATED BY IODIDE OF POTASSIUM. To the observations which have been made in recent years on the syphilitic affections of internal organs, Dr. Aynard adds the following. A man aged 27 had in 1861 a chancre on the penis, which was slow in healing and was accompanied by a bubo in the left groin, which ulcerated after a long time. The patient then had abundant discharge from the inguinal region, a copious pustular eruption on the lower limbs and on the scalp; the uvula was destroyed, the tonsils were injured, and the right testicle, having enlarged and suppurated, was obliged to be removed by the *écraseur*. He was also seized with frequent cough and hæmoptysis. Dr. Aynard, on seeing him, found that he had an icteric tint, extreme emaciation, profuse night-sweats, diarrhoea, constant cough, and hæmoptysis. There was a hollow sound on percussion beneath the right clavicle, and strongly marked dullness of the entire posterior and upper part of the left lung: on auscultation there were heard distinct cavernous respiration on the right side and large mucous râles in the left. There were also squamous patches on the hands, ulcerative inflammation about the roots of several nails, and commencing œdema of the feet. Iodide of potassium was given in doses of 15 grammes daily, and a tonic regimen, with quinine and nitrate of silver as external applications were ordered. The patient's state was much improved in the course of a month; and he ultimately made, according to Dr. Aynard, a perfect recovery. (*Journ. de Méd. de Bordeaux*, and *Bull. Génér. de Thé.*, 30 Nov., 1864.)

TREATMENT OF SCABIES. Dr. Metzl recommends the application of phosphuretted oil. This is made by boiling, in a vessel closed by membrane, two drachms of phosphorus in a pint of olive oil, and decanting when cold, so as to separate the undissolved phosphorus. (*Journ. de Méd. de Bruxelles*, and *Gaz. Méd. de Lyon*, 16 Nov., 1864.)

THE USE OF PHENIC ACID IN MEDICINE. M. Déclat, in a memoir read before the Academy of Sciences, dwelt principally upon the action of phenic acid as a local application to sloughing wounds, on which the action of the acid appears to be most remarkable. He also mentioned a case of epithelial cancer of the tongue, in which it appeared to be effecting a perfect cure. As an injection in some affections of the bladder and the genito-urinary organs, it also seemed to produce most beneficial effects. In obstinate eczema and other skin-diseases, a lotion of the acid appeared to be most useful; while, as a general and local disinfectant, it seemed unequalled. Lastly, he mentioned two cases of croup, in which the effects were most striking.

STAVESACRE OINTMENT IN SKIN-DISEASES. At a recent meeting of the Pharmaceutical Society, a paper was read by Mr. Balmanno Squire, on a New Form of Ointment of Stavesacre, and its Application in certain Skin-Diseases. Mr. Squire believed that

prurigo senilis was the consequence of the presence of the common louse, *pediculus corporis*; and that the best thing for getting rid of the parasite and curing the disorder was an ointment of stavesacre. But stavesacre-seeds contain a good deal of oil, and are difficult to powder; and ointment made from the crushed seeds is an inconvenient and inelegant preparation. Mr. Squire had found, however, that the oil expressed from the seeds contains all the active properties; and when mixed with lard and a little white wax, to give consistence, it makes an excellent and useful ointment. A preparation nearly as effective, but not so white, can be made by digesting the crushed seeds in hot lard for some hours, and then straining. This ointment, though not so good as the former, is very useful for itch.

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, JANUARY 21ST, 1865.

OUR PROFESSIONAL BRETHERN.

THE case of Pryce v. Bowen will become a very important precedent. Never, perhaps, has the voice of the profession been more unanimous in the condemnation of the inconsiderate giving of that kind of medical evidence in law courts, which unjustly injures, or tends to the injuring of, a medical brother. Mr. Lund's explanation will, we fear, hardly satisfy his readers; and he will not be surprised if it do not, inasmuch as he himself confesses a regret that he "touched the case at all." Sincerely do we trust, that this incident will be a warning in the future to any medical man who may be tempted, either by a love of notoriety or a glittering fee, to enter the witness-box against a medical brother, unless the cause be one in which justice and honourable sentiment require his presence there. Far be it from us to preach the doctrine, that a medical man is never to appear in a law court to condemn the doings of a professional brother. There may be occasions when it would be a dishonour not to give evidence against him. What we judge as unpardonable is the conduct of those who, without sufficient knowledge of the facts, or upon a non-professional *ex parte* statement of facts, lend their voice and what influence they possess to the condemnation of the practice of a medical brother. Such conduct is utterly without excuse; for its consequences may be, and are, actually a serious calamity to a professional man, may ruin his reputation, and always heavily tax his purse—and all this, even when it may

be proved in the court that he has done his duty honestly and well, and as a man of science should do it.

Let there be no mistake about the matter. Whoever enters the witness-box as a medical expert, to give evidence against the practice of a medical brother, accepts the responsibility of the prosecution. Without his evidence and countenance, the action could never be brought into a court of law at all. Unless a medical man can be found to back the complaint, the complaint must drop to pieces in the lawyers' hands long before it comes into court. On the prosecuting medical man's head, therefore, must, in the court of professional opinion, rest any injury wrongfully done thereby to a professional brother; and most properly does the profession call such a man before its bar to answer for his conduct.

We may be asked, But how is a medical man to know when he ought to appear in court and condemn a medical brother's practice, and when he should abstain? We answer, that there can be little difficulty in finding a fitting answer to the question, if the man be only disposed to find it. If he seek a solution of the question (as a matter of conscience and duty on his part), he will never seek in vain. And if he owe a duty to his conscience in that way, to protect the interests of the sick, let him remember, also, the duty which is required of him by his conscience towards his professional brother. Let him remember how hard it is to judge fairly of another man's practice or conduct of a particular case, of his treatment of a case; and how impossible it is to do so honestly on the mere strength of non-professional evidence. Let him settle this also with his conscience, that, if he accept a retaining fee, he thereby drags his brother into a law court, gives his countenance to the accusation, and so, indirectly or by implication, admits its truth.

We will venture to affirm, that there never will be the slightest difficulty, wherever there is the will and the wish, in knowing when a medical man should abstain from witnessing against a professional brother's conduct, and when he should honestly enter the box and publicly denounce it. The mere consent on the part of a medical witness to appear in the case supposed against a professional brother, even though his evidence when given be not injurious to him, is, for the reasons here stated, perfectly unjustifiable. All the lawyer wants is the name of a respectable medical man as a witness. Without that name he could not get up his case; with the name he can bring the action into court. And what satisfaction is it, that the medical witness should say, when the trial is over, "Oh! I said nothing against you. My evidence was given on the assumption of certain hypotheses, which have been now shown to be untrue. My evidence has done you no harm."

What retribution is this apology, at the hands of him who has been the means of dragging an honourable and honest practitioner of medicine into a court of law; for having subjected him to the whispers of malevolent tongues; for having thrown suspicion on his capacity or his character; for all the mental anxiety which he has suffered; and for the heavy pecuniary expense with which he has been saddled? The profession has now, through the bold out-spoken proceedings of the medical men of Liverpool, declared that it will accept of no such apology; and it has done well. Whoever accepts the position of prosecuting surgeon in such a case, must accept also the indignation of his professional brethren.

THE DOCTOR A SCAPEGOAT.

THE judgment of the Poor-law authorities on the case of Timothy Daly, whose death was supposed to have been hastened by neglect or bad treatment while he was in the hospital of the Holborn Union workhouse, has not yet been given; nor are we altogether bound to accept that judgment, whatever it may be, when given. As far as we can judge from the case as it stands, this is just another of the instances in which the doctor is made a scapegoat when a too striking example of the hardships—we may say, in some cases, of the cruelties—of the Poor-law system, comes before the public. The Poor-law guardians pay their medical officers shamefully, and they know they do so; and they also know that no work—we mean regular business—ever is or can be done properly, which is not properly paid for.

Now here is the case of a gentleman who has undertaken to do work of a most serious and arduous kind, for remuneration which every one must know to be perfectly inadequate to the amount of work done. The Poor-law guardians of the Holborn Union must be as well aware of this as we are. We find that the salary of Mr. Norton is £100 *per annum*; and that out of it he finds drugs, which cost him, he says, about £20 a year. He has, on an average, 120 patients on his books in the house; and of these, about forty require daily attendance. Consequently, Mr. Norton attends daily forty patients, at the rate of about 4s. 6d. a visit; that is, the guardians pay him about one penny per patient for each visit. For twelve daily visits to Timothy Daly, he would, therefore, have received little more than one shilling!

One of the daily papers has, we are very glad to see, taken this plain matter of fact view of the case, and has thrown upon the shoulders of the system any defect which may have existed in its administration in this particular instance.

"In that one adjective, 'slovenly', lies the whole gist of this Tragedy of Error. From beginning to end the new Poor-law has been worked in a slovenly manner. The demon of slovenliness has sat brooding, like a ghoul on a sepulchre, over every union workhouse in the country. The workhouse pauper is

looked upon as something between a criminal and an object of sympathy, but more of the first than the last. The dietary scale for adult and juvenile paupers was drawn up by the most conspicuous political economists in England. It is low in quantity, but it is sufficient to support nature. In the treatment of the destitute, the sick, and the infirm, this same and most accursed system of slovenliness is to the full as apparent. The infirmaries and sick wards are throughout slovenly. They have no medical status; they are not schools of science, like the hospitals. The doctor is underpaid and overworked; the nurses are ignorant. What are termed 'hospital comforts'—wines, beef-tea, jellies, and the like—are administered either when they are not required, or when they are too late. Far different is it in our hospitals, where the meanest and raggedest are tended and cared for by the wisest and best physicians and surgeons of whom England can boast, and are treated as though they were princes of the blood."

It is painful to think that in this case, again, the first person who threw a stone at Mr. Norton, and exposed him (as we believe, without any just or sufficient cause) to all this painful scrutiny, and to the most cruel and unjust condemnation (before hearing) of a part of the press, was a medical man. It is painful, again, to have watched through this inquiry the arts of the advocate practised against his medical brother by a member of the profession. It is painful also to notice that, in a case manifestly so greatly complicated, medical brethren should have been found who were not willing, apparently, to give their unfortunate brother the benefit of any doubt. If the evidence be correctly reported, some of the medical facts, which were honestly capable of a very different construction, were to our mind most unfairly stretched against Mr. Norton. Let the history of Timothy Daly be briefly considered.

On the 29th of October he was admitted, suffering from acute rheumatic fever, to the Holborn Union. He was in such a weakly state that he had to be helped up the stairs by men, to be placed in the sickward. In this workhouse infirmary he remained more than six weeks; and on December 14th was taken to Union Court, where he lay, tended by a very kind landlady, and assisted by his wife, until the 22nd, when he was removed to St. Bartholomew's Hospital, where he died on December 23rd.

The case supposed against Mr. Norton is, that the man died from bed-sores; and that the bed-sores were the result of his neglect. Happily, however, Dr. Goodfellow, to his very great credit, stepped in here, and proved, we trust to the satisfaction of the Poor-law Commissioners, that in some such cases—and this was manifestly just one of the sort—bed-sores will happen even when the highest art and all appliances are engaged in the attempt to prevent them. Most properly, also, did Dr. Goodfellow lay stress on facts which had been too lightly estimated, not to say unfairly passed over, by others, as aiding causes of death. He referred to the signs of acute pleurisy and cardiac affection.

"When I first read an account of the case of Timothy Daly, I could not avoid coming to the conclusion that some remarks as to the impossibility of bed-sores occurring in the course of acute rheumatism with heart complications, if well and carefully nursed, were unfair to the medical officer of the Holborn Union; that, although unacquainted with that gentleman, I offered to give evidence which would tend to show that even with as good nursing as hospitals usually afford and constant medical supervision bed-sores of a very formidable character will exceptionally, though very rarely, occur. I meant to have adduced two cases that occurred in my own practice at the Middlesex Hospital during the last ten years, in which deep sloughing bed-sores had formed. The subjects of the disease were about the same age as Daly; the rheumatic attack was unusually severe and it was complicated with cardiac disease (pericarditis) and pleuropneumonia. It seemed to me also from a careful reading of the evidence and of the *post mortem* report of Dr. Andrews that the poor man's improvement could not have been so great as was reported after his leaving the infirmary, for in the first place he bore the removal from the workhouse to his lodgings without material suffering, while that from the latter to St. Bartholomew's Hospital in Dr. Andrew's opinion hastened, if did it not immediately cause, his death. In the second place, it appears plain from the *post mortem* report that the pleurisy was of recent date, and without doubt came on after his removal from the workhouse."

Dr. Goodfellow's views of the case seem just and reasonable, and clearly exculpate Mr. Norton from blame in this particular case. To suppose or pretend that patients in workhouses have all the care and attention and comforts that patients in ordinary hospitals have, is to make a gratuitous pretension, which everybody knows to be untrue. If there be a failure, let the workhouse system be called to account. To cast a stone at the medical officer is simply to make a scapegoat of him. At least, his medical brethren should not be the first to cast a stone at him.

The Times, since the above lines were written, entirely endorses our opinion, and has done the *amende* to Mr. Norton by confessing that the blame cannot be placed upon any individual.

"It will, we think, be seen from this review of the case that the matter cannot be fairly settled by laying the blame upon any individuals alone. The evidence leaves an irresistible impression, that though everything may be done fairly well for a workhouse, yet the whole system is scamped in every corner and by every one who has to do with it. Mr. Norton, for example, has on his books an average number of 120 patients, forty of whom require daily attendances; and for this amount of work he is paid by the guardians £100 a year, and out of this sum has to find his own drugs, which amount to £20 a year. No doubt when a man undertakes an office of his own consent, even upon such terms, he is bound to discharge it as thoroughly as if he were amply remunerated; but, as a mere matter of human nature, the guardians must know perfectly well that, if they want the medical duties of the workhouse to be thoroughly performed, they must offer a higher salary. Theoretically the doctor may order as much as he likes, but practically he knows he must keep within limits. Mr. Norton, for instance, says that the guardians have privately inquired of him how he ac-

counted for so much wine being used in the infirmary. Add to this the unpaid nurses and the beds barely long enough, and we have a picture of an administration the main and constant object of which is to spend as little as possible. This it was that was so disastrous in the present case. The patient was in a state in which he required generous and liberal treatment, and he received only a cheap and measured one. Such an instance, and the system which makes it possible, are a disgrace to the administration of our Poor Law; and the Poor-law Board will, we trust, set its face against all similar abuse of the duties of guardians."

THE Council of the Royal College of Surgeons has again refused to do an act of simple justice to the great body of its Fellows. It has been urged a second time by the British Medical Association to take the requisite steps in order to enable all the Fellows of the College—country as well as town—to have a voice in the election of Councillors. At the present moment, the election is virtually in the hands of the London Fellows. Why should it be so? Have not the country Fellows as great an interest in the welfare of the College as the London Fellows? Are they not quite as likely to vote (freed from party feelings and personal likes and dislikes) for the most worthy men? Not to give the country Fellows a vote—for to refuse them the power of voting by papers, is virtually to deprive them of the power—is a declaration that the Fellows are unworthy of, or incapable of, properly exercising the privilege of electing Councillors. Or, we must assume that the Council will not give them the privilege, because of the expenses which would be involved in obtaining the required alteration of the Charter. But has the College come to the pass, that with an enormous income of thousands a year it is unwilling to expend a hundred in doing a great act of justice? We may, at all events, prophesy, that though the Council refuse to do it now, it cannot much longer prudently resist the performance of so plain a duty. The following is the answer returned to the Secretary of our Association by the Council.

Royal College of Surgeons of England, 13th January, 1865.

SIR,—The President has laid before the Council of this College your letter to him of the 19th of September last, together with its accompanying memorial of the 15th of September last, from the President and members of the British Medical Association, again bringing before the notice of the Council of this College "the general dissatisfaction" of the Fellows and members of the College at the mode of electing the Council, and requesting "that the Council will be pleased to obtain a new or supplemental Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford and Cambridge, in their election of members of Parliament."

I am desired to acquaint you, in reply, that the Council of this College, having taken the same into consideration, sees no reason to alter its opinion

upon the subject, as communicated to you on the 24th of November, 1863.

I am, sir, your obedient servant,

EDM. BELFOUR, Secretary.

To T. Watkin Williams, Esq., General Secretary,
British Medical Association.

WE are glad to hear, in the interests of humanity, that Bethlehem Asylum may possibly even yet be removed into the country. It is surely impossible to offer one single solid reason for its retention in the metropolis. But the reasons why it should be placed in the country are too obvious to need any detailing. The only suggestion of a valid kind made for its retention where it is, is that it offers a receptacle always at hand to receive the insane. But this has been answered by the proposal, that a reception-house, or a ward attached to some public institution, should be established in London to receive patients, to be subsequently transmitted into the (proposed) country asylum. Summarily, the advantages of a country residence for lunatics are: diminution of expenses of keep; pure air, which promotes mental as well as bodily health; country walks, quietude, cheerful prospects, and garden occupations—healthful country recreations—benefit disordered minds. In Brussels, there is attached to St. John's Hospital an *annex*, with a small enclosure, where insane patients are received and temporarily treated before they are drafted off to Gheel or some public asylum. And just the same *annex* might be established in London to receive patients for Bethlehem. The manifest wisdom of removing asylums from crowded cities into the country has been practically admitted by most of the capitals of Europe. If Bethlehem do not migrate, London will have to blush that it is the only capital in Europe which retains its public asylums immured in smoke, surrounded by buildings, amidst a dense population; in fact, which treats and keeps its lunatics much as it treats and keeps its prisoners. By removal to the country, a flood of healthy light would be thrown upon this splendid asylum and its very large revenues. And we doubt not, amongst other discoveries made thereby, it would soon be found that its monetary capacity of relieving suffering would be very greatly increased.

DR. T. H. BARKER of Bedford has given, in a paper read before the Social Science Association at York, some very useful hints on the subject of Town and Village Kitchens for Sick Poor Cookery.

"It has often been my lot" (he says) "to regret the bad and inefficient cookery of the poor, in the agricultural district in which I live. In health, their cooking processes are by far too restricted; but in sickness, their ignorance of cookery is truly lamentable. It is difficult to get the commonest articles of diet for the sick-room—such as oatmeal gruel—properly prepared. The plan now suggested is the establishment in towns and villages of well appointed kitchens, under the direction of medical men, for the

supply of suitable food to the sick poor, and to poor lying-in women. These kitchens could be established in connection with: 1. The hospital, the infirmary, or the dispensary, in towns, or with the village hospital, where such already exists; or with—2. Some existing school, institution, or—3. As separate and distinct institutions in towns or villages, on a scale dependent upon the income."

Dr. Barker then details the way of carrying out these kitchens; and lays down rules for their management.

"Steps" (he adds) "have lately been taken to establish two kitchens (in town and village) of the kind now suggested. On another occasion, I may, perhaps, give an account of their management, etc. In the meantime I shall be most happy to give all the information in my power to any one desirous of establishing such an institution."

No one can praise too highly the establishing of kitchens in connexion with dispensaries and hospitals, and for this plain reason, that proper food is, in a great many out-door patients, of much more importance than mere drugs; that drugs, without such food, are often quite unavailing for the cure.

In a pamphlet entitled *The Painless Extinction of Life in Animals Designed for Human Food*, Dr. MacCormac recommends the use of carbonic acid as the means of destroying the animals. He would have them killed just as dogs are in the Grotto del Cane. Afterwards they might be let blood; but this he objects to on account of the loss of food entailed thereby. It does not appear that he has experimentally tested his proposal.

At the annual meeting of the Parisian Surgical Society, the *éloge* of Mr. Guthrie was pronounced by the Secretary, M. Legouest. M. Legouest related the life of Mr. Guthrie, followed him through the campaigns of Spain and Portugal from 1807 to 1813, and represented him as assisting the wounded at Waterloo. His eulogy appears to have excited the jealousy of the critic, who thus speaks of the discourse.

"He showed us Mr. Guthrie in private life, in private practice, rich, honoured, and esteemed; he spoke of him as an army surgeon in the field, as a civil practitioner, as professor, as operator, and as the author of remarkable works. And yet, who was there, of those listening to M. Legouest, who could boast that he knew the English surgeon as writer, as operator, as professor, as military surgeon, or as private practitioner?"

POISONOUS HERBAGE. Specimens have been brought to Sydney of the poisonous bush that has proved so destructive to sheep passing through the desert to the north. Messrs. Devlin and Simpson lost no less than 2,200 sheep from eating this bush. Mr. Devlin describes it as a pretty shrub, about four feet high, with a bright scarlet pea blossom. The botanical name is *Gastrolobium grandiflorum*, and it was first discovered by Stuart in Arnheim's Land.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Wednesday, Jan. 25, 7.15 P.M.

MEDICAL PROVIDENT FUND.

THE following contributions have been made towards the Guarantee Fund.

	£.	s.	d.
Amount already announced	576	16	0
<i>London and Middlesex:</i>			
Dr. G. T. Gream	21	0	0
Cæsar H. Hawkins, Esq., F.R.S.	10	10	0
<i>Cumberland:</i>			
Dr. S. Lockie (Carlisle)	1	1	0
<i>Essex:</i>			
Henry Laver, Esq. (Colchester)	1	0	0
<i>Hampshire:</i>			
John Covey, Esq. (Alresford)	5	5	0

Further contributions will be announced.

Gentlemen desirous of contributing to the Guarantee Fund, will oblige by forwarding their names and the amount of their donations, either to the Chairman (Dr. Richardson, 12, Hinde Street, Manchester Square, W.); or to the Secretary (Dr. Henry, 15, George Street, Portman Square, W.)

B. W. RICHARDSON, M.D., *Chairman*.

ALEXANDER HENRY, M.D., *Secretary*.

London, 19th January, 1865.

WEST SOMERSET BRANCH: QUARTERLY MEETING.

A QUARTERLY meeting was held at Clarke's Castle Hotel, Taunton, on Wednesday, January 11th, at 7 P.M.; HENRY ALFORD, Esq., in the Chair.

Letters from the President, Dr. Kinglake, and from several other members, expressing their regret at being unable to attend, from illness and other causes, were read.

New Member. A. G. Cox, Esq., of Crewkerne, was elected a member of the Association and of the Branch.

Medical Provident Fund. A letter was read from Dr. Henry; and, after some discussion, it was resolved, that the subject of electing a Director to the Provident Relief Fund, be proposed to the annual meeting.

Communications. The following communications were read:—

1. The effect of Iodine in retarding the Growth of the Fœtus, and its application in Cases of Deformed Pelvis. By Hugh Norris, Esq. This paper elicited an interesting discussion. Mr. Norris was requested to send his paper for publication in the JOURNAL.

2. Mr. S. Farrant gave the result of his experience of the use of Tincture of Digitalis in Delirium Tremens. He had found that when given in three-drachm doses (P.B.), very speedy and marked beneficial effects followed. If the tincture was good, the patient was often tranquillised almost immediately, and fell asleep in an hour or two; if not, a second and third dose were administered at intervals of five or six hours, until sleep was induced: and this successful result never failed to happen; and he never observed any depressing or injurious effects follow.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held at the Old Library, Birmingham, on Thursday, January 12; FURNEAUX JORDAN, Esq., in the Chair.

Paper. The following paper was read:—

On Holt's Treatment of Stricture of the Urethra, illustrated by several successful cases. By J. S. Wilders, Esq.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 7TH, 1864.

HENRY OLDHAM, M.D., President, in the Chair.

PROFESSOR Pajot, Professor Hecker, and Dr. Marion Sims, were elected Foreign Honorary Fellows; and two ordinary Fellows were elected.

Specimens. Mr. GAYTON presented to the Society a pair of forceps with a spring-racket attached to the handles, as made at his suggestion, and employed by himself on many occasions without a still-birth.

Dr. BARNES exhibited a piliferous cyst of the ovary.

Mr. BAKER BROWN showed a large fibroid tumour and uterus, the latter containing a large mass of fibroid growth to which the ovaries were adherent, and enlarged by cystic disease. It was proposed to remove only the large mass. Upon opening the abdomen the tumour was found to be pendulous, attached to the uterus by a very small pedicle. This was divided by the *écraseur*, but profuse bleeding ensued; and it was then considered advisable to remove the whole uterus and ovaries in one. This was done, the cervix uteri being transfixed by two ligatures an inch and a half from the os, and each broad ligament being pierced with a needle and tied with strong twine. After the removal of the mass it was found that the ligature of one of the broad ligaments had slipped, and that bleeding was going on. It was taken up with the vulsellum, and a second ligature applied. The external wound being closed, the patient went on very well for ten hours, when, suddenly vomiting, she became faint, and shortly afterwards died. It was found at the *post mortem* examination that bleeding had taken place from a portion of the broad ligament which had not been included in the second ligature. Mr. Brown remarked that in any future case he should tie the broad ligament with a double instead of a single ligature, to prevent the possibility of slipping.

Dr. GRAILY HEWITT exhibited Dr. Marion Sims's modification of Chassaignac's *écraseur*, which did not arrive in time for the last meeting.

On *Puerperal Embolism*. By W. F. WADE, M.D. (Birmingham.) The author reviewed the history of the disease, which he took as a real evidence of the progress of medicine. He entered into a description of its nature and varieties, and gave a sketch of Virchow's doctrine and of his experiments upon the production of emboli. He then described a case which had occurred in his practice, in a woman suffering from phlegmasia dolens, who was suddenly, during exertion, seized with severe dyspnoea three weeks after her delivery. The pulse was feeble; skin cold and clammy. This state continued, but became each day more severe, for a fortnight, when she died. As was prognosticated, a large clot was found in the pulmonary artery, extending from the third or fourth ramification.

Dr. GREENHALGH stated that cases of fatal embolism after parturition were rare. He had met with but one case in his own practice. It occurred in a very healthy young lady, who had been confined of her first child. She had had a perfectly normal labour, not followed by hæmorrhage or any untoward circumstance beyond some acceleration of the pulse on the third day after delivery. She was suddenly seized during the evening of the sixth day after her confinement with severe dyspnoea, acute agony in the cardiac region, and intense mental excitement, speedily followed by alarming prostration and death in less than three hours. No *post mortem* was made.

Dr. BALLARD asked if there had been any febrile disturbance in Dr. Greenhalgh's case.

Dr. BARNES observed that the history of this case and of others in which embolism followed upon phlegmasia dolens had an important bearing upon treatment. Thus it was usual, after the subsidence of the acute symptoms of phlegmasia dolens, to rub the affected limb with the view of promoting absorption and supplying passive exercise to the muscles and other tissues. It might be that this friction would favour the detachment of a clot from the femoral vein, which being thrown into the circulation would constitute "embolism." This danger should be borne in mind. He thought the connection between a febrile state and clotting or thrombosis, suggested by the question of Dr. Ballard, was very frequent. He believed in most cases of phlegmasia dolens there was a pre-existent abnormal state of the blood which predisposed to coagulation. He (Dr. Barnes) had gathered up in his memoir on Thrombosis and Embolia, published in the Society's *Transactions*, vol. iv, most of the information at the time extant upon the subject. Since then, however, our information had been considerably enlarged by the publication of new cases.

THE BEST MODE OF DELIVERING THE FETAL HEAD AFTER PERFORATION.

BY J. ERANTON HICKS, M.D., F.R.S.

In introducing the subject of this paper, the author said that, notwithstanding the employment of premature labour and version, cases would occur in which it was either necessary or desirable to perforate. He pointed out that the subject had of late years not received the attention it deserved. He alluded to the disputes which arose upon Dr. Osborn's case of E. Sherwood, when that physician asserted he could draw a child's head through a brim having an inch and a half antero-posterior diameter, by tilting the base of the skull sideways, and concluded that Cæsarean section might be done away with. The disputes which followed were so acrimonious that the valuable points elicited by Drs. Hull, Hamilton, and Burns were, to a certain extent, lost sight of, at least as far as they were calculated to give any rule in practice. Dr. Burns in particular deduced from his experiments that, the calvarium of the fetal head being removed, the base of the skull could be drawn down easier face foremost than in any other direction. With this the author's experiments entirely agreed. And he pointed out further the advantage of the chin pointing anteriorly during the descent. He further instituted a comparison between the opposing diameters when the face is made to present and the other modes of drawing down the base of the skull. He then proceeded to answer the inquiry: if in cases of extreme lessening of the antero-posterior diameter, it is best to cause the face to present; and if, after simple perforation, it is best to continue vertex presentation, at what degree of reduction of the size of the head do the two presentations cause equal obstruction? This he answered by the results of experiments, which

might be thus concisely stated. That, as is acknowledged by all, vertex presentation in natural labour is the best; and that after perforation and evacuation of the brain up to the extent of one-fourth, this rule holds good; yet if the evacuation of the brain and collapse of the calvarium by this means, or by more or less fracturing the bones, be carried to a greater degree, we find that the facial presentation affords the easiest mode of delivery, provided that the mentobregmatic falls beneath the bizygomatic diameter. And further, that if we remove the whole calvarium, leaving merely the base, and then induce face presentation, taking care that the chin, as it descends, points anteriorly, we diminish to the smallest possible amount, short of wholly breaking it up, the opposition of the head, leaving only from one to one and a half inch in depth to oppose the conjugate diameter of the brim, and from three to four inches at the outside to oppose the transverse. The author, as practical deductions from these facts, recommended that in cases where simple perforation failed, to allow the descent of the head in cases of obstruction,—say above three inches antero-posterior diameter,—to break up purposely and carefully the bones of the calvarium, and remove at least a portion, preserving the scalp as protection to the edges, and then to induce face presentation. That when the diameter was under three inches, then to remove all the calvarium and then to induce face presentation, taking care to bring the chin forwards, if not already in that direction. Dr. Hicks then pointed out the facility of doing this with a small blunt hook, which could be readily and without chance of injury passed up to the orbit. The chin he had found had a tendency to point anteriorly upon being drawn down. He then entered upon some useful details, and compared this mode of craniotomy with the cephalotribe. He remarked that by this means, in deciding upon whether craniotomy or Casarean section should be performed, the head was not so much to be considered as the size of the body, in cases of brim obstruction.

The paper was illustrated by eight cases of craniotomy, six of which were required for contraction of the conjugate, and two for obstructions in cavity. In all the induction of face presentation was attended by instant and complete passage through the obstacle. In some of the cases the shoulder and pelvis of fœtus gave more difficulty than the head. The paper was accompanied by details of the experiments.

Dr. GREENHALGH considered that the author had done much service to the profession by bringing the subject forward in such a scientific and practical manner. He drew attention to the dangers attending cases of extreme deformity of the brim, remarking that there was a wide difference between extraction and safe extraction, especially (as is often the case) where the passages are swollen and inflamed. He called to mind the occasional difficulty of entering the skull with the perforator, and quoted a case where this was almost impossible. He thought, from a case which he had seen at Vienna, that he should use Braun's cephalotribe in a future difficulty. He had, in a case where the whole vault of the calvarium had been entirely removed before he arrived, delivered by fixing three crotchets outside of the presenting part.

SPECTRUM ANALYSIS. No less than four new elementary bodies have already been discovered by means of spectrum analysis: cesium and rubidium, by Bunsen; thallium, by Mr. Crookes; and indium, by Reich and Richter of Freiberg; whilst the foundations of solar chemistry, laid by Kirchoff, have been rendered more secure by the observations of Cooke in America; Donati in Italy; and Miller and Huggins in England.

Correspondence.

PRYCE v. BOWEN.

SIR,—Mr. Lund, finding that he has brought upon himself the censure of the medical press, and the just indignation of the whole profession, now comes forward and regrets the consequences which have arisen from his having given an opinion on the case in question, and trusts that the profession will withhold their final judgment until he has made a story for himself.

The first question which naturally suggests itself is, What was Mr. Lund's object in placing himself in the witness-box? Perhaps Mr. Lund will answer this question. He never attended the plaintiff. Had he done so, his conduct would have been excusable, as he could not have helped giving evidence if subpoenaed; but, as he himself tells us in a letter to you published in the *JOURNAL* of January 7th, he was called to give an opinion in respect of the treatment of the case during the first nine days after the accident, which opinion he founded on the written declaration of the plaintiff, knowing he was sought as a medical expert to give such an opinion as would support the evidence for the prosecution, and so assist in damaging the reputation of a professional brother, and mulct him in damages.

Without going into the difference of opinion given by the different surgeons at the trial, in which Mr. Lund appears to differ from the majority of practitioners, with, perhaps, the exception of Evan Thomas, jun., M.R.C.S., the bone-setter's son,—I must ask, Is Mr. Lund a man of such world-wide reputation that he should consider himself fit to call in question the treatment pursued in the case? I will now just state what the medical press and *Directory* give of the claims both of Dr. Bowen and Mr. Lund to public confidence.

Dr. Bowen was in the Crimea, where he had more opportunities of seeing surgery than most surgeons in civil practice. He afterwards settled at Chester, was surgeon to the Infirmary, and, on succeeding Dr. Dixon at Birkenhead, became surgeon to the Borough Hospital; and so highly does it appear he was thought of in the medical school where he was educated, that Mr. South, the senior surgeon and professor of surgery in the medical school in question, came all the way from London to give evidence in his favour.

Who, then, is Mr. Lund? The *Medical Directory* represents him as a teacher at the Manchester Medical School, and surgeon to the Dispensary attached to the Royal Infirmary; but *not* surgeon to the Manchester Infirmary, as stated in the reports of the trial. Is he, therefore, so much Dr. Bowen's professional superior, that he can call his treatment in question?

Liverpool was canvassed without success; and we must all congratulate Manchester that none of her great names were found in the witness-box of the Liverpool Assize Court in an action for malpraxis against a professional brother.

This, sir, is a question for the whole profession to stand up against. If it were not for the fact that a man of some professional standing had been found to support the evidence of Evan Thomas, the case never would have been brought into court. We all stand on the brink of a precipice. None of us can tell who will be the next, unless medical men resolve to be true to their profession and true to themselves, and strongly deprecate such proceeding in any case in future.

Dr. Bowen, I have been informed, has been put to great expense, although he gained a verdict; and, I fear, as his opponent is only a journeyman cabinet-maker, it is scarcely likely he will even get the taxed costs. It is, therefore, to be hoped that the profession will not let Dr. Bowen be the loser. Dr. Scholfield, of 14, Hamilton Square, Birkenhead, has been appointed to receive subscriptions on Dr. Bowen's behalf. I am, etc., M.D.

Birkenhead, January 11th, 1865.

SIR,—The profession again rejoices in the satisfactory termination of a recent trial, which has already been so fully and so fairly dealt with in your impression of last week.

One point of importance to consider is, the origin of these trials. Do they entirely arise from the evil influence of the local bone-setters? or do our professional brethren occasionally help to give rise to them? I fear the latter is but too frequently the case. How often do dissatisfied patients consult a second "doctor", to ascertain if their bone be set right; and, although this second doctor may refrain from expressing any actually prejudicial remarks, yet he may, by a surprised look, an unsatisfactory "humph", virtually leave the discontented patient even still more dissatisfied. The patient forthwith hurries off to the bone-setter; and, as a matter of course, is informed that everything his doctor has done for him has been wrong; that the bone was either not set right, or not set at all. Such was doubtless the origin of Dr. Bowen's case.

The results of trials against professional gentlemen have of late years been exceedingly satisfactory, and the recent case of Pryce v. Bowen particularly so. Yet, while we congratulate Dr. Bowen upon the happy issue of his trial, which must necessarily have involved him pecuniarily in a considerable sum, and occasioned him no little anxiety of mind, we feel bound, on the other hand, to censure his professional brother, without whose support the case could never have been brought into court.

True it is, that out of evil often comes good. The practitioner, in the honest and straightforward exercise of his calling, will now feel more than ever secure from these scandalous persecutions, knowing that his professional brethren will glad rally round and support him in time of need.

I am, etc., X. Y. Z.

Liverpool, January 2nd, 1865.

SIR,—If there is any lesson more important than another to be gained by the case of Pryce v. Bowen, it is this, that every member of the profession is bound by every honourable feeling, first of all to protect his brother practitioner from the ignorant and the designing, and to be extremely jealous of siding in any legal action against him without knowing all the facts on both sides, whether personally acquainted or not with the defendant. In such a case, when a young, amiable, and skilful practitioner's reputation is at stake, a man universally loved and respected by his surrounding brethren, which latter would rather have excised their own tongues than have borne witness against him—in such a case, there ought to be no room for an error of judgment. I hold that in such a case the prosecuting surgeon is, as you say, "without excuse". Let me suggest that the best reparation which Mr. Lund can make for the error which he now regrets he made is to send his fee towards the expenses of Dr. Bowen. I am, etc.,

A LIVERPOOL GENTLEMAN AND M.D.

MEDICAL ERRORS.

LETTER FROM A. W. BARCLAY, M.D.

SIR,—I am sorry to find that in the letter addressed to myself by Dr. George Johnson, published in the BRITISH MEDICAL JOURNAL of the 14th inst., he accuses me of having been unjust in my criticism, of having attempted to dispose of his proposition "by a sneer", and of being "surprisingly inaccurate" in my statements—three grave charges, which ought not to be made without due cause, and of which I can honestly say that, if guilty at all, my conscience acquits me of any intentional offence. I trust you will permit me to show, in as few words as possible, that I too consider "an accurate statement of facts at least as important as a logical argument;" fully believing that I shall clear myself in the judgment of those who are unprejudiced in the matter, and prove that Dr. Johnson has mistaken the drift of my argument.

He objects to the phrase, "one or two remarkable recoveries," because there were twelve recoveries in all. Were they *all* remarkable? I think not. My own experience of cholera would have led me to expect several of the cases detailed to recover without any treatment at all.

He next objects to my statement, that the theory was not properly tested by experiment before it was brought publicly forward. In my humble belief, the number fifteen was far too small for such a purpose; and, as a question of fact, no attempt at experiment in a logical sense was made. I can find none throughout the volume which Dr. Johnson has been so kind as to send me. His argument, whether as regards the fifteen cases first published, or the whole number subsequently treated, is simply of the *post hoc ergo propter hoc* kind. I do not think I have, even by implication, asserted that the assumption was based on the fifteen cases; but on a mistaken analogy with mineral and vegetable poisons. It is possible that there may be proof that the plans of Dr. Stevens or Dr. Ayre "have been attended with the largest amount of success;" it is also possible that such plans may be "essentially eliminative in their tendency;" and I am quite prepared to accept Dr. Johnson's statement, that these views prompted his conclusions. But he must permit me to remind him that they are both assumptions, on which he proceeds to build a third hypothesis, and then asks the profession to accept twelve recoveries out of fifteen cases as a sufficient testing by experiment.

Dr. Johnson thinks he has detected me in a "medical error", because I have used the expression, "the thickened condition of the blood following on the abstraction of serum." I am quite ready to admit that the phrase carries a wider significance than I intended. I merely meant, that the blood is deficient in water; and that the passing away of the watery part was one change out of many which altered its condition and rendered it unfit to maintain life. This "fact" of increased specific gravity from loss of water has not yet been "refuted", as far as I am aware.

Dr. Johnson goes on to say that I doubt or deny the existence of a morbid poison as the essential cause of cholera. Whence he has gathered this information I cannot divine, because I have boldly asserted it, in opposition to the atmospheric and other theories, on the faith of Dr. Baly's logical induction on the subject. But I hold that this poison, this something from without, when taken into the system, sets up a series of changes in various organs, by which it is multiplied and multipliable to an almost unlimited extent; that so long as these

changes are going on, no elimination can take place; and that, when they cease, it ceases to be a poison, and can no longer excite them. We cannot eliminate the changing tissues, and so the diseases arising from such causes stand in a wholly different category from mercurial tremor and lead-palsy, where we naturally try to eliminate the poison. The conclusion seems to me inevitable, that, if the poison of cholera ought to be eliminated, so ought the poison of small-pox. And I cannot at all admit that the morbid secretions in the digestive canal—the “internal cesspool”, as I think he elsewhere calls it—should be substituted for what Dr. Johnson and I alike mean when we talk of the “morbid poison” by which an attack of cholera or small-pox is induced. To empty the intestinal canal is not to “eliminate the poison”. But I will go one step further, and say that, supposing it to be very desirable to remove these morbid secretions, there is not one proof offered in the *Treatise on Epidemic Diarrhœa and Cholera* that castor-oil had any such influence until the natural process of recovery had begun, when the oil also began to take effect. Indeed, the problem of its action is one which physiology is not as yet able to solve; but the large quantity administered in these cases lends countenance to the hypothesis that, like calomel, castor-oil was not absorbed in the collapse of cholera; and that, without previous absorption, neither remedy can act as a purgative.

It is not my intention now to enter into any discussion of the value of the castor-oil treatment in cholera. Seldom has the verdict of the profession been more unanimous or more speedily arrived at than when it agreed that castor-oil could not cure the disease. Its influence for good or harm is as yet perhaps undetermined, and Dr. Johnson may in some future publication be able to prove experimentally what is its action in such cases. The result, whatever it may be, will not in the least affect the validity of my argument, and I fear that it must have been very imperfectly stated when one of such eminence in the profession has failed to perceive its meaning. My object in the Lumenian Lectures was to call the attention of the profession to the want of logical reasoning in most of our own writings. I felt that it was vain for us to attempt to oppose quackery when the arguments which pass muster among ourselves are so faulty. It seems no more than common sense and common prudence to demand, that before a remedy is pronounced to be capable of curing a disorder, some evidence of the relation of cause and effect should be adduced. Logical writers have laid down rules by which we may judge whether the evidence presented proves a “law of causation” or merely indicates an accidental sequence or coincidence. I have endeavoured to show that when the number of instances is small, the evidence must be distinct and the law definite; that it is very unsafe to propound an hypothesis except when based on a broad accumulation of facts; and that when no law can be suggested and we are driven to the alternative of statistics to establish the point, the number of cases required is enormous.

From this point of view it is quite immaterial whether castor-oil be the best, and brandy and opium the worst remedies in cholera, as asserted by Dr. Johnson, or *vice versa*. The fifteen cases mentioned in his first letter on the subject gave no logical support to the theory, and were only calculated to mislead the public, because there happened to be twelve recoveries among them. In the larger enumeration of fifty-four cases set out at length in the volume, there are none that can be pointed out as in any way suited to test the theory experimentally. And as a contribution to the statistics of cholera, the whole num-

ber of 150 cases treated with castor-oil, collected by the Board of Health, is just as insufficient to prove that is valueless, as Dr. Johnson's cases are to prove that its action is on the whole beneficial. On these points, no one who has studied inductive reasoning can arrive at any other conclusion. It is quite possible that in alluding to the theory I may have expressed myself too strongly, because my own conviction went further than a mere condemnation of the mode of reasoning—a conviction strengthened, if not derived, from the report of Drs. Paris, Babington, Tweedie, and Baly, who “found, on an examination of Dr. Johnson's cases, that eleven of them were cases of cholera in a state of collapse, of which six were fatal. Five other cases of cholera did not pass into a state of complete collapse—these terminated in recovery.”

I am, etc.,

A. W. BARCLAY.

Bruton Street, Jan. 18th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on January 12th.

Blathwayte, William, Louth, Lincolnshire: diploma of membership dated September 27th, 1852

Kilner, John, Bury St. Edmunds: April 12th, 1843

Nance, James, Eccleshall: October 16th, 1840

Sterry, Henry, J.P., Paragon, Southwark: January 2nd, 1854

Wolfe, Abraham, Gower Street: December 16th, 1859

APOTHECARIES' HALL. On January 12th, 1865, the following Licentiates were admitted:—

Clements, George, Middlesex Hospital

Eccles, George Henry, Felix Terrace, Islington

Miller, Reuben Zacchæus, Richmond, Surrey

Williams, John Hughes, Holyhead

As an Assistant:—

Haddock, Job, Bridge Street, Runcorn, Cheshire

APPOINTMENTS.

*JONES, C. Handfield, M.B., F.R.S., elected Physician to St. Mary's Hospital, in the room of Dr. Chambers.

*WELLS, Soelberg, Esq., appointed Ophthalmic Surgeon of King's College Hospital.

ARMY.

BARRY, Staff-Assistant-Surgeon T. S., to be Assistant-Surgeon Royal Artillery, *vice* G. A. Grant.

ROYAL NAVY.

ASHFORD, J. W., Esq., Assistant-Surgeon, to the *Donegal*.

BREND, Alfred, Esq., Assistant-Surg. (additional), to the *Euryalus*.

DEVONSHIRE, C. J., Esq., Assistant-Surgeon, to the *Penguin*.

DOYLE, E. W., Esq., Acting Assistant-Surg., to the *Princess Royal*.

DUNWOODIE, John, Esq., Surgeon (additional), to the *Euryalus*.

MAIR, George, Esq., Assistant-Surgeon (additional), to the *Fiscard*.

O'FLAHERTY, Thomas A., Esq., Assistant-Surgeon, to the *Lamirail*.

PATTELO, William, M.D., Assistant-Surgeon (additional), to the *Euryalus*.

RICHARDSON, F. H., Esq., Assistant-Surgeon, to Plymouth Hospital.

SISSENS, W. H., Esq., Assistant-Surgeon, to the *Britannia*.

WRIGHT, Frederick L. W., Esq., Assistant-Surgeon (additional), to the *Euryalus*.

DEATHS.

BROWN, William H., Esq., Surgeon, of Lee, Kent, aged 55, on January 15.

COLEY, On January 2nd, at Paddington, aged 64, Rachel, widow of H. F. Coley, M.D.

FENTEN, On January 8th, at Eyam Terrace, Eyam, Derbyshire, aged 21, Wm. Hattersley, second son of *Thomas Fentem, Esq.

FOGARTY, Frederick W., M.D., at Marychurch, Devon, on Jan. 15.

TOHBY, On January 15th, in Upper Porchester Street, Jane Frances, widow of Richard Tohby, M.D., Surgeon R.N.

WALKER, On January 18th, at Woburn, aged 22, Frances Harriet, eldest daughter of the late E. D. Walker, M.D., of Teignmouth.

WILLIAMSON, Henry G., M.D., of Holmes Chapel, at Nantwich, aged 25, on January 1st.

Mr. KIERNAN is, we regret to hear, suffering from an attack of paralysis.

A DEATH FROM CHLOROFORM occurred on November 1st, 1865, in the Devon and Exeter Hospital.

ROYAL COLLEGE OF SURGEONS. Mr. Partridge is this year designated as the deliverer of the Hunterian Oration.

GRANT MEDICAL COLLEGE, BOMBAY. The Chair of Anatomy and Physiology in the Grant College of Bombay is now vacant.

COST OF LUNATIC PATIENTS. In the Sussex County Lunatic Asylum, the weekly cost of the patients per head per week is 9s. 9d.

BEQUEST. The late Jacob Stiebel, Esq., of Pembroke Terrace, Bayswater, has bequeathed to University College Hospital £5,000.

BLACKBURN HOSPITAL. The Blackburn Infirmary was opened on the 2nd inst. as a general hospital, a regular staff of medical men having been appointed. It had previously served as an infirmary of the Blackburn Relief Committee.

TESTIMONIAL TO DR. GIBBONS. A handsome goblet and snuff-box have been presented to Dr. Gibbons, medical officer of the Wolverhampton Workhouse, by his fellow officers, as "a mark of their high esteem."

ROYAL COLLEGE OF SURGEONS. Professor Huxley, F.R.S., will deliver twenty-four lectures on the Mammalia in continuation of his former course, commencing on Monday, February 6th, to be followed by Professor Fergusson.

DR. BROWN-SÉQUARD. We notice by the *Boston Medical and Surgical Journal* that this distinguished gentleman will be prevented by ill-health from delivering his course of lectures contemplated in connection with the course of the Boston Medical College this winter.

DEATHS FROM ACCIDENT. During the past week in London 65 persons lost their lives by accidents, 33 died from fractures or contusions (of this number 6 were killed by vehicles in the street), 11 infants and one adult were suffocated, and 13 deaths ensued from burns or scalds. A female, aged 30 years, died from taking cyanide of potassium by mistake for medicine.

A NEW REMEDY. The sting of a wasp or a bee is, we are told by a Frenchman, a very valuable remedy; and *apisination* has a marvellous virtue in cases of marsh-fever, yellow fever, headaches, nervous gastralgia, cholera, and the plague. Gasparin, we are told, cured himself of muscular rheumatism and a bronchitis by the sting of a wasp. The remedy truly is not an agreeable one, but perhaps not much more disagreeable than a blister, and not so disagreeable as a moxa. (*Chem. News.*)

STRUCTURE OF NERVES. M. Roudanovsky has lately made some interesting discoveries on the structure of nerves. He cuts very thin slices after subjecting the nerves to congelation; and with these he has been enabled to determine that the primitive elements of nerves are tubes having a pentagonal or hexagonal configuration. The walls of these tubes are formed of a conjunctive tissue, which in a bundle forms a true reticulum. As to the constitution, he says that every nerve has a substratum of brain-matter, and also of the spinal marrow, and probably of the ganglionic matter also. The grey matter, he says, is the fundamental nervous substance, and plays the principal part in the functions. Energetic poisons, like strychnia and nicotine, affect the nervous cellules; while other poisons, such as opium, chloroform, and perhaps alcohol, modify the myeline.

LONDON MEDICAL SOCIETIES. Dr. Peacock has succeeded Mr. Hewitt as President of the Pathological Society; and Dr. Murchison becomes Secretary vice Dr. Bristowe. At the Obstetrical Society, Dr. Barnes is elected President in the place of Dr. Oldham; and Dr. Graily Hewitt, on retiring from the Secretary's chair, becomes Treasurer. Dr. Meadows fills Dr. Hewitt's place. Mr. Longmore succeeds Mr. Adams as President of the Harveian Society.

SANITARY IMPROVEMENTS IN LIVERPOOL. The grand jury at the Liverpool Quarter Sessions made a presentment, upon information furnished by Dr. Trench, the Liverpool medical officer, condemning twenty-nine lots of property in the borough, as unhealthy and unfit for human habitation. The presentment recommended either their entire demolition or their complete alteration. This is the first important proceeding under the Liverpool Sanitary Amendment Act, passed last Session.

OXFORD, THE MURDERER. Outside is a small group of gardeners labouring with the minute labour of love upon a patch of ground committed to their care; and, again, you come upon a few painters, with Edward Oxford, now a fat, elderly man, at their head, all busy, and Oxford himself carefully graining a door in beautiful style. Oxford has now perfectly recovered his sanity, and is the most orderly, most useful, and most trusted of all the inmates of Broadmoor. A small pecuniary reward is given to those who labour well as an inducement to others to do likewise, and this money they are allowed to spend in any harmless way they please. Out of his small earnings Oxford has between £50 and £60 carefully saved. (*Times.*)

MAGNESIUM LIGHT. A burning magnesium-wire of the thickness of 0.297 millimetre, evolves as much light as seventy-four stearine candles, five to the pound. If this light lasted one minute, 0.987 metre of wire, weighing 0.120 gramme, would be burnt. In order to produce a light equal to seventy-four candles burning for ten hours, whereby about twenty pounds of stearine are consumed, 72.2 grammes (2½ ounces) of magnesium would be required. The wire is now to be had at the low rate of threepence per foot; and half an inch of the wire evolves, on burning, light enough to transfer a positive image to a dry collodion plate; whilst, by the combustion of ten grains, a perfect photographic portrait may be taken, so that for photographic purposes alone the magnesium light will prove most important. (*Phar. Jour.*)

MEDICAL SERVICE IN THE UNITED STATES ARMY. The President of the Royal College of Surgeons of Ireland has received the inclosed letter:—"Nashville, Tenn., U.S.A., 16th Oct., 1864. To the President of the Royal College of Surgeons, Ireland. Sir,—As there are generally a large number of talented, educated, and adventurous young gentlemen in the medical profession in Ireland seeking for profitable employment in their profession, the writer sends the inclosed scrap of correspondence from the *Cincinnati and Ohio Commercial* of October 14th. Besides those required for Ohio, the new regiments of coloured troops are in need of surgeons, all paid by the United States Government regularly, and higher salaries than in the British service. It is, besides, a good school for young practitioners. Hospital stewards or medical cadets are also needed. No medical gentlemen are more thought of or respected here in the service than regular Irish surgeons, as they are generally, without exception, educated gentlemen.—Respectfully yours, J. A. Lynch, Captain and Assist. Quartermaster, U.S.A." [We have just read a letter from a gentleman (an American) who held a high

position as medical officer in the Federal army. His account of the service was far from a flattering one. He had been forced to retire from the service on account of the lowness of the pay, which, under the depreciated currency, was insufficient to keep his family. His health was also greatly damaged by the incessant fatigues to which he had been subjected in the discharge of his duty. EDITOR.]

HEALTH OF SCOTLAND. The Registrar-General reports the deaths in the eight principal towns of Scotland in the month of December (2,411) to be the average number; but 31 per cent. of them have to be recorded as due to the zymotic (epidemic and contagious) class of diseases. Typhus fever caused more than 10 per cent. of the whole mortality; in Paisley 12.5 per cent., and in Greenock as much as 20 per cent. This has been the most severe epidemic of typhus fever which has existed in Scotland for many years. 91 deaths were attributable to violent causes, 16 of them to the upsetting of a Clyde ferry-boat. The births in the month (3,139) were above the average, and the marriages (884) reached by far the highest number registered for the month during the ten years of registration. The mean temperature of the month was rather above the average; the rainfall, the smallest the Registrar-General has recorded in December, the mean of the eight towns being 3.42 inches, which is 1.05 inch below the average. The greatest depth of rain was as Greenock—5.47 inches.

INSANE PAUPERS. The annual return of insane paupers in England and Wales at the beginning of the year has been issued. The return is made up to January 1st, 1864, and includes all but a few parishes rendering no account. The total number of paupers in receipt of relief on that day was little over a million—a considerable decrease (of above 130,000) as compared with January 1st, 1863; but the number of insane paupers had increased, and amounted to 37,576, of whom 27,590 were lunatics and 9,986 idiots. Thus, the pauperism ascribable to insanity, which was 3.17 per cent. of the whole pauperism on January 1st, 1863, was as much as 3.7 per cent on January 1st, 1864. In every 100 insane paupers 44 were males and 56 females. The distribution of pauper insanity appears to be very unequal. Thus, at the date of this return, London had among its 103,468 paupers as many as 5,859 insane; the south-western counties had among their larger total of 108,628 paupers only 3,705 insane. So, also, in the eastern counties among their 80,771 paupers there were but 2,456 insane, and in Wales also only 2,432 out of a total of 79,841; but stepping across the Welsh border into the west-midland counties (including Stafford, Warwick, Worcester, and Gloucester) we have 4,887 insane, double the last two numbers, among the not so greatly increased total of 104,894 paupers. Of the 37,576 insane paupers the number in county or borough lunatic asylums had risen to 20,257; the number in workhouses was still as large as 9,608.

PRESENTATION FROM THE QUEEN TO DR. CASS. On New Year's Day Dr. Cass, of Cowes, received through the hands of Sir Charles B. Phipps a massive and magnificent silver inkstand, "as a memorial from the Queen of her Majesty's appreciation of his skill and attention during the many years he attended in his professional capacity at Osborne." Dr. Cass, who has long been held in very high esteem at Cowes, had been the medical attendant upon the Royal family and household at Osborne for nearly twenty years; but, finding of late that his sight had become so seriously impaired as to threaten absolute blindness, he felt constrained, though still in the prime and vigour of his life, to resign his appointment at Osborne, and to withdraw altogether from the profession in which

he had established a high and well-earned reputation. This circumstance has been a matter of universal regret throughout the whole of the wide district over which Dr. Cass's practice extended; but amongst the many expressions of sympathy which have reached him from all quarters none have been so warm, and none, of course, so deeply gratifying as those which have been conveyed to him from the Queen. "Her Majesty," says Sir Charles Phipps, in the letter which accompanied the costly memorial, "hears with great regret that she shall no longer be able to avail herself of your valuable medical services; and the Queen still more laments the sad cause which has thus forced you to abandon your profession at an age when your usefulness should be greatest." Again, Sir Charles Phipps says, "I am directed to express her Majesty's sincere sympathy for the affliction which has obliged you to discontinue your valuable services." These are queenly words, and well calculated to convey to Dr. Cass the highest solace he can possibly receive under the calamity which has fallen as a fatal blight upon his professional career, and marred the fairest hopes and promise of an honourable and laborious life.

THE QUEEN'S COLLEGE, BIRMINGHAM. At the quarterly meeting of the professors held on the 10th inst., Professor Postgate said that he and Dr. Hinds had had an interview with the Earl of Lichfield. His lordship stated that he had learnt from the Charity Commissioners that the affairs of the college were in the hands of the Attorney-General, and would soon be in the Court of Chancery, and that that Court would come to some practical settlement of the college difficulties. His lordship spoke very hopefully of the prospects of the college. It was suggested to him that pending the settlement of the affairs of the college, some scheme should be adopted for carrying on the college—that that wing of the college ought to be made productive, and that for this purpose the Theological Department ought to be brought down from the Crescent to the college. His Lordship said he had made efforts in this direction with Chancellor Law, but had not yet been successful. Dr. Suckling said the public ought to be informed that there was a fair number of students, and that the work of the college was going on in a successful and promising manner. He also said the professors now worked harmoniously with each other, and with the Dean of the Faculty.

ODONTOLOGICAL SOCIETY. The annual meeting of this society was held on the 9th inst., Edwin Saunders, Esq. (President), in the chair. Contributions to the museum were announced from Messrs. Hepburn, Lord, and Statham. Mr. Hulme mentioned a case in which a lady had three front teeth attacked by tartar; they could be readily removed and replaced. The curious point was that, although that state continued about seven years, the presence of the teeth had preserved the gum from being absorbed. The President then read the balance-sheet and the report of the Audit Committee. It shewed an excess of expenditure over the receipts of £7:4:1 for the past year. The total balance in the hands of the Treasurer was £539:4:6. The report of the Library Committee shewed an addition of 102 volumes during the past year. Fourteen non-resident, four resident, and one corresponding member had been elected, making a total of 302 members. The following officers were then elected to serve during the present year. *President*, T. A. Rogers, Esq. *Vice-Presidents* (resident), W. A. N. Cattlin, Esq.; W. Inrie, Esq.; W. Perkins, Esq.; G. A. Ibbertson, Esq.; and James Parkinson, Esq.; (non-resident), W. K. Bridgman, Esq. (Norwich); S. Tibbs, Esq. (Cheltenham); Dr. Roberts (Edinburgh);

J. R. H. Moore, Esq. (Dublin). *Treasurer*, Arnold Rogers, Esq. *Librarian*, J. B. Fletcher, Esq. *Honorary Secretaries*, A. Coleman, Esq.; C. Vasey, Esq.; and T. Underwood, Esq. *Councillors* (resident), T. Sheffield, Esq.; C. Fox, Esq.; H. T. Kempton, Esq.; R. T. Hulme, Esq.; G. Owen, Esq.; A. Hill, Esq.; S. Cartwright, Esq.; E. J. Winterbottom, Esq.; J. Saunders, Esq.; F. Weiss, Esq.; and N. Stevenson, Esq. (non-resident), C. D. Rogers, Esq. (Newbury); S. L. Rymer, Esq. (Croydon); E. P. Parkinson, Esq. (Brighton); W. Hunt, Esq. (Yeovil); T. A. Baker, Esq. (Dublin); and T. R. English, Esq. (Birmingham). The retiring President gave his address, glancing at the events of the past year, and paying a warm tribute of respect to the late Samuel Cartwright, their first president. A vote of thanks to the President was proposed by Mr. Rymer and carried by acclamation. Votes of thanks were also proposed to the treasurer, secretaries, librarian, and curator of the museum. The society then adjourned.

THE MEDICAL ACT. The Scottish Branch of the General Council of Medical Education and Registration, at a meeting on the 13th instant, resolved that any Act for amending the Medical Act should be restricted to carrying out the following objects:—1. "To confer on the Medical Council definite powers to issue to the various licensing bodies regulations on the subjects of preliminary and professional education and examination. 2. To amend Clause XL, so as to render it more efficient than it has hitherto been to distinguish between qualified and unqualified practitioners, and to prevent unqualified practitioners from assuming medical titles to which they have no right." To carry out the first or these objects, the Branch Council recommend—"That it shall be lawful for the General Medical Council to issue to licensing bodies such regulations respecting preliminary and professional education and examination as may appear to the Council fitted to secure requisite knowledge and skill. That all regulations passed by a majority of two-thirds of the General Council shall be obligatory on all universities, colleges, and other bodies enumerated in Schedule (A) to the Medical Act. That it shall be lawful for the General Council to intimate to any of the said bodies not conforming to such regulations; that, in the event of the said body not conforming within six months after such intimation, the qualification granted by such body, after the lapse of the said period of six months, shall not be registered. That any body to which such direction shall have been given may appeal to the Privy Council, who shall have power to disallow the direction of the Medical Council. That it shall be lawful for the General Council to restore any right to registration which may have been suspended by them." In order to carry out the second of these objects, the Branch Council recommend a clause to the effect—"It shall not be lawful for any person, unless registered, to take or use the title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner, or General Practitioner or Surgeon-Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other medical or surgical title; and every person so offending shall, upon conviction, pay a sum not exceeding twenty pounds. The Scottish Branch Council having considered Clause XXXI of the Medical Act, are of opinion that what is objectionable in it would be obviated were the combination and co-operation of the licensing bodies, as provided for by Clause XIX, encouraged or even made obligatory, so that facilities may be given to medical students for acquiring the complete or double qualification without having to

pass repeated examinations on the same subjects; the Branch Council also consider that it is highly expedient that a Bill for amending the Medical Acts should be submitted to the Home Secretary within two months from the present time, so that it may be introduced into Parliament, and passed into a law during the ensuing session." The Registrar laid on the table the registers of medical students, and intimated that from the number of blanks, it was impossible to frame an accurate register of medical students. The Branch Council resolve to report this to the General Medical Council, as an illustration of the necessity for enabling the Council to issue regulations of a compulsory character.

DEATHS IN LONDON IN THE LAST QUARTER OF 1864. In the thirteen weeks that ended December 31st, 19,636 deaths were registered in London. In the corresponding quarters of 1860-62, the numbers of deaths were respectively, 15,197, 15,866, 17,717, and 18,857. The increase in the mortality is chiefly found in the local class, 8535 persons having died from the diseases included under that head; in the same period of 1863, 7639 deaths occurred from the same causes, and in 1861 only 6300. Zymotic diseases in the aggregate were not so fatal as in the corresponding quarters of the two preceding years, the numbers in the three quarters being 5055, 5016, and 4847. The most fatal disease in the list is scarlatina, which caused 1095 deaths. 1064 persons have died from typhus, which shows a large increase in the deaths for the years 1860-63, amounting to 311, 624, 796, and 881. Small-pox was fatal in 120 cases, 81 of which were in young persons. Measles in the last quarter of 1861 carried off 171 persons; in the like period of 1862, 900 fell victims to it, and in the quarter which has just terminated it destroyed 638 lives. Hooping-cough proved fatal to 438 children; in the corresponding quarter of 1863 429 deaths were caused by this disease. Erysipelas and metria show an increase. From the former disease 151, and from the latter 82 deaths were registered. In the quarter which ended January 2nd, 1864, 3470 persons died from pulmonary diseases; in the quarter just ended 4467 persons died from the same causes. 2387 persons died from bronchitis, the numbers who died in the like periods of 1860-63 being 1630, 1553, 1760, and 1831. Pneumonia destroyed 1555 lives; the numbers who died in the periods with which the comparison is made were 1250, 979, 1065, and 1193. 1985 deaths occurred from phthisis. In the same quarters of 1860-63 the numbers who fell victims to the disease were 1785, 1840, 1899, and 2066. From diseases of the brain and nervous system 1927 persons died; 119 from cephalitis, 426 from apoplexy, 376 from paralysis, 22 from insanity, 91 from epilepsy, and 678 from convulsions. Diseases of the heart and blood-vessels occasioned 947 deaths. 572 persons lost their lives by accidents, 230 deaths were occasioned by fractures and contusions, 97 by burns or scalds, 47 by drowning, and 127 by suffocation; of these latter, 115 were young persons, 25 cases of murder or manslaughter, and 64 cases of suicide were registered.

BOOKS RECEIVED.

1. Medical Education in the University of Dublin. By William Stokes, LL.D., F.R.S. Dublin: 1864.
2. Eighteenth Report of St. Mark's Ophthalmic Hospital. Dublin: 1864.
3. Photographs of Diseases of the Skin. By A. B. Squire, M.B. Nos. v and vi. London: 1864.
4. Town and Village Kitchens for Sick-Poor Cookery. By T. H. Barker, M.D. London: 1864.
5. The Laryngoscope. Two Lectures. By George Johnson, M.D. London: 1864.
6. Quarterly Journal of Science. No. 5.
7. A Few Words on the Choice of a Microscope. By J. J. Plumer, M.A. London: 1865.

Abstract of a Clinical Lecture

ON

FEVER AND BRONCHITIS AS EARLY SIGNS OF PHTHISIS.

Delivered at the Birmingham General Hospital.

BY

JAMES RUSSELL, M.D.,

ONE OF THE PHYSICIANS OF THE HOSPITAL.

GENTLEMEN,—I have already stated to you that tubercle is a foreign body, a formation foreign to the natural condition of the lungs, inserted into the spongy tissue of those organs. I have also stated to you that it has special preference for a particular part of the lungs; viz., the apex.

Now, upon these two circumstances is based our interpretation of the physical signs of the first stage of phthisis. Viewed by themselves, these signs consist simply in evidence of a certain amount of consolidation of the pulmonary tissue, united frequently, but not necessarily, with signs of irritation or inflammation of that tissue; but they derive their peculiar significance from two collateral circumstances—namely, their local development, and the part of the lungs they affect. When present in that part of the lung which is known to be the chosen *habitat* of tubercle, and when confined to that part alone, comparatively slight evidence of either of the above named conditions acquires a degree of importance which would be denied to precisely the same sign in another part of the chest, even though existing there with a much greater degree of severity.

Confining our attention for the present to the evidence afforded by irritation of the pulmonary tissue, I observe that the irritation of tubercle is capable of producing all forms of inflammation connected with the lungs. Pleurisy is a general attendant upon phthisis, especially in its further stages; pneumonia less frequently, though, in the early stage of the disease, there can be no doubt that some degree of local pneumonia frequently exists, and that this is one of the causes of the consolidation to which I have already adverted. It is only in this manner that we are able to explain the very marked variation which the early signs of consolidation in phthisis will often undergo within a short period of time.

But by far the most important, because the most common and most significant, form of pulmonary inflammation, which attends the deposit of tubercle, is bronchitis. Now, the bronchitis of early phthisis possesses two special characteristics which distinguish it from the ordinary forms of the disease, and render its presence a most important diagnostic mark. First, it is mild, often so mild that, under any other circumstances, it would attract little of our attention; the kind of breathing which belongs to it is often spoken of as being merely rough or creaking, or accompanied with some degree of crepitation. And I may here remark that, in examining the chest for phthisis, as indeed in all other cases, it is important for you to observe the rule of separating in your mind the breath-sounds from those sounds which are adventitious—*e.g.*, the crepitation and

other signs of bronchitis: you will thus compare correctly the breathing, as modified by the consolidation, with the added sound which indicates the bronchitis.

The second characteristic of tubercular bronchitis is its persistence, and its being localised in a particular part of one or both lungs. Local bronchitis is always a most suspicious sign, because it indicates local irritation. The ordinary causes of bronchitis, such as cold and poisons in the blood, affect both lungs alike, and the whole of both lungs; hence, when we find bronchitis confined to a limited portion of a lung, we are led to suspect the presence of some source of irritation seated in that spot; and, of all possible causes of irritation, tubercle will be the one most likely to be present.

You must, however, observe that bronchitis is by no means a necessary attendant of tubercle in the lungs; and that, consequently, its absence is no positive evidence against the presence of that disease. The presence or absence of bronchitis in phthisis is often dependent upon accident, upon exposure to cold, hard living, bad diet, etc.; often it depends upon peculiar sensitiveness in the nervous constitution. But there is one circumstance which may be cited as operating more powerfully than any other in determining the occurrence of bronchitis in phthisis: I mean the degree of rapidity with which the tubercle is deposited. The more rapidly the deposit takes place, the greater is the probability that bronchitis will be present; and precisely the same remark applies to the fever of phthisis.

Now I wish to remark, that it results from what I have said, that there is nothing peculiar nor special in the bronchitis of phthisis, *regarded as bronchitis*, to distinguish it from any other form of the disease. The bronchitis itself is the same, under whatever circumstances it is developed; but in phthisis it derives its significance solely from associated circumstances. Strip it of these adjuncts, and you lose all means of distinguishing its peculiar cause, save by certain characters of the expectoration, to which I do not wish to refer at present. Nor is tubercular bronchitis at all peculiar in this respect. The truth is, that our diagnosis, in most forms of disease, is founded upon a few leading signs much less frequently than a casual recollection of the mental operation employed would lead us to suppose: such signs may have attracted the principal share of our attention, and we may have been led by them to form a very just suspicion as to the nature of the case with which we have to deal. But it will often appear that we have really employed the process of comparison to a much greater extent than we might have imagined. It is only when the means of instituting such a comparison are taken from us, that we learn how much we really depend upon them for assistance.

This is precisely what occasionally happens in phthisis. In certain cases, tubercles are deposited very rapidly, and at the same time very generally, being disseminated in small isolated granules throughout the entire of each lung. As a consequence of the rapidity of their development, bronchitis is set up; and because the deposit of tubercles is general, the bronchitis is general also. Moreover, as there is no aggregation of tubercles in any particular spot, none of the evidences of consolidation are presented. Here, then, the adjuncts to the bronchitis are want-

ing; and the case presents only the characters of one of general bronchitis. It is only as the disease goes on without showing any disposition to abate, and as other symptoms of a constitutional and local character are superadded, that you are enabled to assure yourself with certainty of the true nature of the case. I may, however, observe, that the difficulty in diagnosis affects chiefly adults, since persistent general bronchitis occurring in children is of itself strong evidence in favour of the presence of tubercles in the lungs.

The following example will illustrate the extent to which a case such as I have described may be deprived of the indicative circumstances so necessary for its diagnosis.

It occurred in the person of a young lady whom I attended with a surgeon in this town. Her age was 9. She was the last surviving member of her family, all her sisters having been cut off by consumption. Her health had been excellent up to the day of her fatal illness, which commenced as an ordinary attack of continued fever, entirely without any chest-complication. At the end of a fortnight, she seemed to improve, and her fever subsided; but it returned in two days afterwards with increased severity, and now was attended by evidence of irritation within the lungs, afforded by the presence of crepitation throughout the chest. It was at this time that I first saw the patient, and the remainder of her illness comprised only the short term of nineteen days. Her symptoms were those of high feverish reaction, without delirium of importance until the close of the case. Perspiration was present at times during the day, and sometimes was profuse; at night, the skin was dry and hot. The pulse at first was 120; respirations 60; but each afterwards rose to 180 and 70 respectively. General crepitation continued throughout the chest; but there was neither local dulness nor prolonged expiration; yet there was very little cough; and, as she swallowed her expectoration, it was probably in small quantity. As the disease progressed, the lips became livid, hæmoptysis occurred, and delirium set in. I was not able to obtain an examination of the body; but, as the case developed itself, no doubt could be entertained that the bronchitis, which was the only disease present to our observation, depended upon a special cause affecting the entire lungs, and that such cause consisted in a general formation of tubercle.

I may just add, that Dr. Evans, who saw the patient with us, mentioned to me a very similar case which had occurred to himself, in which also phthisis ran an acute course without any cough at all, although the physical signs of bronchitis were present throughout.

In the cases of which I now speak, the tubercles are deposited rapidly; and the progress of the case is usually rapid in proportion, though rarely so rapid as in the instance I have just detailed. Hence these cases are termed acute phthisis; and, as I shall mention to you immediately, other difficulties may arise in the diagnosis than that of distinguishing the case from one of pure bronchitis.

Precisely the same remarks which I have now made in relation to the bronchitis of phthisis apply also to the fever which accompanies the deposit of tubercle. As is the case with bronchitis, the liability to fever may depend on extraneous circumstances; but most generally it depends on the degree of rapidity with which the tubercles are formed. Hence the serious significance of a feverish attack in one

suspected to be disposed to phthisis. The history of many consumptive patients is made up of a succession of apparently trivial attacks of fever—attacks which, in another individual, would hardly be thought worthy of special care.

After such an attack, you will commonly find your patient's health occupying permanently a lower level; and you may be assured that the constitutional reaction has been the outward evidence of an addition having been made to the disease already present in the lungs.

But it is a very important circumstance, that, like bronchitis, there is nothing in the fever of tuberculosis which of itself distinguishes it as belonging to that disease; its connexion is determined by collateral circumstances. The remark I made in respect to bronchitis, that we use comparison in forming our diagnosis far more largely than we perhaps imagine, is especially true of fever; and, as fever is so common an occurrence, and attends so many different maladies, the possession of means for instituting such comparison is of still greater importance than it is in the instance of bronchitis. We are sometimes left with the fever as our only guide, and are then forcibly reminded of our need of further help.

I attended a little boy, aged 6, with one of the most experienced surgeons of this town. His illness lasted for eight weeks; my attendance comprised the last week only. His sole symptom was persistent feverish reaction, though with scarcely any delirium; the one single symptom of a local character was constant rapidity of breathing. The child's chest was searched over and over again, both by my colleague and by myself, for any indication of disease; but, to the very last, percussion was normal; not even a wheeze could be discovered; and there was entire absence both of cough and of expectoration. Death was rather sudden—I suspect, from fainting. On examination, both lungs were positively filled with tubercles.

Not long afterwards, a second case, precisely similar as regards the entire absence of every symptom referable to the lungs, came under my care, also in consultation; yet the lungs were occupied by tubercles in every part. Here, however, there was inflammatory softening of the central parts of the brain; and symptoms of cerebral disease were prominent. Close attention was, however, bestowed upon the condition of the chest, for the purposes of diagnosis.

These instances exemplify another form of acute phthisis, in which, from the absence explanatory indications, the fever at the outset of the disease is apt to be mistaken for typhoid fever.

But, after all, it is not of very frequent occurrence, that we are unable to diagnose the fever attendant upon the deposit of tubercle in the substance of the lungs, thanks to the assistance we mostly derive from the employment of auscultation and percussion. There is, however, another organ in which tubercles are liable to be produced, at least at an early period of life, and sometimes also in adult age, to which we have no means of applying physical examination. The cerebral membranes are often the seat of tubercle in childhood, and give rise to a most fatal affection. But the affection is also of a most insidious character. In the early stage of the disease, no characteristic symptoms of cerebral disorder develop themselves; the fever which attends the formation of

the tubercles is alone present. Here there are no physical signs to aid us; and the diagnosis of the disease, previous to the setting in of decided cerebral symptoms, is confessedly a matter of great difficulty. "A few years ago," says Dr. Wilks, "I collected a large number of cases of this affection in children, and in none of them was a correct diagnosis made during the first few days of illness, the case being styled one of fever or stomach-disturbance; and this error of diagnosis, or rather want of appreciation of the real nature of the case, is the rule." Dr. Wilks, however, draws attention to one distinctive characteristic, which may serve to arouse a suspicion as to the true cause of the fever; and I am sure that his observation will be found correct. He notices the irritability of the patient in the fever of acute cerebral disease, which contrasts in a most marked manner with the torpor of the fever-patient. When the disorders "are at their height," he observes, "and the patient is extremely ill, the fact is often very striking: the one with the inflammation of the brain being distressed by the slightest movement; it is irksome for him to be spoken to; he coils himself up in bed; is peevish, and wishes only to be left alone . . . whereas a patient with fever generally suffers nothing, and he evinces no trouble or alarm when touched."

Were we but able to apply to the brain the same method of physical examination we employ in cases of disease of the lungs, no doubt the proportion of doubtful cases of this disease would be reduced to the smaller proportion observed in the instance of pulmonary tubercle.

SALE OF A MEDICAL COLLEGE. The medical college property of Castleton, Vermont, whence two thousand young doctors have been sent, has been sold, and will be known as a medical college no longer.

DONATION TO BELFAST HOSPITAL. A gentleman, who desires that his name might not be published, has handed to the Treasurer of the Belfast Hospital the sum of £2000, to be expended as Drs. W. MacCormac, Pirrie, and Murney, with the Treasurer, might think best. It has been decided to erect a wing.

EARLY BAPTISM. An inquiry was recently held respecting the deaths of two children—a boy and a girl. Mrs. Knight was delivered of three children, the two deceased and another girl. They were fine children, but there was no doctor or midwife present, and the boy died almost immediately. At ten o'clock the same morning Mrs. Knight sent the two surviving children to a Roman Catholic chapel. The witness added, "We wrapped the two girls up, and when we got to the chapel the clergyman came to her and unwrapped the child she carried, and said, 'Oh, it is gone!'" It was dying or dead. The other child was christened. It was a cold day. Dr. J. S. Belcher said that the three children were healthy, considering that they were a triple birth. The deceased girl died from exposure to the cold. The boy died from want of artificial respiration being resorted to,—in fact, from want of skilled attendance at birth. The jury returned a verdict "That the deceased female child was found dying and did die in a Roman Catholic chapel from the mortal effects of exposure through being taken out so soon after birth, and that the deceased boy died from exhaustion from the absence of skilled assistance at birth." The proceedings then terminated.

Original Communications.

ON THE PHYSICS OF DISEASE, AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By BENJAMIN W. RICHARDSON, M.A., M.D., Senior
Physician to the Royal Infirmary for Diseases
of the Chest.

CHAPTER II (continued).

*Conditions of Oxygen that Modify Combination with
Blood. Oxygen as affected by Electricity. Active
Oxygen:—Ozone.*

WHEN oxygen gas is exposed to various electrical states, it assumes, I had almost said new forms, it is so singularly changed in respect to its capacity for combination. On one side, it may be made almost as irrespirable as chlorine; and on the other side, it may be reduced to the nearly negative condition of nitrous oxide. In the common air, it exists in a medium between extreme activity and negation, as a general rule; but the rule has its exceptions, and upon these exceptions much depends having relation to disease. There are times when active oxygen is present in the air, for given periods—"the ozone periods" of Moffat. There are times when, in rooms at all events, the oxygen is to an extent negative, in so far as the oxidation of blood is concerned.

I am not certain that the use of the terms, *active*, *neutral*, and *negative*, as applied to oxygen under various conditions of electricity, are really correct or good terms; because, in truth, heat also makes oxygen negative, neutral, or active, as electricity does. Oxygen reduced to very low temperature is, as we have already seen, negative in reference to the support of life; oxygen at ordinary temperatures sustains life best; and oxygen at elevated temperatures causes an over-active animal combustion. But custom has willed it, and I suppose custom must have its way, that the terms active, neutral, and negative, shall be made to apply to oxygen as existing only under differing electric states.

That oxygen should be influenced by electric force as well as by calorific force, is not difficult to understand, if it be remembered that, in fact, the two forces are one. When electrical discharge occurs in oxygen, it puts the molecules of the gas into active motion, and their affinity for other bodies with which they are brought into collision is increased. As, by the lightning flash, great waves of the atmospheric sea are put into motion, and thunder is the result, so, in the more minute divisions of that atmospheric sea, in the molecular divisions, whenever there is electrical discharge, great waves are put into active motion, the effect of which is exhibited—the conditions being supplied—in the more active combinations that occur between oxygen and oxidisable matter.

To prove that the two forces—heat and electricity—are the same in respect to oxygen, I may state that oxygen, heated to a temperature of 480° Fahr., ceases to be influenced by electrical discharges. To use the term common in experiment, oxygen cannot then be ozonised; this simply means that, after a time, the motion imparted by the heat is itself so great that the effect of the electrical discharge becomes unimportant. In the opposite scale, oxygen reduced to a very low temperature is not less inert

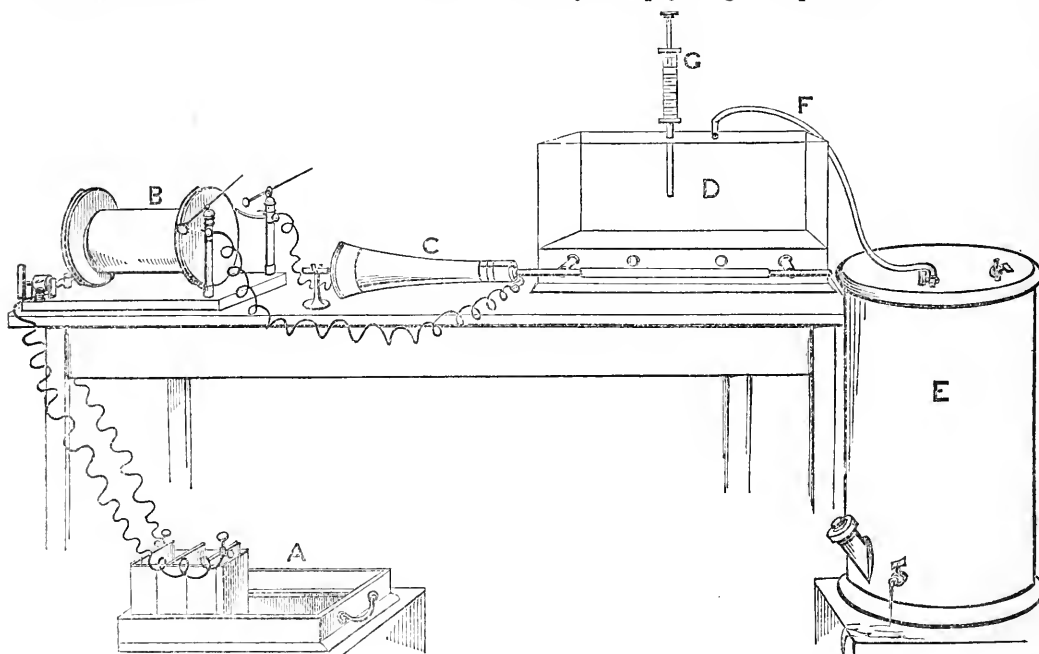
because it is present as negative oxygen; which means that, when inertia and condensation are produced by extreme abstraction of heat, the reduction of the electrical motion is not of moment.

It is well to bear in mind these analogies of action between the forces of heat and electricity; but with this remembrance it is also well to hold in distinct recollection the actual influence of electricity on oxygen, both in the simple state and as it is diluted in atmospheric air. To this part of our labours we will at once proceed.

To begin with active oxygen or ozone, we may produce it by several processes: *a*, by the manner in which we make oxygen, or rather evolve it, from bodies with which it had before been in combination;

b, by the slow decomposition of water, whereby the oxygen is set free; *c*, by the exposure of phosphorus to air in the presence of water; *d*, by electrical discharge.

For practical purposes, the production of ozone is best carried out by electricity. In the experiments which are about to be related, a large frictional machine was usually employed in cases where the quantity of ozone required was small, and an apparatus invented by Siemens in cases where the quantities required were large. With the ordinary electrical machine, all readers are familiar; but as few are acquainted with Siemens's ozonometer, I have had a drawing made of it, as it is seen in operation ready for a physiological experiment.



In this apparatus, the electric discharge is obtained by means of a large induction coil. The coil, as represented in the diagram (B), is a Ruhmkorff's, having four miles of wire, and being worked by three cells of a Grove's battery (A). A spark of two inches, which answers every purpose, is thus easily obtained. The ozonometer (C) consists of two conical glass tubes, the outer one having a bore of three inches at the widest part, and the inner one a bore of two inches. The inner tube is covered on its outer surface with tinfoil, and the outer tube is covered in the same way. The whole represents an elongated Leyden jar. When in action, one pole leading from the induction coil is attached, by means of a platinum wire, to the tinfoil on the outer surface of the inner tube of the ozonometer, and the other pole is attached, by the same means, to the tinfoil on the outer surface of the external tube. When electrical discharges are made, the sparks pass from the outer tinfoil through the glass to the tinfoil of the inner tube. Air, or oxygen, being now passed between the two tubes, becomes ozonised, so long as the coil is in action, and the ozonised air can be collected at the small extremity of the ozonometer. The air can either be driven through the ozonometer with bellows, or drawn through with an aspirator. In the diagram, a large gas-holder (E) acts as an aspirator.

By means of this apparatus, ozone can be applied either by being collected in suitable vessels, or by being used in a current through a chamber. The method of using it in current for experiments on animals was first introduced by Dr. T. Wood. In the diagram, the apparatus is shewn as fitted up either for a current or for collection. The chamber (D) may be so arranged, while holding the animal, as to receive a stream of ozonised air, which enters by two openings at the side near the bottom, and escapes at the top by the tube (F), where it may be collected for analysis. Or the chamber may be adapted so as to receive from time to time certain measured quantities of ozone: for this purpose a plan, invented by myself, is used: a graduated cylinder (G), which can be filled with ozonised air, fits into a tube in the chamber; the cylinder is supplied with a well fitting piston, and the ozone, by the depression of the piston, is driven into the chamber as may be required.

In experimenting with ozone, it is necessary for the operator to proceed with caution, so as to protect himself from the danger of long inhalation of ozonised air. When ozone is being produced by means of Siemens's ozonometer, it is next to impossible to prevent diffusion of active oxygen through the apartment, and in a very short time the effects are manifested on the body. The inhalation of ozonised air, even

when I can scarcely detect its presence by the odour, produces in me, after a time, intense headache and pulsation. If I breathe it a few times from the ozonometer, it creates irritation of the lining membrane of the nasal cavity, and distinct injection and soreness of the throat.

One other little matter of fact in respect to the carrying on of experiments should be carefully noted. It is useless to attempt to carry the ozonised air through India-rubber tubing of any kind, or through gutta percha, for both these forms of tubing are destroyed by ozone as they would be by heat. The ozone should therefore be passed through glass tubes, and the connections, which ought to be as short as possible, must be made by quills cemented in with sealing-wax varnish. This excellent contrivance for joints is by Dr. Wood.

In considering the action of ozone on animals, I commence with the simplest experimental position, viz., the influence of electric discharges on pure oxygen which an animal is made to breathe; and if the reader will not weary in following the narrative, I will lead him to as perfect a knowledge as I can of all the facts. Up to the present time no systematic inquiry has been carried out on this subject; but records of numerous experiments, mostly reported second-hand, are scattered abroad. I shall not dwell on these experiments, but shall detail my own simply and solely, placing them forward in such manner that any one may with ease repeat them, and reject or confirm them.

On pure oxygen at a temperature of 55°-60° Fahr. faint electrical discharges, creating ozone in quantities just sufficient to be appreciated by the sense of smell, give such motion to the oxygen as enables it to support life, after the same manner as an elevation of temperature. I took two large mice, and placed one each in a chamber containing oxygen at 55°. The chambers were of the same size, and the oxygen was from one source. When the animals were in their respective chambers, the chamber containing one of them was so placed that sparks from a pointed rod of a frictional electric machine could be discharged into the gas. The chamber containing the second animal was placed in the same temperature, but was not connected with the machine. At the end of two hours, the animal in the simple oxygen was comatose and was breathing with difficulty, while the other animal, breathing the ozonised oxygen, was moving about and breathing rapidly but freely. Two hours later, the animal in simple oxygen was dead, and half an hour later it was rigid from rigor mortis: at this time the animal in the chamber into which the sparks were passing was sleepy but living, and so it continued to live for an hour more, when, on removal from the jar, it speedily recovered.

In another experiment, an animal in an oxygen chamber at 55° was placed in communication with an electrical machine, so that the air could be ozonised. At the same time, a similar animal of the same weight was placed in an oxygen chamber of equal size, and was removed to a temperature of 70°-75°. The animal in the ozonised air lived on for nine hours, until, in truth, I was tired of working the electrical machine; the animal, merely exposed to a temperature of 70°-75°, was then also alive. The animals, on being removed from their chambers and brought into the air, were semi-comatose: they both readily recovered after removal.

We may thus consider that heat and electrical force exert an analogous action upon oxygen; but, in watching the last-named experiment, I was wonderfully struck with the power I possessed over the oxygen by the electrical spark: I held as it were the life of the animal in my hands, and by the rotations of

the electric wheel could quicken or reduce the respirations at pleasure. If I surcharged the gas, discharging the sparks rapidly, the animal began to breathe with immense haste; if I held back the motion for a long time, then the animal fell into a low comatose state, and would soon have died, had not motion been imparted again to the molecules of oxygen.

I performed another experiment by placing two animals (mice) of the same weight in chambers of equal size. One chamber was charged with oxygen in the form of ozonised oxygen, the jar being saturated with ozone: the other chamber was charged with simple neutral oxygen, and both animals were placed in a temperature of 60°. The animal in the ozone commenced at once to breathe very quickly, became comatose in an hour and twenty minutes, and died in two hours and forty minutes. The animal in simple oxygen also became comatose in an hour and twenty minutes, but it continued to live for four hours and forty-two minutes.

In this experiment we witness the effect of ozone as applied by the animal at once. The heat in this experiment was sustained throughout uniformly, and the animal that was subjected only to the motion produced by the heat lived long; but the animal that was at first subjected also to the motion added by electricity lived at first too rapidly, and the added motion, not being sustained, it died more speedily.

Next week I shall continue the record of these researches on ozone; but, before I conclude now, I would point out a fact which appears to my mind of much moment. This is, that animals are not all equally affected by oxygen. As I shall show, carnivorous animals are soon made to feel the effects of ozonised air; it induces in them so-called inflammatory states, and kills with comparatively quick action. But herbivora, such as rabbits, will live in it for long periods with little injury. It is as though those animals which live altogether on the vegetable world, and which prepare food so derived for the carnivora, do not, in active oxygen, oxidise so readily as the carnivora. I will not dogmatise on this point, but submit the evidence. If the evidence is satisfactory, it will stand without dogma, and will throw a flood of light over a region heretofore unexplored. It will show why diseases communicated from the carnivora to the herbivora change in form; why variola, for instance, in man, is vaccinia in the cow; and why some diseases are only communicable amongst special classes of animal life. For if disease be, as I have said, nothing than the phenomena of perverted motion; and if, in differing classes of animals, there be a special oxidation or generation of motion natural to them,—then must the phenomena of disease differ according to the class of animal through which it is presented.

CASE OF OCCLUDED VAGINA: RETAINED MENSES: OPERATION: CURE.

By W. J. TUBBS, M.R.C.S. Eng., Upwell, Cambridgeshire.

SARAH H., aged 16, residing at Outwell, had always enjoyed good health, with the exception of the usual diseases incidental to childhood. Her mother stated that, when the patient was two years old, she suffered from pain in micturating, and had a copious discharge from the vulva; that she brought the child to me, and had some black wash, and was ordered to poultice the parts. In the course of a week or two, the child was quite well.

About the middle of May last, the patient walked to Emsworth, a distance of four miles, and, as she

was returning, ran behind a cart for a distance of about a mile and a half. Within five hours of her return home, she complained to her mother of great pain in the right side of the lower part of the body. She continued to have pain at intervals for the next two days, after which I was requested to see her. I found, on my arrival, that there was pain on pressure in the right iliac region; pulse 80; no heat of skin; bowels constipated. She was ordered to have a saline anodyne draught every four hours, and to have a belladonna liniment rubbed over the abdomen. Next day, I found all the symptoms better; and, after remaining in bed a couple of days, she returned to her place, where she continued but a short time, owing to a return of the pain compelling her to leave off work.

She returned home about the end of the next month. I was again called in; and, on June 28th, discovered a circumscribed tumour just above Poupert's ligament. Her symptoms since I last saw her had become more urgent. She complained of "gnawing pain" in the bones of the back, hips, and thighs. She had no sickness at first, but had been very sick every day lately, most commonly when she was lying down. The bowels acted with great forcing, sometimes as often as five or six times a day; but without much effect. She had pain in the mammae on the 27th for the first time. The tumour did not move with change of posture. I recommended her to see Dr. Lowe of Lynn, whose report of the case I append.

"Examination by palpation discovers a small, firm, immovable tumour in the right iliac region, dull on percussion, semi-fluctuating. By vagina, the hymen is found imperforate, very rigid, bulging; fluctuation is very distinct on pressure being made alternately on the abdomen and hymen. Retention of the menses was diagnosed, and an operation for their evacuation by division of the hymen recommended."

On her return, I proposed to operate at once, to which she assented. On June 30th, I called upon Dr. Gache, who was on a visit to one of my patients in Upwell; and requested his assistance. We returned immediately; and, having placed the patient in the lithotomy position, I passed a full-sized trocar through the tense bluish-white membrane which was bulging between the labia; Dr. Gache at the same time making pressure on the tumour. We were gratified at seeing a chocolate-coloured grumous fluid issue from the cannula, to the amount of three pints. After thoroughly washing out the vagina with warm water, we left her, she feeling greatly relieved.

July 1st, 10 A.M. She had had a good night: no pain; pulse 76; free discharge through the wound, of the same colour and consistency as at first. A great quantity had also passed during the night.

July 2nd. She was going on well. The discharge was less in amount, and thinner.

July 3rd. There was no pain. She looked pale, and had a rapid feeble pulse. She was ordered to have half an ounce of brandy every four hours in arrowroot, and the following mixture.

℞ Quinae sulphat. gr. viij; acid. sulphur. dilut. ʒ j; magnesiae sulphatis ʒss; tincture hyoscyami ʒij; aquae ʒviij. Misce. Fiat mistura.

An ounce to be taken every four hours.

July 4th. She had had no pain, and felt much better. The bowels had acted freely. The discharge was now like thin blood. She was ordered to keep a pledget of lint as usual in the wound, and to remove it, if it gave pain; and to continue the quinine mixture.

July 5th. She was going on well.

July 8th. On visiting her to-day, I found her so well that I allowed her to sit up.

She has now been under my observation six months since she was operated on. Occasionally, there has been a purulent discharge from the vagina, for which she has used a tannin and alum lotion. She returned to service shortly after the operation; and, within a fortnight of doing so, menstruated freely for the first time. The catamenia continued for three or four days, rather profusely at first; and have returned at regular intervals since. She wrote to her mother the other day, saying she was quite well.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

[Continued from page 61.]

5. *Hypochondriasis*. Hypochondriasis is a disorder of by no means infrequent occurrence among our agricultural population. The treatment, which should consist chiefly of moral measures, must otherwise be influenced by the nature of the case. To laugh unsympathisingly at a hypochondriac insures, in all probability, two results; viz., the confirmation of his nervous ideas, and the loss to the practitioner of his patient. In one case, the existence of oxalates was detected in the urine; and the nervous depression succumbed speedily to the nitro-muriatic acid, with small doses of opium. This should teach us not to overlook the condition of the urine.

6. *Hysteria*. This Protean affection is, of course, to be found every where. Moral treatment, with the encouraging prospect of a happy termination, will often alone effect a cure. Invaluable as are tonics in many cases, nevertheless, if they are prematurely given (which I have often seen), at the expense of the digestive organs, much harm, and a certain prolongation of the complaint, will ensue.

Hysterie aphonia has occurred in a few cases. A blister to the nape, and quinine, with a firm, cheerful assurance that the voice will be regained, will be found to do good. If this fail, galvanic electricity, applied to the inferior laryngeal nerve and crico-thyroid muscle, has been recommended; but of this I have no experience.

7. *Paralysis*. Two cases of hysterical paralysis have presented. In the one, the loss of motion was confined to one arm; the other was incomplete hemiplegia. Both cases did well under tonics; but in one the addition of a blister to the nape, and the use of galvanism, were had recourse to.

The other cases were of a more severe character, and depended, apparently, upon commencing cerebral disease. These derived considerable benefit, however, from the carbonate of ammonia, with bichloride of mercury, and counterirritation to the nape of the neck.

8. *Spinal Congestion*. Two cases, which I have thus denominated, applied as out-patients. In both, the early symptoms were similar: slight pain over the lower dorsal vertebrae, not increased by pressure or by percussion; numbness and tingling in the lower extremities; imperfect power of progression; difficulty of micturition, alternating in one case with incontinence; and great torpidity of bowel.

The slighter case was treated as an out-patient, by a blister applied to the spine, and ergot of rye, with belladonna internally, and afterwards iodide of potassium. This case recovered.

The second was not so fortunate. He was admitted as an in-patient, and for a time improved

much under a similar plan of treatment, so that he could walk very fairly. He had, however, a relapse, the cord itself becoming probably implicated; and, although I have lost sight of him, I fear that he has become more or less permanently paraplegic. The lining membrane of the bladder in this latter case, as felt by the sound, was greatly hypertrophied and thickly corrugated.

9. *Convulsions.* Two cases stand upon the list under the name of fits and convulsions. These occurred in children, and in both instances depended upon cerebro-spinal excitement, originating in intestinal irritation. Calomel and scammony, with saline medicine, in each case effected a cure. In one, a small blister to the nape was had recourse to in addition.

RESPIRATORY SYSTEM.

1. *Phthisis.* In considering phthisis as it obtains among the out-patients of any hospital in the kingdom, we shall not err, I fear, in placing it, in point of frequency of occurrence, in the first rank of diseases incidental to the respiratory organs. Starting upon the pathological fact, that phthisis, or rather tuberculosis generally, depends upon depraved nutrition; and that this condition is brought about by various exciting causes, such as cold, insufficient food (especially if it be also of bad quality), imperfect ventilation, and too little bodily exercise,—we may consider that a decided step has been gained if we are able, by judicious management, to stave off the threatened diseased nutrition, or to check at its earliest onset its insidious but no less certain consequences.

Of the various exciting causes just mentioned, I believe that none act more certainly in producing a predisposition to the deposit of tubercle, than deficient ventilation and insufficient out-door bodily exercise. These several causes acting so simultaneously and so constantly upon the daily habitual life of our poor, we cannot be surprised at the melancholy pictures of tuberculous disease to which our attention as medical men is so painfully and frequently drawn.

Acute phthisis is not a common disease among the applicants of our hospital. In the last two years, I have not had one case presenting for relief. Of the chronic forms, however, we have every variety, and every stage of the malady. As a rule, hæmoptysis occurs much more frequently among the male than among the female patients. We have had two cases in which, in addition to the general symptoms of incipient phthisis (excepting only hæmoptysis), direct physical evidence has also existed at the apex of one lung. Under treatment, this has all cleared away, showing that condensation of an apex, apparently tubercular, may exist as the result merely of a local inflammatory attack. This is important in reference to diagnosis. The very earliest detection of the depressed condition of the system threatening phthisis, in which the digestive organs play a prominent part, and in which the general and physical disturbance referable to the lungs is not detected without much and careful scrutiny, is the duty of every practitioner. Unfortunately, among our poor, the disease is too frequently established before they apply for relief; and, from the circumstances of their life, the carrying out any well directed hygienic measures is next to impossible. We are driven, therefore, to fall back upon medicine as our principal resource.

The treatment of the disease, after placing the patient in as favourable a position as possible for obtaining an improved nutrition, may be summed up very shortly.

As a counterirritant, I prefer blisters to any other forms. These should be small; and their repeated re-

application is better, I think, than keeping up a long continued depressing local discharge. In administering medicines internally, one idea must be prominently carried out; viz., the endeavour to improve deteriorated nutrition. If the functions of the stomach be faulty, the first aim should be their correction; as steel and other tonics can but do harm, if the digestive powers resist their assimilation.

Cod-liver oil is unquestionably a most valuable remedy, although there are still some practitioners who doubt its efficacy.

Iron, iodide of potassium, and in some cases quinine, with the mineral acids, are our best tonics.

Morphia at night, and, if necessary, small doses during the day, should not be omitted, if the cough be troublesome.

If night-sweats be profuse, I have found no remedy, on the whole, so efficacious as the oxide of zinc, in doses of four or five grains at bedtime; and sponging the chest with acetic acid largely diluted.

There is a spurious form of phthisis which is not uncommon, more particularly among our male patients who are advanced beyond middle life. This is depending upon a cacoplastic deposit, not tubercle, and not strictly organised lymph. It produces many of the phenomena of bronchial phthisis; but the patient lingers on, improvement alternating with relapse; and the case lasts very much longer than an ordinary one of unmixed phthisis.

2. *Chronic Bronchitis.* I have had no case of acute bronchitis apply as an out-patient during the past two years. This may be explained, I imagine, by the fact that, if the attack be severe, the patient is necessarily confined, under medical care, to his own bed; and if the disease be comparatively slight, it is regarded simply as a "bad cold and cough", and no medical assistance is sought. Chronic bronchitis does, however, obtain; but perhaps not so frequently as in the north of England and Scotland.

In the treatment of the ordinary form of chronic bronchitis, the inhalation of steam soothes and affords much comfort. Blisters to the chest, or turpentine, and internally, ammonia, with chloric ether and the spirit of nitric ether, are useful. If the propelling power of the heart be weak, the addition of the tincture of digitalis, in doses of ten minims three times a day, will be advantageous. To quiet the frequency of the cough, expectorants with sedatives will also be needed.

One case of gouty bronchitis, in its subacute form, was speedily relieved by alkalies, colchicum, and the spirit of nitric ether. In two or three cases of very chronic bronchitis, accompanied with much spasm, I have found, as a vehicle for the ammonia, a strong decoction of the common clover-hay afford much relief, particularly to the spasm.

3. *Congestion of the Lung.* The cases thus designated are somewhat numerous, and include all the instances of hyperæmia of lung-tissue which do not advance to the stage of pneumonia. Cold and insufficient food are fruitful sources of this affection, and hence the frequency of the occurrence as an out-patient's malady.

The symptoms are common to those of catarrh and the early stage of bronchitis; a flushed face, hacking cough, with very scanty mucous expectoration, tightness across the sternum, with a general sense of pectoral fullness and discomfort.

Percussion may give no result, or there may be marked flatness elicited over the greater portion of one or both lungs. Auscultation generally yields a subcrepitant rhonchus, very variable in character, receding and returning in direct ratio to the general progress of the malady.

In severe cases, the warmth of bed, and occasional

cupping between the scapulae, may be necessary. Saline purgatives, with saline medicines, ammonia, and the spirit of nitric ether, will generally effect a cure.

4. *Chronic and Latent Pleuro-pneumonia.* This affection is by no means infrequently met with in outpatient practice; and it is often one in which little, or very slow, progress is made towards recovery of lung-tissue. As this condition has been sometimes mistaken for phthisis, care in diagnosis is especially needed, lest the announcement of the more serious malady be hastily and erroneously made.

In the treatment, blisters, again and again repeated, will be called for. Internally, iodide of potassium with liquor potassæ, in large doses, will often be useful; and by those practitioners who do not entirely negative the value of mercury, except as a purgative or in syphilis, a few grains of mercury with chalk every night at bed-time may, I think, be advantageously prescribed. If the strength have failed, and indeed in most cases, cod-liver oil will be especially indicated.

A certain amount of persistent consolidation will often remain, despite of treatment, for a lengthened period; but, after many months, it may gradually give way to a restoration of fairly healthy pulmonary structure.

5. *Hæmoptysis.* Excluding those instances of pulmonary bleeding caused by tuberculous deposit, we have had one case attributable apparently to simple circulatory excitement. This occurred in a young man who had grown rapidly, but who was quite free from recognisable tubercle. The hæmoptysis was rather profuse; but it was speedily checked by dilute sulphuric acid, and he required no further treatment than the addition of quinine.

Two cases were vicarious of menstruation; and in these the hæmorrhage ceased upon the re-establishment of that function.

The third case was referrible to hysteria, arising from ovarian irritation in a married woman without family. In this case, the hæmoptysis occurred only under the excitement of coitus, and for a time was obstinate; but it was ultimately entirely checked by the tincture of sesquichloride of iron with sulphate of magnesia. Valerianate of zinc, with compound galbanum pill, was also taken at bedtime.

[To be continued.]

FACILITY IN THE USE OF THE LARYNGOSCOPE: THE INSTRUMENT IN ITS SOCIAL ASPECT.

By GEORGE DUNCAN GIBB, M.D., Assistant-Physician and Lecturer on Forensic Medicine, Westminster Hospital.

In studying the practical application of the laryngoscope, no better method can be adopted than an examination of a number of healthy persons as opportunity permits, and this might be carried out almost to an unlimited extent, until a thorough acquaintance with manipulation is obtained, necessary for the examination of the larynx in a state of disease. If a party, say of twenty healthy and intelligent persons—medical pupils, for instance—are submitted to inspection, there ought to be no difficulty in seeing the interior of the larynx in all, with an autolaryngoscopic demonstration into the bargain, in twenty minutes, unless some cause beyond control be present—such as pendency of the epiglottis, for example, which I have observed in eleven per cent. of all the healthy I have submitted to examination,

among both sexes and of various ages. The mere rapidity of examination will only prove how readily the mirror can be applied for inspecting a given number of healthy persons—indeed, I have examined fifty ladies and gentlemen within an hour; but it is hardly the kind of illustration to select for convincing the sceptical of the facility with which some forms of diseased throat may be looked at: for instance, epiglottic thickening, associated with ulceration both of it and the interior of the larynx, and probably dysphagia present. A case of this nature, far from uncommon, would much discourage those who might select it for their first essay.

Before my distinguished friend Czermak first came to London, I used to examine the throat, with some amount of success, with an oval steel mirror, which is figured in the first edition of my work *On the Throat*. But it was not until after I had received instruction from him, that I commenced examining parties of healthy persons, ranging in number from two or more to sixty, and this proved so useful for acquiring a complete control over the laryngeal mirror that I would advise others to practise it. Seeing the conformation and peculiarities of position of the parts in a state of health in a number of healthy people, will do more to impart a sound knowledge of the larynx, than the inspection of the same parts in disease. Next to this, if there be no intolerance to the introduction of the mirror, self-examination should be persistently studied, a process now well known as autolaryngoscopy.

My chief object in this short communication, is to urge those who may be sceptical as to the facility of application of the laryngoscope—and I think they are fewer and fewer every day—to look at the laryngeal mirror, firstly, as a social instrument, and employ it in their family circle amongst the young and old. An explanation beforehand of what it reveals will, amongst the young especially, create a desire to know how their own vocal cords look; and this feeling is so contagious, that even young children will surround the manipulator's chair with a very urgent request that they be not passed over. A good preliminary to this, is an autolaryngoscopic demonstration, with some vocal illustration, as the air of a song. Any one who can learn to do this will have no difficulty in examining cases of disease.

HOMICIDE BY A DELIRIOUS PATIENT. In the Berlin Charité there were four patients, suffering from delirium, fastened down in their beds. While they were all apparently asleep, the nurse left the ward, when one of them got loose and springing out of bed, seized a stool, with which he attacked the three other poor wretches. One of these he killed on the spot, another died in half an hour, and the third remains in a hopeless state.

PAYMENT OF MEDICAL WITNESSES AT QUARTER SESSIONS. At the late sessions at Athy, the barrister, Thomas Lefroy, Esq., stated that he had been in communication with the law officers of the crown on the subject of payment to medical men for attendance as crown witnesses at quarter sessions. The Attorney-General agreed with him that medical men should be paid liberally, but that there was no direct legislation on the subject; and that the matter was under the consideration of the law officers; and he was only waiting for information from England to have the question settled. In the meantime, his own view was that medical gentlemen should be paid as liberally for attendance at quarter sessions as at assizes; and he would direct that in future *two guineas* should be paid to them for each day's attendance as crown witnesses. (*Leinster Express*.)

Progress of Medical Science.

SURGERY.

SYPHILISATION. Dr. D. J. Simpson in the *Edinburgh Monthly Journal* gives a paper on syphilisation read by him before the Royal Medical Society of Edinburgh. Dr. D. J. Simpson appears to be an out and out admirer of this new remedy. But he has, we conclude from his paper, no personal experience at all of its action. The following is a short abstract of his remarks. The announcement of Auzias-Turenne, that the syphilitic taint could be removed by syphilisation from the constitution has, during the last eleven years, been verified by the experiments of M. Sperino of Turin, and more especially by those of Professor Boeck of Christiania, to whose labours we are indebted for the greater part of our knowledge of this wonderful remedy. The following is an abstract of two cases of very severe constitutional syphilis which defied the ordinarily employed curative means, but which, under the care of Professor Boeck, yielded at once to syphilisation.

CASE I. Mr. —, contracted a chancre in 1853. After the lapse of a few months, the tonsils began to ulcerate. The ulcers, however, healed up under repeated applications of nitrate of silver. Iodide of potassium was then given internally, with sarsaparilla. No further symptoms manifested themselves until March 1858, when an ulcer formed on the inner side of the right knee, which healed up after being blistered and strapped. In December 1859, the tonsils and soft palate became extensively ulcerated. No local application seemed to be of any avail in checking the ulceration, and the constitutional treatment by iodide of potassium and sarsaparilla proved equally powerless. In August 1861, the patient came to Edinburgh for advice, and was examined by several of the most eminent physicians and surgeons in that city. His tonsils and soft palate were almost entirely destroyed by ulceration. He looked quite cadaverous, and was so weak that he had the greatest difficulty in walking. His condition was the more alarming, as several members of his family had died of phthisis. He was advised to proceed to Christiania, and submit, as a last resource, to treatment by syphilisation. This he did; and arrived in Christiania on September 1st, 1861. On his arrival he put himself under the care of Professor Boeck, who commenced treatment at once by inoculating him on the chest with matter from an indurated chancre; reinoculating every third day with matter from the previous pustules. At the end of a fortnight, the patient's appetite, which he had almost lost, became ravenous. He could also walk without experiencing much fatigue. Three weeks later, inoculation failed to produce any result; the successive crops of pustules having become gradually smaller, the last proving abortive. Inoculation was then tried on the arms; and pretty large pustules followed. After three weeks' treatment, the pustules aborted here also. The patient left, *completely cured*, on December 1st, 1861, having gained three stones in weight, and expressing himself as "almost as well as he had ever been in his life."

CASE II. Mr. — was advised, in the summer of 1861, to go to Christiania and to place himself under the care of Professor Boeck, for a very severe attack of tertiary syphilis. Six years had elapsed since he contracted a chancre. In the summer of 1861, when he came to Edinburgh seeking advice, he had a large syphilitic ulcer over each tibia, and one over the left

clavicle. Perforation of the palate had taken place, and some pieces of bone had come away from the interior of the nose. The frontal bone was swelled, indicating the commencement of a corona veneris. The ulcers were very obstinate, and continued to increase in size, in spite of treatment. The patient had previously undergone a complete course of mercury on two or three occasions. He had been treated by the heads of the profession in Edinburgh, London, and on the Continent of Europe, without experiencing the slightest benefit; and, despairing of recovery, he determined to go to Christiania. So reduced was he that he had to be carried on board the steamer on leaving Britain, and from it on his arrival in Norway. He underwent a course of syphilisation; and so rapid was his return to health and strength, that within two months after the time of his landing in Norway, he was able to hunt. After an absence of three months, he returned home perfectly cured. The cure in this case was the more remarkable, as the patient was labouring under an enormously enlarged liver, which he had acquired in China, when serving there as an officer in the army. Dr. Simpson saw both of the patients whose cases have been described, immediately after their return from Christiania. Both spoke in confident terms of the treatment. Up to the present time, neither of them has had the least sign of a relapse. Syphilisation may be practised either with matter from a *soft*, or with matter from an *indurated chancre*. Most late writers on the subject of syphilis maintain that the poison giving rise to an indurated chancre is essentially different from that which causes a soft chancre; but Professor Boeck has pointed out that both forms of chancre are the result of one and the same virus. According to him, it depends only on the difference of intensity of the virus whether a soft or indurated chancre be produced. Very intense virus gives rise to a *standard soft*, less intense, to a *standard indurated chancre*. Virus intermediate in intensity to these two extremes gives rise to intermediate forms, so that our prognosis must be always extremely guarded as to whether secondary symptoms will ultimately supervene. No satisfactory theory to account for the extraordinary disappearance of the constitutional symptoms under a course of syphilisation has yet been advanced. Dr. Danielssen of Bergen, has mooted the idea that the action of the remedy is purely depuratory. In consequence of many persons holding this view, experiments were set on foot in Christiania to ascertain whether by means of irritants an equally happy result could be obtained as by syphilisation. Pustules produced by friction with tartar emetic ointment were the media employed. The committee appointed to investigate "Tartarisation" report as follows:—"The members of the committee all agree that they do not know any manner of treatment which works more efficaciously, or even so efficaciously, as syphilisation does in cases of secondary syphilis in individuals not previously treated by mercury." That the ulcers produced should be syphilitic, and syphilitic alone, seems to be the great secret of success, as is shown by Nature herself throwing off the disease by the production of tertiary syphilitic ulcers. In comparing the average of relapses after the different methods of treatment, we see that after mercury thirty-two per cent. relapse; after iodide of potassium, twenty-one per cent.; after syphilisation, only nine and a half per cent. Professor Boeck, however, since he has confined himself to inoculating with matter from indurated chancres, has not had to record a single relapse. The two modes of treatment which claim our chief attention, are syphilisation and tartarisation. After tartarisation twenty per cent. relapsed; after syphilisation only nine and a

half per cent., or, according to Boeck's last series of experiments, not one. The greatly diminished chance of relapse, as well as the possibility of arriving at a certain point of immunity where we can pronounce our patient *cured*, which cannot occur with tartarisation—as in the latter case we can produce sores *ad infinitum*—shows the superiority of syphilisation over every method of treatment which has yet been proposed. At its first introduction, discredit was brought on the practice by its discoverer, Auzias-Turenne, proposing to employ the remedy as a prophylactic, like vaccination. This, of course, is revolting to the mind of every practitioner. Moreover, syphilisation does not act as a prophylactic, as one or two cases after having been cured by the treatment have subsequently contracted a fresh chancre, which has been followed by constitutional syphilis. Nor is its employment as a remedy for the primary sore in any degree a justifiable proceeding; for we can never tell whether any chancre will be for certain followed by constitutional syphilis. But as a remedy for the constitutional disease it stands pre-eminent, for syphilisation appears capable of curing every case of constitutional syphilis. Surely, instead of being summarily rejected, as it has been in this country, the remedy is entitled to a fair and impartial trial.

ANEURISM OF THE EXTERNAL ILIAC ARTERY TREATED BY PRESSURE. Dr. T. C. Moffat relates a case of aneurism of the external iliac artery successfully treated by pressure applied in a novel way. He observes that the exceeding simplicity of the operation by compression here described, and its entire safety to the subject, should commend it, wherever practicable, to the careful consideration of the surgeon.

The case is perhaps the first of the kind which has ever been brought to the notice of the profession. The subject was suffering from an attack of bronchitis. He was an Englishman, 29 years of age. His general condition was that of robust health. He had a tumour in the right inguinal region, of about the size of a small orange, which, he said, first attracted his attention about five weeks before. It was then quite small and painless, and was attributed by him to a severe strain received in lifting. He said that it had given him no trouble, except in causing some stiffness of the hip-joint, until a week before admission, when he found that he was growing lame, that the swelling was steadily increasing, and that at times he was troubled with pains through the hip and back and extending along the thigh to the knee. On examining the tumour carefully, it was found to be well defined, lying mainly above Poupert's ligament and pulsating synchronously with the heart. The tumour appeared to involve about two inches of the artery lying over and above the horizontal ramus of the pubes, including necessarily the origin of the epigastric and circumflex ilii arteries. Several surgeons examined the case. There was no disagreement among them. It was found that tolerably strong pressure made obliquely downward and backward upon the cardiac side of the tumour arrested all pulsation in it, and that this pressure continued for a considerable time by the patient himself, by means of the apparatus described, did not cause him much discomfort. A band of India-rubber tubing of one inch calibre was passed around the patient's body, encircling the hips between the trochanters and the iliac crests. Between the rubber band and the skin wide strips of pasteboard were placed to relieve the pressure and diffuse it over a larger surface. An upright piece of wood, about one foot in length, an inch in breadth, and one and a half in thickness at the lower end, was covered with several thicknesses of chamois leather; the upper half of the upright was made quite thin in

the line of the body of the patient, and about an inch in breadth. On one side of it the notches were made half an inch apart to admit a loop of strong cord which was tied to the India-rubber band at the point where it crossed the tumour. The lower end of the upright having been adjusted upon the artery, just at the upper side of the tumour, the band was drawn up probably with a force of six or eight pounds, and the small loop above mentioned was slipped into one of the notches of the upright. The contraction of the belt constitutes the power of the pressure, the amount of which was increased or diminished in exact proportion to the inclination of the upright. This was readily changed by lengthening or shortening a cord which passed from its upper extremity to the foot of the bed. The piece was easily kept in the position required by cords running from its upper end to each side of the bed. To adjust the whole apparatus above described, required but a moment's time, and its removal was readily accomplished without disturbing the cords. The violent paroxysms of coughing with which the patient was seized at frequent intervals, were such as to render it impossible, while they continued, to maintain sufficient pressure to obliterate pulsation in the tumour. Several times during the operation the apparatus was entirely removed in order to afford temporary relief to the patient; and at such times pressure was kept up as well as might be with the thumb or fingers of the attendants. At such times it was not possible to prevent a current of blood from passing through the tumour. At the end of six hours of continuous pressure it was found that it required but little force to prevent pulsation; and to effect this it was only necessary to change the loop to a lower notch in the upright. From this time onward he lay quite still, and at the end of eight and a half hours the tumour was found to be completely solidified. The temperature of the limb, which at the first had fallen very considerably, after the first four hours began to regain its normal standard; and when the operation was completed there was no perceptible difference between the two legs in this respect. The usual precaution of wrapping up the whole leg and thigh with cotton wool was not omitted in this case. The patient was kept in bed with the apparatus applied above twelve hours—he then got up and walked about with entire ease. He left the hospital on the second day after, rejoined his ship, and sailed immediately for Liverpool. He could not be influenced by any consideration to delay the voyage in order to test the permanence of the cure. The tumour, when he left, had shrunk somewhat, was hard and entirely painless. He was able to walk afterwards, quite as well as before the operation had been commenced. Dr. Moffat knows no reason to doubt the complete success of the operation in this case, and the permanent cure of the patient. Had he been free from cough, so that the apparatus could have been kept in its proper position without difficulty, cure could have been effected in much less time. (*Philadelphia Medical and Surgical Reporter*.)

AMPUTATION AT THE HIP-JOINT. A successful case of amputation at the hip-joint is related by Dr. Fayer, Professor of Surgery in the Medical College, Calcutta. The case, Dr. Fayer says, is interesting, not only for its own sake, as an amputation at the hip-joint, but because it was a secondary amputation following that of the thigh, and performed when the patient was very low, suffering from clear indications of blood-contamination, the result of a diseased condition of the medulla, which is unfortunately frequent in India after section of the long bones, and the cause of many unsuccessful amputations. The oper-

ation was performed, and the recovery occurred, at a very hot season of the year, the thermometer ranging from 86° to 104°. Cholera and other diseases were very prevalent at the time. On April 10th, 1864, a native boy 16 years old, was thrown from a horse; at the inner side of his knee the soft parts were severely injured, but the joint was apparently unhurt; on the 12th, it was found that the joint was opened. The limb was then removed at the lower part of the thigh. After the amputation, fever and extensive necrosis of the bone followed, so that as a chance of saving life the limb was removed at the hip-joint. The knife was entered a little above and in front of the great trochanter, and emerged at the root of the scrotum. The flap being raised, the femoral artery was tied before the posterior flap was cut. On dividing the bone at the great trochanter, drops of pus oozed out of its cancellated tissue; Dr. Fayer therefore seized it with the lion-forceps and dissected it out, without loss of time. The acetabulum was healthy. All bleeding points, venous and arterial, were tied. The loss of blood was very small—less than eight ounces. His pulse, which was over 150° when the operation was commenced, was very little weaker after it was over. Stimulants were given and hot bottles applied. After the operation the patient immediately improved, and eventually recovered. The last report of him is as follows. "He goes to work regularly as a tailor, and is in robust health. He uses crutches and gets over the ground rapidly; is getting fat, and is much grown in height as well as circumference since his accident. He was admitted on April 10th, 1864; thigh amputated on April 12th; hip amputated on April 24th; perfectly cured on July 31st, 1864—just one hundred days from the operation."

INJURIES OF NERVES. A hospital for diseases of the nervous system was organised in Philadelphia in 1863; and was also opened for the reception of cases of wounds and other injuries of nerves. Thirty-one cases, illustrative of nervous derangement, some exceedingly rare, and involving separately and conjointly almost every main nerve-trunk and an infinite variety of branches, have been reported in a work on *Gun-shot Wounds and other Injuries of Nerves*, by Drs. S. Weir Mitchell, G. R. Morehouse, and W. W. Keen. Lesions of sensation, of function, of calorification, of volition, of muscular movement, etc., are described, and illustrate many obscure points of physiology and pathology.

The authors profess to treat fully of such points only as are novel, or upon which their clinical experience enables them to cast a clearer light. They describe a distinct kind of pain as a burning pain. It is a form of suffering as yet undescribed, and so frequent and terrible as to demand the fullest description. In their early experience of nerve-wounds we met with a small number of men who were suffering from a pain which they described as a "burning," or as "mustard red-hot," or as a red-hot file rasping the skin." In all these patients and in many later cases, this pain was associated with a glossy skin. They have also seen numbers of men who had burning pain without glossy skin; and in some they have seen the latter condition commencing. The burning comes first, the skin changes afterwards; but in no case of great depravity in the nutrient condition of the skin have they failed to meet with it. The seat of the burning pain is very various, but it never attacks the trunk; rarely the arm or thigh and not often the forearm or leg. Its favourite site is the foot or hand. The part itself is not alone subject to an intense burning sensation, but becomes exquisitely hyperæsthetic, so that a touch or a tap of the finger

increases the pain. Exposure to the air is avoided by the patient with a care which seems absurd; and most of the bad cases keep the hand constantly wet, finding relief in the moisture rather than in the coolness of the application. As the pain increases, the general sympathy becomes more marked. The temper changes and grows irritable, the face becomes anxious and has a look of weariness and suffering. The sleep is restless and the constitutional condition reacting on the wounded limb, exasperates the hyperæsthetic state, so that the rattling of a newspaper, a breath of air, another's step across the ward, the vibrations caused by a military band, or the shock of the feet in walking, give rise to increase of pain. At last the patient grows hysterical, if may be used the only term which covers these facts. In two cases, at least, the skin of the entire body became hyperæsthetic when dry, and the men found some ease by pouring water into their boots. One of these men went so far as to wet the sound hand when he was obliged to touch the other. Cold weather usually eased these pains; heat and the hanging down of the limb made them worse. The temperature of the burning part has been always found to be higher than that of the surrounding parts, or than that of corresponding points on the other half of the body. (*Medical and Surgical Reporter*.)

CANCROID OF THE CORNEA AND UPPER LID. At a meeting of the Pathological Society, Mr. J. Z. Laurence opened a case of cancrroid disease of the cornea and upper eyelid. The patient, James B., aged 26, was first seen at the Surrey Ophthalmic Hospital on April 22nd, 1864. From childhood he had had a thickening of the right upper lid, apparently chronic ophthalmia tarsi. The eyelid had been treated from time to time with caustics by various surgeons; and during the early part of 1863 he was under treatment at a London Ophthalmic Hospital for a "large cyst in the lower lid." The cyst was incised, he was directed to take three drops of liquor arsenicalis three times a day, and to apply sulphate of zinc drops daily to the eye. The cyst was cured, but at the end of some months the eyelid remained in precisely its previous condition. About the middle of October 1863, the patient first observed a small growth from the surface of the globe, which continued to increase in size till he applied at the Surrey Ophthalmic Hospital in April 1864. At this time, occupying nearly the whole outer half of the cornea was a soft, vascular, conical growth, measuring about four lines transversely, about three lines from above downwards, and rising a line and a half above the cornea. The greater part of the tumour appeared to spring from the deeper layers of the cornea, the smaller portion on the outer side passing insensibly into the adjacent scleral surface. Numerous vessels passed from the highly congested conjunctiva to the surface of the growth; especially one large vein from the inner side. The patient stated that he had experienced but little pain in the eye, and that the growth was but slightly sensitive to the contact of a foreign body. The portion of the cornea unobscured by the tumour was nebulous and highly vascular, and at its upper and outer part adherent to the upper lid, which was very much thickened and congested, and its palpebral surface roughened by minute fungoid elevations, like surgical granulations. The visual power of the eye was reduced to mere quantitative perception of light. On the day of his admission Mr. Laurence removed a portion of the growth with the knife; after which it bled very freely. The raw surface was then touched with the solid nitrate of silver, which was twice subsequently repeated, but eventually discontinued in consequence of the application causing most intense

pain, and apparently doing but little good. When last seen on January 17th, 1865, the eye appeared to have undergone little general change; but the conjunctiva was more vascular, the growth much larger in all its dimensions and its apex flatter, softish, uneven, and of a dirty white colour; numerous large tortuous vessels running to it, and ramifying over its surface. The protrusion of the growth between their edges prevented the complete closure of the lids. The upper lid was considerably thickened at its margin; and projecting from its under surface, moving freely upon the cornea, were two lobular fleshy growths, each measuring about a line and a half in length. (*Ophthalmic Review*.)

Reviews and Notices.

THE LARYNGOSCOPE, DIRECTIONS FOR ITS USE, ETC. Two Lectures, delivered at the Royal College of Physicians. By GEORGE JOHNSON, M.D., F.R.S. Pp. 64. London: 1864.

ON THE USE OF THE LARYNGOSCOPE IN DISEASES OF THE THROAT; with an Appendix on Rhinoscopy. By MORELL MACKENZIE, M.D. Pp. 154. London: 1864.

DR. GEORGE JOHNSON'S Lectures have already secured the attention of the profession in the pages of the *Lancet*. He has now published them in a convenient form for the more general benefit of the profession. They contain a clear exposition of laryngoscopy; and, by their aid, any medical man may, with an ordinary amount of care and attention, learn to practise laryngoscopy and rhinoscopy.

DR. MORELL MACKENZIE'S work is of a somewhat more ambitious character; and, of course, in writing it he has the advantage of having at his disposal all the latest that has been said or written on a subject, which must be considered still in its course of development. Dr. Mackenzie gives a full and interesting history of the laryngoscope. He also does full justice therein to the late Mr. Avery, who has never had awarded to him all the merit which was his due in this matter. That Mr. Avery's instrument was not left by him in a perfect state, is only saying that death overtook that persevering and excellent surgeon while engaged in its perfection. It is, at all events, no slight credit to his ingenuity, that he should have succeeded so well in working out the main point—the principle of the thing.

"Mr. Avery's laryngoscope" (says Dr. Mackenzie) "was very similar in principle to that now in use, and even in its details it did not differ widely from the modern instrument."

Dr. Mackenzie has given us all that is known up to the present moment, both of the instrument and of its capabilities. One of the most remarkable uses of the instrument is that which has enabled surgeons to remove morbid growths in the larynx. On this head, Dr. Mackenzie gives interesting details. His work is, like Dr. Johnson's, illustrated with woodcuts; but Dr. Mackenzie's contains no less than thirty figures. In the section which treats of the Application of Galvanism to the Larynx, Dr. Mackenzie details cases in which the voice was restored thereby after having been lost for two and three years. The work is well written, and the subject is systematically treated.

THE SUCCESSFUL TREATMENT OF INTERNAL ANEURISM. By JOLLIFFE TUFFNELL, F.R.C.S.I., M.R.I.A., etc. Pp. 34. London and Dublin: 1864.

IN the course of their investigations into the cure of aneurism by instrumental compression, the Irish surgeons demonstrated the value of diminishing, in place of arresting, the flow of blood through the sac. The brief treatise before us contains an account of the results obtained by Mr. TUFFNELL (and partly by the late Dr. Bellingham) in the endeavour to apply the same principle to internal aneurisms.

In the first case, an aneurism of the abdominal aorta of the size of an orange, became partially solid during three months of treatment; and the patient afterwards pursued his occupation of a hackney carman for four years and a half, with scarcely any discomfort. He subsequently died of some accident, which is not described. There is also no record of any *post mortem* examination.

The second case was one of pain and dulness on percussion, with an audible "double thump" in the left scapular region, attended with other symptoms, which were all relieved in ten weeks. This man returned to his occupation as a sailor, and did all his duties below and aloft.

In the third instance, an aneurism protruded through the chest to the right of the sternum, where it formed a thin-walled tumour, three inches in diameter, and having a double pulsation. After twelve weeks of treatment, the tumour was firm and flattened in the centre, and the beat in it was single. Three years afterwards, in 1857, the patient felt no inconvenience from the aneurism, and had resumed his work as a die-cutter. The tumour did not pulsate, and still felt firm; but it had reached the size of a small cancer; and there were indications in very extended dulness on percussion, in an audible double aneurismal beat, and in obstruction of the venous circulation, that the aneurism had much increased within the chest. There is no later account of this patient.

The fourth case, one of aneurism of the abdominal aorta, near the umbilicus, had, in thirteen weeks, the bellows murmur more soft, the pulsations less distinct, and other symptoms sufficiently relieved for the patient to return to Australia. When last heard of, he was reported to be well.

The next case, already published by Mr. Solly, was one of abdominal aneurism, which improved so greatly under treatment that the patient was persuaded by two eminent surgeons in Dublin that he had never had an aneurism at all. He resumed active life, and died suddenly, when the existence and the bursting of the aneurism were ascertained by a *post mortem* examination.

A sixth case is added, in which an aneurism, beating visibly in the epigastrium, was much reduced by three months of treatment. It could then be felt, when the abdomen was relaxed, "pulsating, with its outline hard and well defined, painless on handling and pressure, whilst the *bruit* could scarcely be heard."

The plan of treatment to which these results are attributed, though arrived at through a new principle, consists of the old and well known methods of prolonged rest in the recumbent posture, and a very reduced diet. The most minute directions are given as to the bed on which the patient is to pass many weeks, and as to the daily diet, which is only ten ounces of solid food (including three of broiled or boiled meat) and eight ounces of fluid.

Mr. Tuffnell's pamphlet appears to us of value for its clinical illustration of the advantage to be derived from rest and restricted diet, and for the preciseness of his directions for enforcing and rendering it endurable. With memories refreshed as to the many thousand beats a day by which the recumbent posture may reduce the pulse, and as to the fact that diet is capable of affecting the deposition of fibrine, practitioners may set about the treatment of internal aneurisms with renewed hope. But we confess to have been not a little disappointed in the expectations which the author has raised. His title-page promises success. The cases are selected ones to illustrate success. It is no fault of a reader that the second case has no appearance of having been an aneurism at all. The description furnished by the author would equally, if not better, apply to a deposition of tubercle in the left lung. None of the other cases were cured. Though partly consolidated, and thereby much improved, each of them continued to pulsate at the close of the treatment. The fifth patient, desisting from proper caution and care, died by the rupture of his aneurism. The third, continuing his work, had, when last seen, a great increase of his tumour. This, at least, is what we gather from the confused account of it which is given by the author. The first case is decidedly satisfactory, so far as it is related; the patient having been benefited for four years and a half. Of the fourth and sixth cases, nothing can be concluded, beyond the advantage which they obtained during, and for a short time after, treatment.

And yet it is fair to the author to state that success in the treatment of internal aneurisms can rarely reach beyond that which he has attained, and in most cases can never be complete. An aneurism cannot be reported as cured unless the artery be obliterated from which it sprung. Though filled with fibrine, it is ever liable to be again distended, and to burst at a newly expanded part. The cures of surgical aneurism are absolute, for the artery is obliterated; but such an event in the case of the aorta is impossible, except below the renal arteries. That in that part, however, the aorta may be suddenly and safely closed is now known to us by the experience of Dr. Murray, of Newcastle-on-Tyne, who, in accomplishing, with chloroform and a tourniquet, the cure of an abdominal aneurism, brought about the obliteration of the aorta itself.

ON LONG, SHORT, AND WEAK SIGHT, AND THEIR TREATMENT BY THE SCIENTIFIC USE OF SPECTACLES. By J. SOELBERG WELLS, Ophthalmic Surgeon to the Middlesex Hospital. Pp. 214. London: 1864.

This edition of his work Mr. SOELBERG WELLS has enlarged for the purpose of presenting in it a more complete synopsis of the group of diseases here treated of. These diseases—affections of the accommodation and refraction of the eye—have been hitherto too lightly considered.

"It is now known" (says Mr. Wells) "that certain forms of asthenopia and amblyopia which had in former times set all remedies at defiance, are not due, as was generally supposed, to serious lesions of the inner tunics of the eyeball; but are, in reality, dependant upon some anomaly of the refraction of the eye, or a peculiar asymmetry of the organ (astigmatism.)"

Now, by a very simple remedy—the proper use of glasses—some of these affections may be readily cured. Indeed, the author lays much stress upon the mischief which is often done by the "haphazard plan of selection of spectacles generally employed by opticians"; and insists that the surgeon ought himself to determine the number of the required lens.

In the chapter on Myopia and Sclerotic-Choroiditis Posterior, the necessity for an accurate investigation and careful selection of glasses is well brought out; and so, also, is the value of the ophthalmoscope in diagnosing the frequent presence of that affection in the short-sighted, and in the watching of its progress.

In Chapter v, we have a good account of Muscular Asthenopia, are told of its frequent occurrence, and the relief afforded by operation. The importance, again, of thoroughly understanding the symptoms and treatment of hypermetropia—a disease which often causes great distress of mind—is told in Chapter vii.

Great credit is due to Mr. Soelberg Wells for having so clearly and practically treated of what really is a very abstruse subject of investigation. The style and tenor of his book prove him to be thoroughly master of the business he has here taken in hand. His chapter on Astigmatism is a good example of his successful way of dealing with a subject difficult of ordinary comprehension.

One of the chief and most important objects of the book is, as we understand it, to point out the necessity of scientifically adapted spectacles to the case requiring them. Great injury, we learn, is often done to the sight by the present haphazard method usually followed in the matter of the choice of spectacles. On this head, and as a specimen of the author's style, we give what he says respecting the choice of spectacles in myopia.

"Care should be taken that the spectacles fit accurately, that the glasses are on the same level, and that one is not higher than the other; that they are sufficiently near the eyes, and that the centre of each glass is exactly opposite the centre of the pupil. The last point should be particularly observed in the selection of glasses which fit on to the nose by means of a spring (*pincez nez*); for we find that, on account of their oval shape, they are not generally centred; and if they do not fit properly, so that their centre corresponds to the centre of the pupil, they act as prisms, and give rise to diplopia or to squinting, and the latter may even become permanent, if their use be persisted in.

"Concave glasses should be quite close to the eye; otherwise they will diminish the size and distinctness of the retinal image. As the rays which impinge upon a concave glass are rendered divergent by it, it follows, that the further the glass is removed from the eye, the fewer peripheral rays will enter the latter, in consequence of which the retinal image is diminished in size and intensity. The reverse obtains in the case of convex glasses; for as they render the rays which fall upon them more convergent, a greater number of peripheral rays will enter the further (up to a certain point, of course) the convex glass is removed from it, the retinal image becoming at the same time larger and more luminous.

"Single eye-glasses should not be permitted; for, whilst the one eye is habitually used, the vision of the other soon deteriorates, on account of its disuse, and may become considerably amblyopic. Besides this, as only one eye receives a clear and well defined

image of the object, the other is apt to follow its own muscular impulse, and deviate in the direction of its strongest muscle, and thus divergent squint frequently arises, as the internal recti muscles are often weakened in myopia. If a single eye-glass is employed, it should be alternately used for each eye, so as to keep both in activity. It will be found, however, that spectacles afford a much more clear and well defined image than a single glass. Objects appear to stand out in far more relief, and with greater sharpness and definition, and the sense of depth and distance is also more keenly appreciated."

We cannot conclude our remarks on this work without adding a word in reference to the nomenclature of ophthalmic surgery. We remember hearing the late Sir Charles Bell, in one of his lectures in the Edinburgh University, say: "Oculists are a very learned body, if we may judge from their language." And certainly there is no special department of surgery which can boast of such a scientific nomenclature. We are not saying this as a reproach; because evidently it is better to state an idea in one word—if so it may be stated—than to use long periphrases. But we must insist on this; viz., that, if no English synonyms can be as conveniently employed in their place, authors should, for the benefit of the ordinary reader, define the exact meaning of their scientific terms. We want, in fact, a dictionary of modern ophthalmic phraseology. The profession, as a body, is decidedly not yet master of that same. How many of us are there outside the special ophthalmic body who could define "Aphakia", Asymmetry, Astigmatism, Buphthalmos, Cyclitis, Emmetropia, Epicrisis, etc.?

FUNCTIONAL DISEASES OF THE STOMACH. Part I. Sea-Sickness: its Nature and Treatment. By JOHN CHAPMAN, M.D., etc. Pp. 72. London: 1864.

In his preface, Dr. CHAPMAN says that his intention was to have favoured the profession with a treatise on diseases of the stomach; but urgent affairs have forced him to prepare the part on sea-sickness only at present. The doctor's cure for sea-sickness is the application of ice to the spine. The ice is confined in bags, which have been patented, and, as we are informed, may be obtained at all surgical instrument-makers. Of the merits of this method of cure of a very distressing affection, Dr. Chapman speaks in much higher terms than (as it seems to us) are warranted by what he calls his experiments. We sincerely trust that he has hit on a good thing; but, as calm critics, must suggest that the proof of the cure is yet to be given.

BEQUESTS. The late Miss Burton Forster, of Hyde Park Square, has bequeathed to the Charing Cross Hospital £1,000: and the late Miss Ellis, of Balham, has left to the Blind School, St. George's, Deaf and Dumb Asylum, Old Kent Road, Royal Free Hospital, and the Asylum for Idiots, each a legacy of £100.

OVARIOTOMY. Dr. Pirrie, Physician to the Belfast Lying-in Hospital, last week performed the Cæsearean section. The child is alive, but the poor woman, who before her admission to hospital had been four days and nights in labour, died. This is the second instance of this operation in Belfast, the first having been performed twenty years since by Dr. McKibben.

WE beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, JANUARY 28TH, 1865.

DR. STOKES ON MEDICAL EDUCATION.

IN a discourse delivered at the opening of the present session of the School of Physic in Ireland, Dr. Stokes took occasion to speak of medical education. Dr. Stokes deplors the inferior position which the medical profession holds in relation to other professions; and he sees the cause of this inferiority in the defective primary education of the medical student.

"Medical corporations, and that class of universities which, by ignoring the value of an education in arts to the medical student, are really little more than faculties, have confounded instruction with education, have placed the special training as first in importance, often to the total neglect of that enlarged education, which would enable their members to advance the real interests and support the true rank of a liberal and a learned profession."

The Medical Act, Dr. Stokes says, has done nothing towards elevating the social rank of the profession. Its promoters had in view the securing of the material interests of the craft, rather than the promotion of the position of medicine. In this Act (as amended), we find seventy-seven clauses, but only five which relate to education; and of these five, three are so worded that it is doubtful whether or not the Council has any power to interfere with extra-professional education. The two other clauses relating to professional education, were introduced "for the protection of the most miserable quackery that ever soiled a noble calling."

At the time of the passing of the Medical Act, there were no less than nineteen bodies which had powers to grant diplomas; and of all these, three only essayed to give to medicine its proper position of equal rank, in an educational point of view, with divinity and law; viz., Oxford, Cambridge, and Dublin. Now, as there are upwards of 18,000 medical practitioners on the *Register* of 1864, and of these only 541 hold the degrees of those Universities, it follows that "only three per cent. of the entire profession has received that university education which places the members of the learned professions—in England and Ireland, at least—on terms of social equality in an educational point of view." And then again, of the three Universities referred

to, only two—viz., Dublin and Oxford—refuse the medical degree to all who have not taken the degree of Arts.

“Cambridge, by admitting to her degree on a less amount of education, has strengthened the opinion that medicine is to be looked on as inferior to her sister faculties. This should not be. No diminution in the amount of arts education—not the fractional portion of a term—should be allowed. It is the bounden duty of the old universities to look more to the character and social status of their graduates than to their mere numbers. In Oxford, the time of obtaining the degree is, in my judgment, too remote; in Cambridge, the objection is of another kind.”

Dr. Stokes then describes the deplorable results (as he sees them) of this defective education.

“The system, in truth, was, and is, in most cases, deplorable. A young man, often little more than a boy, is sent from his parents’ roof, and plunged into a medical school in a large city. As to discipline, there is none for him; as for example, he has that of his fellows. There are none to care for him. He may degrade himself to the last extreme. After a time, one idea takes possession of him, how he may best obtain his diploma; and so he resorts to the crammer, under whom he remains until his fourth year of mispent time is past; and then, with crowds of other victims, he is turned out to commence his professional life, ignorant even of his own business, with his observing and reasoning powers uncultivated, his moral sense necessarily blunted, his tastes unrefined, his literary attainments (if he had any) forgotten. Unfitted by his habits for independent thought, he enters on practice; and what wonder if he occupies an inferior place in society, when he finds, too late, that he wants that mental culture which would enable him to support the position of a gentleman, or the dignity of a profession?”

“As the result of this system, large numbers of uncultivated men have been, and are still, admitted into the profession; and here is the cause which produces the evil of an inferior relative position, an evil of such magnitude, that were it not for the good and purifying influences of medicine itself on the character of those engaged in its ennobling work, the consequences to society would be deplorable.

“It was in reference to this state of things that the resolution of Mr. Teale was adopted by the Medical Council, to the effect that no degree in Medicine should be conferred on any one who had not received the degree of Bachelor of Arts, or who had not gone through the university education for that degree, or received an education equivalent to that necessary for the degree. Mr. Teale is no longer a member of the Council, and his loss is a great misfortune to the cause of professional progress.”

Dr. Stokes earnestly calls upon the Universities to put an end to this deplorable state of things; “to follow the examples of the old Universities of Bologna, of Paris, and of the still older University of Salerno, in all of which the study of philosophy was made inseparable from that of medicine.”

“Let the Universities unite in one noble brotherhood, and, looking at their great mission, think less of the numbers than of the mental training of their graduates, less of special instruction than of full education, and so further that system which has been the mainspring of England’s greatness, because the nursing mother of her intellect and her civilisation.”

With regard to the special medical education of the student, Dr. Stokes, we are glad to see, deprecates attendance on the number of lectures which at present form a forced part of his curriculum.

“The system of professional education, in all schools, requires a careful revision; and there can be no doubt that the number of lectures which the student is compelled to attend is excessive, and constitutes really a great evil. This evil might be mitigated by making attendance compulsory only on those courses which are essentially demonstrative. Or, again, the actual number of lectures in each course might be profitably diminished. As to examinations, they should be so conducted as to be essentially practical, and thus to diminish the great evil of cramming. I am myself not an advocate for the necessity of examination in all cases; for year after year we meet with men who might safely be admitted to their degree upon their character, without any such process being gone through. The examination in anatomy should be conducted in the dissecting-room; the examination in chemistry, in the laboratory; the examination in medicine and surgery, in the wards of a clinical hospital.”

It is, we think, to be regretted that Dr. Stokes has not dealt somewhat more practically with the question of education than he has done. Every one will, we are sure, readily agree with him, that it is very desirable that a degree in Arts should be required of all candidates for a licence to practise medicine. But then comes the question, Is it possible to make such a demand of all candidates, and at the same time to fully supply the country with medical men? Likewise, we should have liked to hear what Dr. Stokes would say on another point, and it is this: Do those medical men who obtain most esteem and reputation with the public, who are considered the most skilful, and are run after as the best curers of disease—do they gain their esteem and repute because they are men of high general attainments? or is it not rather because they are supposed to have some special knack or quality in treating diseases?

What do the public care about the general education of the doctor whom they employ? The public want a curer, or one who promises that he is a curer. They will run, not after highly educated practitioners of medicine, but rather after him who advertises himself to be a first-rate curer.

Let the most illiterate scamp of a doctor advertise his cures loudly enough, and he will beat out of the field the most learned and scientific men of the day. We would gladly have heard from Dr. Stokes how learning and science are to compete with the notorious success of ignorance and impudence. Our profession differs from other professions in one essential particular. In other professions, a man’s judges are his equals—his professional brethren. No man can successfully play the quack at the bar. He is there soon reduced to his level. But in the medical profession, a man’s judges are those who are utterly incapable of judging him fairly. And where does quackery of any kind reign more supremely than

amongst our judges—amongst the high and educated classes?

We have just touched on these points, because the difficulties here stated seem to us to require explanation from Dr. Stokes. In what way, we would ask—judging from what we now see going on around us in the actual world of practice—would a higher degree of primary (general) education raise our reputation as practitioners of medicine or surgery in the estimation of the public? In other words, if no degree in medicine were granted except to those who possessed a degree in Arts, would the public—the sick man—value our professional services more highly than he does at present? Does the possession of a degree in Arts in any way tend to secure a man's success as a practitioner?

THE BROADMOOR CRIMINAL LUNATIC ASYLUM.

THE following interesting notice of Broadmoor Lunatic Asylum is condensed from the *Times*.

The building at Broadmoor is the Government asylum, and is capable of holding all the lunatic murderers, men and women, of Great Britain. It is distant about two miles from the Wellington College Station of the South-Eastern Railway, and, surrounded by pine woods, commands a magnificent prospect. It is composed of a distinct block of buildings lofty and handsome. Every part of the buildings, and the slopes in front, are surrounded with high walls, for the place is not only an asylum, but a strong house of detention also. Beyond these walls, whether sane or insane, the murderers once committed to Broadmoor never pass in life or death. In all that relates to diet, lodging, and every other comfort, they are treated with almost an excess of care. They can see their friends, can write to whom they please, can take what exercise they like in the spacious airing grounds, can, in short, do anything but pass the boundaries which shut them in for ever from the world beyond. Within these they live and die, and within these are they buried in the little cemetery attached to the asylum.

Broadmoor now contains about 400 men and 50 or 60 women. Nearly all are homicides, the victims of their united crimes probably amount to nearly 1,000. Here one may occasionally see a female croquet party on the lawn, the players in which have been guilty in the aggregate of some 30 murders; or on the men's side, playing at bagatelle, a little group, with each of whose crimes all England at one time rung. The sitting, dining, and recreation rooms, are all on the ground floor, the dormitories and infirmaries being above. The low mental organisation which one always finds associated with crime in the common run of criminals, the small head, narrow and receding forehead, and restless furtive eyes, are at Broadmoor intensified, and in most cases accompanied with a weakly, undersized physical development. Small ill-formed heads, narrow stooping shoulders, weak limbs, and shuffling hesitating gait, are the rule among them.

In all the wards the same rule of early rising, at 6 o'clock in summer and 7 o'clock in winter, are observed. Their diet is nourishing and abundant. The men who smoke are, under the doctor's orders, allowed tobacco in moderation. They are encouraged to amuse themselves with reading and baga-

telle, and, in fact, everything is done to keep them quiet, which is about all that can be effected here. Anything like regular work as a labour is out of the question. All, it is true, would very gladly work; but only a very few can be trusted with such implements as spades, knives, scissors, or even needles and thread. In the quiet wards the patients have blunted knives and forks. In the "strong block" the food is cut up and the inmates have only a smooth horn knife and spoon. A few are trusted to work in the garden. There is a cobbler's shop, in which every one at work, save the superintendent, has killed one or more people. You can pass through a row of tailors, where the earnest-looking man in the midst, whose very spirit seems absorbed in the movement of his sewing machine, is among the worst, and, if mad crime is to be taken as a proof of danger, the most dangerous of all.

In the women's ward the same hours and rules are observed as in the men's, with only the difference which their additional fretfulness, vanity, and occasional acts of wanton, though not dangerous, mischief necessarily entails upon their management. The want of a refractory ward for the more violent of the women patients is sadly felt in this division, and the visitor's ear is often pained and startled by the prolonged hysterical outcries of those suffering under a sudden access of frenzy. Every possible care, however, is taken of them. Nearly all are quietly engaged in sewing or reading, while many, young and old, are walking rapidly to and fro in the airing ground beneath the window. It is very rarely that any of the women wish to be let out or make complaint of their detention. Their intellect seems to acquiesce at once, with a humble feebleness that is inexpressibly touching, in the necessity for their future restraint, and their mania seldom rises beyond little vagaries in the matter of dress or jealous anger among each other. It is easy to utilise their labour in the kitchens, laundry, and sewing-rooms, where, under the care of the wardresses, many of them work hard and well, while their weekly recreation, the singing class on Friday, is looked forward to with eagerness by almost all but those few whom no kindness can entirely conciliate to quietness with the others. The last comer in the women's block is one who murdered all her children in a fit of jealous vanity. The overweening airs of pride which this young woman still gives herself would be almost amusing in their exaggeration, if they were not also painful evidences of the hopelessness of her malady.

It is in the "strong block," however, where the most dangerous of all the male lunatics are confined. Here are confined the men whose murderous propensities and love of bloodshed seem almost inextinguishable. They are in the airing ground as we enter, a ground enclosed with tall, strong iron railings, within the area of which they are muttering and pacing to and fro, only a certain number within each sub-division of the yards, and with each gang sufficient warders to guide them, rule them, and, when their desperate fits of murderous insanity break out against each other, as they may do sometime, to overpower them when necessary.

With very rare exceptions, the minds of nearly all the men at least are bent on one object—how to get away. Whether through the interest of friends, by lamentably insane memorials to the Home Secretary, by fraud or violence, this is the one unchanging end which nearly all pursue. It is some comfort therefore to find that these incessant efforts are always unavailing. One would hear with less alarm that all the menagerie of Regent's Park was thrown open than that there was even the slightest chance of these men being again turned free to prey upon society.

Of the two, we honestly believe that the inmates of the menagerie would be less ruthless and less dangerous to human life than the liberated patients of Broadmoor. One thing the public may be pleased to learn, which is, that Victor Townley is not among the inmates of this great asylum. The intrigue which saved him from the gallows failed to secure him the easy life he might have passed here. The final examination which established his sanity, though too late to remit him to the hangman's hands, was early enough to consign him to penal servitude *for life*. In his case the work will be harder and the indefinite term of his dread sentence as inexorably carried out as it is among those mad criminals who are now and for ever enclosed within the walls of Broadmoor.

At another page will be found an account of important meetings held at Liverpool and Preston about the case of Pryce *v.* Bowen. These meetings, and the unanimous and determined position assumed by the influential bodies which attended them, will be of very great service to the profession in reference to the matter of medical evidence given in a court of law against a professional brother. In future the profession will show no mercy towards him who is guilty of thus indirectly bringing an innocent brother into a court of law, by lending his influence to the prosecution. As Mr. Steele well said at the Liverpool meeting, this is not a personal, but a general, question. Indeed, it must be confessed that Mr. Lund has done all he can to repair his false step. He has regretted that he ever touched the case, and has sent fifty guineas to the Bowen Fund, having received only fifteen guineas from the prosecutor. These meetings are the public professional declaration of a great principle. They are a warning to all those who may wrongfully offend in this wise in future. We may, on another occasion, say a few words touching the propriety of establishing a Defence Fund. We will now only remark, that the subject is one which requires serious consideration; and that strong arguments may be adduced to show that the maintenance of such a fund is neither advisable nor practicable. One only we may now adduce: viz., that the very existence of the fund will operate as an inducement for pettifogging attorneys to get up actions on speculation. The question, however, is one for discussion.

In a paper read before the Medical Society of London, on November 21st last, by Mr. H. Lee, the following interesting case is given, shewing the non-infecting quality of the milk as regards the syphilitic disease.

Agnes G., aged 21, married, was admitted into St. George's Hospital on the 5th of October, 1864. Had been married four years, had had two children, the youngest eight months old. Both these children were perfectly healthy, and she had always enjoyed good health herself. After her last confinement she took

another child to nurse; this child had the "thrush" and became covered with running sores. Its mother, an unmarried woman, was ill and had lost her hair and eyebrows. This child died three weeks before the patient's admission into the hospital. Shortly after taking this child to nurse she noticed a sore on the side of the right nipple, which became "eaten away," and "very hard all round." Six weeks before her admission into the hospital an eruption appeared over the body, and her throat became ulcerated. She had continued suckling her own child, which remained perfectly healthy up to this period. She had, however, always kept her own child to the left breast, and had always used the right breast, from which the ulcer had formed, to suckle the deceased child. On her admission to the hospital there was a sore on the right side of the right nipple with a hardened bare and glazed surface. The corresponding glands in the axilla were enlarged, and rolled readily under the finger; a copper-coloured eruption existed on the chest and arms; the throat was ulcerated on the right side, and the patient was suffering from pain in the head. The inguinal glands were unaffected. She was directed to discontinue suckling her own child. The secretion from the ulcer on the breast was carefully examined by the microscope, and found to contain no pus globules. The ulcer itself gradually healed up, having an indurated cicatrix. The glands in the axilla also remained specifically indurated. This patient's own child, although allowed to suckle for six weeks after the appearance of the eruption on the mother, remained quite unaffected, and continued perfectly well to the present time (Nov. 21st, 1864). This case thus appeared to show that the milk, if derived from an otherwise healthy breast in a syphilitic patient, has not the power of infecting a child, but supposing that some form of secondary disease had appeared on the mother's breast during the time of suckling, then the disease might readily have been communicated to the healthy child, exactly in the same way as the disease had been communicated from the diseased child to the patient.

At another page will be found an account of a suicide in which the jury determined that the unfortunate man was rendered insane by the perusal of "Dr. De Roos's" pamphlets.

M. VOISIN related an interesting fact to the Academy touching consanguineous marriages. In a little village near Croisic, in La Loire Inférieure, there has lived a population who from time immemorial have constantly intermarried. M. Voisin lately passed a month there, and counted that forty-seven marriages of consanguinity had produced one hundred and fifty healthy children, none of whom were albinos, scrofulous, rachitic, or deaf and dumb. He found the people healthy and robust, as it has been for two hundred years; and concludes that marriages of this kind have no injurious influence, when effected under the good conditions of healthy selection.

Two quacks, Morel and wife, have been condemned by the court at Niort in France, to a year's imprisonment and to pay a fine of 3460 *francs*, for the illegal exercise of medicine, and for practising magnetism, roguery, etc.

THE CASE OF PRYCE v. BOWEN.

MEETING OF THE MEDICAL PROFESSION
IN LIVERPOOL.

A NUMEROUS meeting of the members of the medical profession of Liverpool and the neighbourhood was held on Monday last, at the Medical Institution, with reference to the case of Dr. Bowen; Dr. Vose presided.

Dr. Vose said it was not long since the medical profession of Liverpool and the neighbourhood had held a meeting for the purpose of condemning the conduct of the witnesses for the plaintiff at a notorious trial in an adjacent city; and it was mortifying that they had so soon found it necessary to hold another to express their opinion upon a like subject. All probably had heard of the case of Pryce v. Bowen. The case belonged to a class which appeared to be rapidly establishing itself as one of the institutions of the country. Actions of this kind were set on foot by a certain description of the community, in concert with a certain description of attorneys; but they could never be brought at all, if there were not also a certain description of medical men ready, for a pecuniary consideration, to give evidence against their professional brethren, and thereby involve them in disaster and in loss. They all remembered the formidable expense entailed upon the defendant in the Chester case, although the verdict was triumphantly in his favour; and in the present case, although Mr. South of St. Thomas's Hospital, as well as other surgeons of eminence, together with the judge and the jury, concurred in the opinion that Dr. Bowen's professional skill had been unquestionable, they found that that gentleman had been mulcted in £200 costs to defend himself, to say nothing of the annoyance, waste of time, and the suspense, in which he had been involved. It was to be hoped that the machinery of the British Medical Association would, without delay, be brought to bear upon this and similar transactions, and that its opinion would be expressed unflinchingly on the conduct of its members when they came forward to give evidence against professional men in cases like Pryce v. Bowen. [*Hear, hear, and cheers.*] So strongly had his (the chairman's) colleagues of the Royal Infirmary felt on this matter, that they lost no time, after the trial, in addressing the physicians and surgeons of the Manchester Royal Infirmary with reference to it. In rather less than a fortnight afterwards, they had the honour to receive an answer to their remonstrance; but only from a functionary of the hospital, who subscribed himself its "resident medical officer."

Mr. ELLIS JONES, who moved the first resolution, said that no doubt many members of the profession had been extremely annoyed at the imaginary opinions formed by patients of the mal-treatment of their cases. Both he and his colleagues had suffered in some degree in this way; and he mentioned a case at the Northern Hospital (with which Mr. Hakes had been more particularly concerned) where the patient expressed himself perfectly satisfied with the treatment he had received, and thanked Mr. Hakes and others for their attention to his case. But when he had left the hospital, he got hold of a medical man or two in the town, who told him that the treatment was not correct; that Mr. Hakes and the other medical men had no right to interfere with his limb; and even went so far as to say that no dislocation had taken place. The president had told

them that actions like these were frequently brought in consequence of the assertions of persons who knew nothing of the treatment adopted, and who sought only to injure the fair fame of honourable men. [*Hear, hear, and applause.*] Mr. Jones mentioned another case in point within his own experience in Liverpool, where, though no action was actually taken, a medical man had been served with a writ, and sustained great anxiety and annoyance. With regard to Dr. Bowen's case, he (Mr. Jones) had been requested by the attorney for the prosecution to appear against Dr. Bowen; but he declared that he would rather sacrifice his property, and even his life, than do so, and he recommended the attorney to give up the case. [*Cheers.*] What, then, was his surprise to see a man, whom he had thought highly respectable, come forward from Manchester and give evidence for the prosecution. Mr. Jones then criticised the evidence adduced by Mr. Lund; and ridiculed the statement of Mr. Evan Thomas, jun., as to his having seen "thousands" of cases of arm dislocation. In conclusion, he warmly vindicated the talents and standing of Dr. Bowen; and pointed out how immense and unknown an injury might be done to a medical man by such unjustifiable attacks. He moved—"That this meeting desires to express their deep sympathy with Dr. Bowen for the annoyance to which he has been subjected in the trial of Pryce v. Bowen; and to congratulate him on the very satisfactory manner in which he has vindicated his professional reputation."

Dr. A. T. H. WATERS seconded the resolution. Painful as it was, he said, it was their duty on an occasion like this to come forward and express their sympathy and congratulations, and also, in firm and unmistakeable language, to declare their opinion of those who unjustly and unfairly gave evidence against their professional brethren. Meetings like the present would ultimately tend to put a stop to these most unjustifiable prosecutions; they had an important influence both on the profession and on the public, tending to show, in both cases, that a man who acted honourably and conscientiously and to the best of his ability, when unjustly accused, would have the support of his profession. [*Applause.*] If they respected and appreciated their own profession, so would the public respect and appreciate them. [*Hear, hear.*] With regard to Mr. Lund, he (Dr. Waters) could not help remarking that had Mr. Lund acted upon the golden rule, not to give an opinion upon the case before he had consulted with his professional brother, he would never have placed himself in the painful position which he now occupied, and the case of Pryce v. Bowen would never have been tried. [*Hear, hear.*] No honourable member of the profession would hesitate to give evidence against a professional brother who had been guilty of culpable negligence; but, in this case, everything had been done which skill could dictate; and it was inexcusable for a member of their profession to give evidence such as that which had been adduced. Dr. Waters hoped that meetings of this description would tend rather to diminish trials of the kind under review, and he believed this had actually been the result, as was shewn by the difficulty of procuring medical witnesses in the case which had been alluded to by Mr. Ellis Jones, in which both Liverpool and London were canvassed in vain. In conclusion, Dr. Waters warmly echoed the congratulatory terms of the resolution, which was then put and carried unanimously.

Mr. BICKERSTETH moved: "That this meeting feels bound to record their strong disapprobation of the course pursued by Mr. Lund in the matter of Pryce v. Bowen." It was extremely painful to pass a vote of censure upon any man, and nothing but a

stern sense of duty would have impelled him (Mr. Bickersteth) to move the resolution. Had it not been for the conduct of Mr. Lund, he believed the trial would never have taken place. He had it on the authority of the solicitors for the plaintiff, that they had canvassed Liverpool, and had found no one who would support the evidence. [*Hear, hear.*] By Mr. Lund's own acknowledgment, he had been called upon by the solicitors for the plaintiff with the object of involving a professional brother in disgrace, and he did not hesitate to give his services. Mr. Bickersteth alluded to the misstatement as to Mr. Lund's connexion with the Royal Infirmary of Manchester. He (Mr. Bickersteth) had read Mr. Lund's defence or explanation; but explanation it was not. Mr. Lund "regretted that he had ever appeared in the case;" and no doubt he would regret it as long as he lived, for they were a strong professional body; they had expressed their opinion of Mr. Lund, and Mr. Lund and Evan Thomas would for the future be connected in the minds of the profession with this case. In conclusion, Mr. Bickersteth pointed to the fact that in Mr. Lund's statement a simple regret was expressed that he had erred from a want of judgment—no regret that he had injured a member of his own profession and a brother practitioner. [*Hear, hear.*]

Mr. STEELE wished to place the nature of the meeting in its true light. It must be clearly understood that they had not met for the purpose of attacking any individual: it was not an aggressive, but a defensive movement, on the part of the medical profession. [*Applause.*] All present would acknowledge that, as public servants, they were responsible to the public for the efficient discharge of their duties; and any physician or surgeon who undertook the care of a case of disease or injury was bound to bring to its treatment a reasonable amount of skill, judgment, and attention. If a person suffered damage in life or limb through the gross negligence or ignorance of his medical or surgical attendant, he was undoubtedly entitled to compensation at the hands of that attendant; and, if such a case as this were brought before a legal tribunal, any member of the profession summoned to give evidence was not only justified but bound to obey that summons, and to give his honest opinion upon the case. Mr. Steele further argued, that the case of Dr. Bowen was not at all an analogous case to this, inasmuch as all necessary skill had been shown; and that the gravamen of the offence against professional propriety—the injury which Mr. Lund had done to himself, and the scandal that he had brought upon his profession—did not consist so much in what he said and did at the trial as before the trial. [*Hear, hear.*] Mr. Steele then quoted from the BRITISH MEDICAL JOURNAL of the 14th of January, which contained a letter from Mr. Lund to the editor. It was clear, he said, that the prosecution in Pryce v. Bowen had submitted a case to Mr. Lund, with the view of getting his opinion as to how far an action would lie, and what chance they had of getting a verdict. In this case, Mr. Lund had placed himself in the position of a grand jury, with the very important distinction, that grand juries never ventured to cut or to find a bill without hearing the evidence on both sides. [*Hear, hear.*] Mr. Lund said, in his letter: "It has been asked, how is it that I did not apply to Dr. Bowen, and hear his version of the case before the trial? My answer is, that it did not occur to me to do so; and, had I thought of it, I should have considered it highly improper, after giving an opinion on the merits of the case to the solicitor for the plaintiff, to have communicated with the defendant." Thus he admitted giving his opinion on the merits of the case—an opinion which must have been founded upon an extremely ambiguous

statement of an uneducated woman as to whether the arm was in a prone, semiprone, or supine position, during a certain period of the treatment. But that was not all. Mr. Lund actually went further, and anticipated the defence Dr. Bowen was likely to set up, and suggested to the prosecution how they should be prepared to meet that defence. Mr. Steele gave quotations from the letter to support his argument, and then went on to say that the whole letter went to show Mr. Lund seemed at times to be desirous of conveying the impression that he was not prejudiced against Dr. Bowen, while at the same time he afforded all the materials requisite for an attorney to go on with an action. [*Hear, hear, and laughter.*] Dr. Waters had alluded to this matter; and, at the last meeting held in that room, this very point was brought forward by a speaker in reference to Drs. Ramsbotham and Lee, that a great portion of the offence that they committed consisted in the fact of venturing to give an opinion upon the treatment of a case without consulting the professional man who had the case in the first instance. Mr. Lund could hardly be ignorant of that case; and he (Mr. Steele) could really not understand how he could have forgotten to communicate with Dr. Bowen. [*Hear, hear, and cheers.*]

The resolution was then put, and carried unanimously.

Dr. STOOKES moved: "That a subscription be opened to assist Dr. Bowen in defraying the needful expenses incurred for his defence." Dr. Stookes remarked that there could be little doubt that, in addition to the annoyance and harass which he had experienced, Dr. Bowen had been put to very large expense in the case; and it was most desirable that his professional brethren should assist in defraying this expense.

Mr. HAKES had much pleasure in seconding the resolution, having had the misfortune himself to have been harassed in the same way as Dr. Bowen. In referring more particularly to his own case, Mr. Hakes said that, in order to procure witnesses against him, not only Liverpool, but London and other parts of England, were canvassed for the purpose; and he mentioned the fact that Mr. Erichsen of London, who had given an opinion on the case which precisely accorded with the treatment which he (Mr. Hakes) had adopted, after doing so, declined to have anything more to do with the case until he had communicated with the defendant. Mr. Erichsen wrote him (Mr. Hakes) a letter, telling him all he had discovered, and which made it easy for him to ask Mr. Erichsen to offer his services. Fortunately, he was not required; for the case broke down, the plaintiff being non-suited. But this conduct of Mr. Erichsen formed so marked a contrast to that which had occurred in connexion with Dr. Bowen's case, that he (Mr. Hakes) felt bound thus publicly to call attention to it. [*Applause.*]

At this point of the proceedings, Mr. Ellis Jones read a letter from Dr. Bowen, stating that the expenses of the case would be under £175. The resolution was then put, and carried unanimously.

Dr. SCHOLFIELD (Birkenhead) said he had received a letter from Mr. Hammond of Preston, stating that a meeting had been held in that town in reference to Dr. Bowen's case, and that upwards of £17 had been subscribed.

In reply to Mr. ELLIS JONES, Dr. Scholfield stated that Dr. Dobie and Mr. Harrison of Chester had each contributed to the fund; Mr. Harrison having also engaged to canvass the profession in Chester.

Dr. DESMOND moved, and Dr. FENTON seconded: "That Dr. Stookes be requested to act as Treasurer to the fund." This was adopted unanimously.

Mr. MANIFOLD proposed, and Mr. PARKER (Kirkdale) seconded, a resolution that the proceedings of the meeting be forwarded to the medical journals. This was adopted. Mr. Parker remarked, that accusations of this kind were now so frequent, that it would really in a short time be a question with many, how far they would be justified in the treatment of cases which were likely to end in a manner not quite so satisfactory as they could wish. He suggested that a committee should be appointed from the present meeting, to take into consideration some further means of preventing similar proceedings in future. The resolution was then adopted.

Mr. LOWNDES remarked that, as Mr. Martin's name had been brought in question in connexion with the case, and as Mr. Martin was present, it was desirable to hear any explanation he might wish to make.

Mr. MARTIN said that when he saw the case, they asked him what he should propose. He said he would not do anything without meeting Dr. Bowen in consultation, and that he should like to meet him. [*Hear, hear.*] He (Mr. Martin), in consequence of this application to him, and hearing that the case was going to trial, thought it his duty to go over to Oxtou, and he had two interviews with Dr. Bowen. [*Hear, hear, and cheers.*]

Thanks to the Chairman were then moved by Mr. STUBBS, seconded by Dr. IMLACH, and carried unanimously. After which, subscriptions were received, Mr. McCheane and Mr. Harrison acting as secretaries to the fund.

MEETING OF THE MEDICAL PROFESSION IN PRESTON.

A MEETING of the medical profession of Preston was held at the Literary and Philosophical Institution, on Wednesday week, for the purpose of expressing sympathy with Dr. Essex Bowen, of Birkenhead, on the occasion of the unjust prosecution to which he has recently been subjected. At the meeting there were present Drs. Altham, Broughton, Brown, Gilbertson, Hammond, Heslop, Moore, Ridley, Smith, Stavert, and Walling, and Messrs. Pilkington and Richardson. Dr. STAVERT occupied the chair. Letters, approving of the object of the meeting and expressing strong sympathy with Dr. Bowen, were read from several gentlemen.

The first resolution was proposed by Dr. BROUGHTON, seconded by Dr. HAMMOND, and carried unanimously, viz.:—"That this meeting sympathises most deeply with Dr. Bowen on the annoying and vexatious trial to which he has recently been subjected, and begs most cordially to congratulate him on its satisfactory termination."

The second resolution, which was proposed by Dr. GILBERTSON, seconded by Mr. PILKINGTON, and carried unanimously, was as follows:—"That this meeting most strongly condemns the practice of medical men giving evidence against their professional brethren without first communicating with them."

The third resolution was proposed by Dr. SMITH, seconded by Dr. ALTHAM, and carried unanimously:—"That a subscription be commenced to assist in defraying Dr. Bowen's legal expenses, and that Dr. Hammond be appointed treasurer, and Dr. Moore honorary secretary."

It was next moved by Dr. ALTHAM, seconded by Dr. RIDLEY, and carried unanimously:—"That this meeting is of opinion that it is desirable to establish a General Medical Defence Fund for the protection of the profession, and suggests that any funds left after defraying the costs of Dr. Bowen's suit should be devoted to that object."

The last resolution was proposed by Dr. WALLING, seconded by Mr. RICHARDSON, and carried unanimously:—"That copies of the foregoing resolutions be forwarded to the different medical journals, and to Dr. Scholfield, the chairman of the Birkenhead meeting."

A vote of thanks to the chairman terminated the proceedings.

Special Correspondence.

MANCHESTER.

[FROM OUR OWN CORRESPONDENT.]

THE case of Pryce v. Bowen has created a good deal of discussion among us. This has been due both to the intrinsic interest of the case; to the spirited manner in which it has been taken up by yourself; to the personal character and position of Mr. Lund; and perhaps, slightly, to a feeling of mild rivalry which exists between Manchester and Liverpool. On the merits of the case there is, of course, but one opinion. Mr. Lund has committed a decided error; one that might have had most serious effect on Mr. Bowen, and one which the profession and its organs could not, if true to themselves, afford to overlook. The principle must henceforth be considered more firmly established than ever, that no medical man is justified in giving an opinion on the treatment of a fellow practitioner till he has heard his own statement of the case; and then only when there is clear and distinct evidence of culpable negligence. The profession is a gainer by the trial in that our professional ethics have been so forcibly maintained. Such being the case, may it not be allowable to temper justice with mercy? I speak with certainty when I say that he is one of the very last men in Manchester whom, from his previous professional character, one would have expected thus to err. Anxious, and I believe successfully anxious, to stand well with all his brethren, I am sure that nothing but an unaccountable error or haste of judgment could have led him into the matter. Anything like personal *animus* has not even been hinted at. His position as a former president of the Medical Society, and as one of our own Council, speak to his general estimation. I cannot but think that an otherwise unblemished professional character must lead us, after condemning and deprecating to the utmost the false step, to deal not too harshly with him, when he comes forward in a straightforward manner, admits to the full his error, and endeavours to atone as far as an honest man can. I believe he has already sent £50 to Mr. Bowen's fund; and I have seen no one who doubts that, as far as an honest admission of error can go, he has done all that lies in his power. Taking for granted the plaintiff's statements, which, of course, was the grand mistake, I do not see that his opinion as a surgeon is compromised. I believe Mr. Lund himself has said, that the acquittal was mainly due to the straightforward, manly way in which Mr. Bowen himself gave his evidence as to facts.

The attempt to fasten something like voluntary

perjury on Mr. Lund, with regard to his calling himself an infirmity surgeon, is simply hitting a man when he is down. It arose from the anomalous position of the surgeons to the dispensary department—a position which has already been abolished for all future members. There would have been nothing said on that point, had he been on the right side. To conclude, the case has done us all good here. The right has been fully vindicated, and a rod held in pickle for men of less character than Mr. Lund. He himself has suffered mentally and otherwise more than most are aware of; and I think I speak the opinion of all here when I say that his suffering has been held to atone for his error, and that there is no doubt of his being reinstated in our esteem as one who has admitted to the full his error, and who, if a sadder, yet as a wiser man, has still to look forward to a career of honour and respect.

I have left myself no room for other matter. A fatal case of chloroform, due mainly to syncope, rather than asphyxia; a case of explosion in making oxygen gas, which might show the public one of the numerous penalties they pay for free trade in physis, —have been reported in your columns. So I draw this to a close, hoping that I may not soon have a similar case to remark on.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

AMONGST the topics of Edinburgh conversation of special interest to your professional readers is the *fama* that our distinguished professor of clinical surgery has, during the last few weeks, successfully performed extirpation of the whole of the tongue. As the case occurred in Mr. Syme's private practice, I am unable to supply any details in connection with it; the bare fact that the operation was performed, and successfully too, having reached me.

In a former communication, I referred to the remarkable success which Dr. Thomas Keith had achieved as an ovariologist—a success which has placed the operation on a sure and firm footing in Edinburgh. Since my last communication, Dr. Keith has performed many operations, and his success has been very great. He has had eight successful operations in succession; and it is to the eighth of them that I wish to call attention, as it was performed under circumstances which might well be considered desperate, and as it is altogether, I believe, without precedent. Dr. Keith was consulted, a few weeks since, by a patient suffering from ovarian dropsy. The symptoms were urgent, and the tumour much distended, and as a palliative Dr. Keith determined to have recourse to tapping the cyst, fully intending to extirpate it on a subsequent occasion. After the tapping, however, symptoms of inflammatory action came on; the patient became very ill; and five days after she was evidently fast sinking. As a last expedient, Dr. Keith determined to proceed at once with the operation; and he accordingly removed a cyst weighing fifty-seven pounds and a half. When

opened, this cyst exhaled the most horribly offensive odour, and it was found to be gangrenous. Immediately after the operation, the woman rallied; everything progressed satisfactorily, and she made a perfect recovery. The age of the patient was 51; and, as explaining to a certain extent her extraordinary recovery, I may say that she came from the country, and appeared to be a woman of vigorous constitution. This patient was the twenty-fourth on whom Dr. Keith had operated; of the twenty-four patients, eighteen have recovered; the last eight cases operated upon having all been successful.

On Monday evening last, Sir David Brewster read a short memoir before the Royal Society of Edinburgh, On the Causes and Cure of Cataract. The interest which any paper by so distinguished a man must necessarily elicit, was heightened on this occasion by the fact of one so altogether unconnected with medicine having chosen for investigation so professional a subject. Sir David Brewster had his attention directed to this subject about thirty years since, when he became affected with incipient cataract. His attention was first directed to the morbid alteration, by noticing that when he looked at a luminous object it appeared surrounded by coloured fringes; and he was led to investigate the optical conditions necessary for the production of this phenomenon. He arrived at the conclusion that it was due to a separation of the constituent toothed fibres of the crystalline lens, and that the proximate cause was an alteration in the quantity and quality of the fluid of the lens. To this opinion he was led by his own experience, and by the observations which he had made on the changes which the crystalline lens undergoes when immersed in water for various lengths of time. The quality and quantity of this fluid, he supposes, is influenced almost entirely by the quality of the aqueous humour; and it is to inducing alterations in this fluid that the efforts of the surgeon should be directed. When the aqueous humour is too watery, the quantity of the fluid in the capsule of the lens is increased, and a soft cataract is produced; whereas, when the opposite condition exists, the fluid enclosed in the capsule of the lens will be insufficient to establish optical continuity between the fibres of the lens, and a hard cataract will result.

The efforts of the surgeon should be directed, according to Sir David Brewster: 1, to bring about a change in the general health of the patient, for sometimes, as in his own case, such general treatment may suffice to re-establish the proper balance between the fluids and solids of the eye; and 2, to change, by local means, the quality of the aqueous humour. He suggested that the anterior chamber should be repeatedly tapped, and that in those cases where the aqueous humour has too high a density, it should be replaced by water. Instead of having recourse to the latter expedient, the surgeon might trust to the fluid secreted after the operation being altered in quality.

At the termination of Sir David Brewster's com-

munication, Dr. Simpson drew attention to the fact that Sperino of Turin had lately published a monograph, in which he had stated that, by means of repeatedappings of the anterior chamber, he had succeeded in curing cases of cataract.

As confirming the value of Sir D. Browster's suggestions, I may say that, on visiting Utrecht two years ago, I happened to meet Dr. Raymond, Professor Sperino's assistant, himself a very able young surgeon, who informed me that he had tapped the anterior chamber in a very large number of cases of glaucoma and cataract; that the operation could be repeated daily with perfect impunity for an almost indefinite period; and that the results, in cases of incipient cataract, were remarkably satisfactory.

On Thursday last, the President and Fellows of the Royal College of Surgeons of Edinburgh held a *conversazione* in the hall of the College, when Dr. Rutherford Haldane delivered a most interesting lecture, on the Modern Practice of Medicine. Dr. Haldane considered in succession the advances which pathology, diagnosis, and therapeutics, have made during the last few years, directing attention to the most remarkable discoveries in each of these departments. In his review of the progress of therapeutics, Dr. Haldane strongly opposed the view of a change of type in disease, arguing that a change of the opinions of physicians had, instead, led to a change in their mode of treating disease; a view which was also warmly espoused by Mr. Syme in some remarks made at the close of Dr. Haldane's lecture.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

DECEMBER 15TH, 1864.

JOHN CAMERON, M.D., Vice-President, in the Chair.

Medullary Cancer. Mr. LOWNDES exhibited a specimen of medullary cancer of the tibia, removed by him from a female patient in the Northern Hospital.

Alopecia. Dr. BALMAN recorded cases of alopecia areata. [An abstract will shortly appear.]

A Sketch of the Epidemic Fever now Existing, with Special Reference to its Origin and Mode of Extension. By A. B. STEELE, Esq. Although Liverpool was never entirely free from typhus, nor perhaps from most other zymotic diseases, yet, since the great epidemic of 1847, this disease has very much decreased, until about three years ago, when it began to increase gradually, and might be said to have become epidemic in the autumn of 1862. From September 1862 to 1864, the number of typhus patients in the Liverpool Fever Hospital ranged from 60 as a minimum to 200 as a maximum. From that period, the following table indicates its progress.

Number of Typhus Cases in the Hospital.	
During the 39th week of 1864	207
" 40th " " "	262
" 41st " " "	288
" 42nd " " "	316
" 43rd " " "	345
" 44th " " "	371
" 45th " " "	346
" 46th " " "	336
" 47th " " "	321
" 48th " " "	376

The following figures show the death-rate during the same period.

Weekly Average of Typhus Deaths in Liverpool.

First quarter of 1864.....	23
Second quarter of 1864.....	26
Third quarter of 1864	30

Weekly Average since.

40th week.....	47	45th week	55
41st week	48	46th week	54
42nd week	44	47th week	54
43rd week.....	59	48th week	53
44th week.....	53		

The course of the disease, as indicated by those tables, and as observed by the author in tracing its progress in the town, appeared to favour the view that, as would be shown hereafter, the mode of its extension was by contagion alone. Striking illustrations of this were adduced. Certain streets and courts, where overcrowding, bad ventilation, and all the other alleged causes of fever, existed in full force, remained entirely free from epidemic typhus for at least two years after it had become epidemic and was extensively prevailing in other parts of the town; in these very streets, in the early part of the epidemic, a few imported cases of typhus had been observed, but they gave rise to no extension at that time. These localities had been in the same sanitary condition for the last fourteen years, and yet typhus was not epidemic there until a few months ago.

The type of the epidemic was true typhus, all the cases presenting the characteristic eruption, except in children. The prominent symptoms in the generality of cases were those referable to lesion of the function of circulation, indicated by prostration, frequent, weak pulse, dependent upon disturbance of the action of heart and large vessels; and by maculæ and petechiæ, resulting from lesion of the circulation of the capillary system. The disturbance of the cerebro-spinal system or the lesion of innervation, indicated by loss of rest, delirium, coma, and subsultus, was less frequent and less prominent than usual, especially amongst the pauper class.

There has also been but little tendency to complication or local lesion; so that although, as before noticed, the function of circulation has been most engaged in the disease, yet the very complication most likely to ensue—namely, that of the respiratory system—has not followed—at least, to any extent. In many cases, there was short, dry, irritable cough, scarcely ever proving serious or troublesome; and hitherto the author had met with nothing approaching the amount of hypostatic pneumonia which so frequently complicates typhus, which he learned was at the present time frequent in the wards of the London Fever Hospital, and which he remembered as a prominent feature in the cases in the Liverpool Hospital towards the close of the epidemic of 1847.

He referred the comparatively small extent to which the disturbance of the cerebro-spinal system existed in the poor to the fact that they have less thought and anxiety and are more enduring than those in a higher social scale, where the brain was more active in health, and the nervous system generally more susceptible. The freedom from thoracic complication, he attributed to the mildness of the season, and anticipated its increase as the weather became more severe.

A few cases of typhoid were met with; but these did not seem to have any connection with the present epidemic; out of about two hundred cases of fever during the last four months, the author had only seen about eight or ten of typhoid.

As might have been anticipated from the type of this epidemic, the mortality has not been high.

Compared with the average death-rate as computed by Dr. Murchison at 19 per cent. for England and Scotland, the present epidemic contrasts most favourably. In connection with this part of the subject, the author directed attention to the apparent low rate of mortality amongst typhus patients treated at their own homes as compared with those treated in hospital. He said apparent advisedly, because the results obtained from a careful and rigid inquiry were so opposed to preconceived notions, and constituted a problem upon the solution of which might depend momentous issues affecting the whole question of typhus, both in a sanitary and a therapeutic point of view, that he was disposed to accept them with the mental reservation that more extended inquiry might change the aspect of the case.

The following figures at once show the state of the case.

Typhus Mortality—Death-rate per cent. of Attacks.

	Under 20 years.	20 to 40.	40 to 60.	60 and upwards.
In 153 cases treated at home. District No. xi.	2.3	6.25	15.4	?
Liverpool Fever Hospital. (1864.) 1249 cases.	4.3	16.7	36.1	50.0
London Fever Hospital. (Ten years) 3506 cases.	5.5	16.9	39.6	62.3

The average mortality at all ages in the Liverpool Fever Hospital was about 15.5 per cent. The author had ascertained as accurately as possible the death-rate of home-patients throughout all the parochial districts, twelve in number. The result gave about 6 per cent.; but he could not rely so thoroughly upon the accuracy of those returns, as upon the figures given above.

He was not at present prepared to give a satisfactory explanation of this marked difference in the death-rates, in and out of hospital. The subject merited, and would no doubt receive, further investigation. He pointed out that any unfavourable comparison which might be made applied to fever hospitals in general, and not to the Liverpool Hospital in particular, as the death-rate in that institution is below the general average.

The author alluded to the present prevalence of other zymotic diseases—small-pox, scarlatina, and erysipelas of a low type—indicating, he thought, some peculiar condition of depressed vitality or other constitutional peculiarity favouring the spread of zymotic disease.

He then proceeded to show that the only exciting cause of typhus was contagion. All other agencies to which its generation has been attributed, he considered to be predisposing causes only. He illustrated this view—first, by analogical reasoning; and, secondly, by actual observation. He based his argument upon the zymotic theory of Liebig, endorsed by Simon and Paget, of which he gave a summary as given in the last edition of Dr. Watson's lectures. He thought that as malarious diseases, such as ague and yellow fever, are not contagious, there was *a priori* ground for the converse—namely, that contagious disease, such as small-pox and typhus, were not malarious—that is to say, they could only be produced by the introduction into the system of their own specific virus, and not by exhalations of any other kind.

With reference to destitution, which had been prominently mentioned as a cause of the epidemic, he pointed out that there was no proof whatever that greater destitution than usual now existed in Liverpool; but, on the contrary, the poor were suffering

under far less pressure than at other periods when there was but little fever amongst them. Of all the Lancashire towns, Liverpool had suffered least from the depressing effects of the cotton famine, but most from typhus. In Blackburn, where there was much more poverty and distress, there was no typhus. And as to the Lancashire "midden" being a cause of fever, the question was easily disposed of; in London, there are no middens, but plenty of typhus; in Manchester, there are more middens than in Liverpool, but typhus had been absent from Manchester for many years until quite recently, and now existed only to a limited extent. All Lancashire towns have middens, but only one or two have typhus; none, in fact, to a serious extent, except Liverpool.

He fully admitted that destitution and its concomitants, especially over-crowding and bad ventilation, as predisposing causes, tended greatly to foster and promote the extension of the disease; but denied that fever was ever generated *de novo* by such conditions.

He adduced numerous striking facts, from authentic records of various authors, and from his own observation during nearly twenty years' experience as a public medical officer in Liverpool, showing that, on the one hand, all the alleged causes of typhus might exist either separately or in combination, and exist permanently, and yet no typhus would be produced; and, on the other, that typhus might and often did exist where none of these causes were present. He quoted, amongst other records, from the last report of the medical officer of the Privy Council, narratives of epidemics at Whitehaven by Dr. Bristowe, and at Festiniog by Dr. Buchanan. The latter was a most marked example of over-crowding, and yet not a single case of typhus occurred; and although typhoid fever which constituted the epidemic was evidently connected with the over-crowding and owed its extension to that cause, there was no conclusive evidence that the disease was generated *de novo* on the spot, or that it might not have owed its origin to contagion from without. The Whitehaven epidemic, he considered to illustrate a possible source of fallacy in tracing the cause of epidemics which appeared to have escaped notice. The report of Dr. Bristowe is summed up thus: "It is difficult to suggest any measures for producing typhoid fever so likely to be efficient as those which have allowed Whitehaven to be degraded into its present filthy state." His account of the epidemic there states that "fever was very common in Whitehaven until about fourteen years ago; but from that time until the commencement of 1862, it had practically disappeared." He does not, however, show that the supposed causes of the fever are of recent origin; and from our knowledge of that town, it is probable no great change has occurred for some years. Could it be supposed that, fourteen years ago, some sudden sanitary impulse removed all the then existing causes of fever and kept them in abeyance until 1862, when the town again abruptly deviated from the sanitary standard and was again visited by fever? Was it not more in accordance with common sense to suppose that Whitehaven has been for many years a filthy, over-crowded, ill-regulated town, and that the absence of fever for a long period, and its recent prevalence, is referable to some additional cause—viz., to the introduction of the disease by contagion? The author wished to be distinctly understood as fully appreciating the value of sanitary measures; but thought the views he had enunciated assisted us in directing those measures in their most efficient course, and enabled us to take a calm and rational view of the benefits that might be expected from them.

Mr. HAKES hoped Mr. Steele would explain the great difference that existed in the mortality between patients treated in hospitals and in their own homes.

Dr. SHEARER agreed with Mr. Steele in regarding the rapid spread of fever as an indication of an altered constitutional condition rendering the body more susceptible to the attacks of the disease. Dr. Shearer, alluding to destitution as a predisposing cause, drew attention to the fact, that in 1860 and 1861 there was not much fever; but in 1862 it prevailed, and this was the time when there was a large amount of destitution, owing, in a great measure, to commercial difficulties; and he considered that the ravages of fever might have been materially lessened if the distress had been more bountifully relieved. The hospital mortality was doubtless great; and, he thought, owing very materially to the following causes. 1. The worst cases were sent to the hospital; 2. Depression of spirits consequent on leaving home; 3. That home-nursing, even amongst the poorest class, was better suited to their requirements than that met with in hospitals.

Mr. BAILEY, Mr. GARTHSIDE, Dr. PRYTHORCH, and Dr. VASE, took part in the discussion.

Owing to other business, and the length of the paper, time would not allow of further discussion, and it was, therefore, resolved that the subject should be re-opened by Dr. Gee at the next meeting of the Society.

Mr. STEELE, in reply, alluded to the great importance of removing patients into hospital in as early a stage of the disease as possible; for when it was delayed, the chances of the patient's recovery were greatly diminished; and this delay that so often occurred doubtless tended materially to increase hospital mortality. He did not agree with Dr. Shearer with reference to nursing; and did not consider that destitution had much to do with the present outbreak of the disease. We have had far greater commercial panics, and no outbreaks of fever.

Correspondence.

MEDICAL ERRORS.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—The passage in Dr. Barclay's book which most provoked me by what I considered its bold inaccuracy is the following.

"One or two remarkable recoveries took place after the administration of castor-oil; and it was consequently assumed that the action of the oil was strictly curative by aiding in the elimination of the poison."

We have now Dr. Barclay's apology for this passage.

"He [Dr. Johnson] objects to the phrase 'one or two remarkable recoveries,' because there were twelve recoveries in all. Were they all remarkable? I think not. My own experience of cholera would have led me to expect several of the cases detailed to recover without any treatment at all."

True. And I must confess that, until I read Dr. Barclay's letter in the last number of our JOURNAL, I had not discovered the convenient loophole which he had here provided for himself in the use of the word "remarkable".

Again, Dr. Barclay says: "I do not think I have ever by implication asserted that the assumption was based on the fifteen cases." To which I reply: No, not on the fifteen cases, but, as plainly as language can declare it, on the "one or two remarkable recoveries" referred to in the above quotation, which I have given in italics.

In short, Dr. Barclay, in his capacity of Lumleian lecturer, with the College of Physicians as his audience, and *Medical Errors* for his subject—bound, therefore, as he was, to be more than ordinarily precise and accurate both in his facts and his logic—asserts that I, having witnessed "one or two remarkable recoveries" from cholera after the administration of castor-oil, at once jumped to the conclusion that castor-oil is the cure for that terrible disease. It is true, that he elsewhere states that the assumption in question was based on what he is pleased to call "a false analogy with mineral and vegetable poisons"; but this only shows that, with curious inconsistency, a great logician and a teacher of correct reasoning may give two different explanations of the same phenomenon: it does not render the statement which I have above emphasised in any degree less offensive or less inaccurate.

When, within a few days after Dr. Barclay's lectures were delivered, I occupied the position of lecturer in the same room, and with the same audience, I was, happily for myself and my own mental composure, quite unconscious that I had so recently been exhibited there as a dreadful example of illogical and inconclusive reasoning.

Now, was it too much to expect that Dr. Barclay, before criticising my theories and my practice, should have taken the trouble to read what I have actually written on the subject under discussion? If he had done so, he would have known that I have nowhere said that castor-oil is a cure for cholera. He would have seen that my method of reasoning on this subject is not so illogical as he has represented, and as he doubtless believed it to be. He would have found that I have indulged in no extravagant expressions as to the success of my treatment; and he must, I think, in justice have admitted that, even if I have done nothing more in this matter, I have shown the fallacy of many of the conclusions which have been formed as to the effect of various modes of treating cholera; and that I have prepared the way for a better understanding of both the pathology and the treatment of that disease.

I am perfectly well aware that the fifty-four cases which I have published are insufficient to establish the utility of my mode of treatment. I am glad to have Dr. Barclay's acknowledgment that the hundred and fifty cases collected by the Board of Health are "just as insufficient to prove that it is valueless". I am persuaded that the mortality from cholera, under any plan of treatment, will always be great. I am convinced that, in a considerable proportion of cases, recovery will take place by the unaided powers of nature. I am also convinced that, while on the one hand the mortality may be much increased by mistaken modes of treatment, whose tendency is to oppose the curative efforts of nature, it may, on the other hand, be materially lessened by means which are calculated to aid those efforts. I am sure, too, that it will always be difficult to estimate truly the influence of any plan of treatment in this disease. All this I have endeavoured to set forth in my book on cholera; and, if I may be allowed to quote my own preface, "while I neither expect nor wish to escape criticism, I desire that the criticism which I receive may be impartial and honest—such, in short, as truth and the interests of humanity alike demand."

There are several statements in Dr. Barclay's letter to which I could easily reply; but I have no desire to prolong this discussion. I cannot, however, refrain from alluding to the startling novelty of the assertion that, without previous absorption, neither calomel nor castor-oil can act as a purgative.

I trust that I have not, either in this or in my pre-

vious communication, transgressed the bounds of legitimate self-defence; and I feel sure that Dr. Barclay, in the second edition of his interesting book, which without doubt will soon be called for, will so modify his criticism of me as, to say the least, will render it less liable to be misunderstood.

I am, etc., GEORGE JOHNSON.

11, Savile Row, January 24th, 1865.

NEW INDIAN MEDICAL SERVICE.

SIR,—Your correspondent "D. J. G." obliges me, very much against my will, to reply to his remarks in the last JOURNAL; viz., "provided only he bases his advice on a fair representation of facts." Your correspondent appears to be fond of indulging in personalities, if I may judge from his favouring me a second time; though to what purpose, in a matter of this kind, I am at a loss to know.

I am not aware of having misrepresented facts. I compared the old pensions with Medical Rethring Fund, *versus* new *without*; and I proved the former to be far superior. I admitted the new pay was slightly improved; and promotion to the rank of surgeon after twelve years I declared a boon. At the same time, I stated that neither pay nor pension were at all adequate for transportation to a climate like India; and I added, that it was impossible for a married man to make a provision for his wife and children, taking into account sickness, education, and the increased expense of living in India to what it was; and I believe I proved that, with all the advantages the new service offers, it is far inferior to that of the Company.

I stated that the late dispatch created a new service, and those entering under it have no claim to any privileges of the old service; and that I would not advise any one trusting the Indian Secretary. But your correspondent "D. J. G." thinks I should inquire at the India Office. Nay, I have read the dispatch, and am not alone in my interpretation of it; but, as "D. J. G." has taken up the gauntlet for the Indian Secretary, I would advise him to get Sir C. Wood to publish the rules and regulations for the new service, as an explanation of his dispatch; for that it is read differently from "D. J. G.'s" reading of it, I would refer him to a letter from an "Indian Surgeon" in the last *Medical Times and Gazette*, condemning it far more forcibly than I have done.

"D. J. G." holds forth, as a lure to the unwary, the very exceptional case of Dr. Macpherson of the Madras army. He and all the deputy inspectors-general will be gainers by the new rules; and, in addition to all, will have £400 a year from the Medical Fund; but the case of Dr. Macpherson should not be quoted as an example in favour of the new rules, as he was most unfairly promoted over his seniors, some of whom had seen service in the field before he got his commission.

I never said a member of the Medical Board under the old rules could retire on a pension of £900 a year. "D. J. G." should read more calmly what I did write about £900 a year. Under the old rules, the highest pension was £700 a year, with £400 from the Medical Fund; total, £1,100, *versus* £550 under the new rules. If Sir C. Wood cannot get the assistance of a better advocate than "D. J. G.," he may well say, "Save me from my friends."

As regards my ignorance "on the subject of pensions in the British army," with which "D. J. G." taunts me, I find, on referring to the Warrant of October 1855, that your correspondent, who professes to know from circumstances so much of both services, either errs in his statement, or there are new

regulations since the Warrant was issued. As paragraphs 10 and 12 refer to retirement, under the former only is a medical certificate required; but, under the latter, "every medical officer who shall have served upon full pay for twenty-five years and upwards shall have the right to retire upon half-pay at the rate of," etc.; and I find the highest rate of half-pay (there is no such word as pension in the British service) is £736: 7: 6, not £600, as stated by "D. J. G."

"D. J. G." again introduces the subject of stoppages, and says he "alluded to another matter entirely", and quotes the case of a surgeon landing at Calcutta, his regiment being six hundred miles up country. Under the old rules, he drew no staff-salary until he joined; under the new, he gets what is now termed "unemployed pay on a liberal scale". But "D. J. G." does not give us both sides of the story. Under the old rules, we were allowed thirty days at Madras, going to or coming from Europe; and time to join, according to distance, at the rate of ten miles a day. Thus, if my regiment was six hundred miles away when I landed, I had ninety days to join in; and many of us took the full time out at the Presidency. *Sed tempora mutantur et nos mutantur in illis*. The thirty days are reduced to fifteen, and "to join by the most expeditious available mode of travelling, and without unnecessary delay on the road." I quote from a general order by the Governor-General of India.

I say again, once for all, the pensions are not sufficiently good to induce men to go to India, when they have no guarantee that faith will be kept with them; for Paragraph 20 of the dispatch reads very suspiciously as to services being dispensed with. It says: "You will, of course, take into account the several situations which may be properly filled up by uncovenanted members of the medical profession." Now, to my reading, many of the presidency appointments (the prizes of the service) must, according to this order, in future be filled by outsiders.

I am, etc., A RETIRED SURGEON MAJOR.

January 1865.

Medical News.

APOTHECARIES' HALL. On January 19th, 1865, the following Licentiates were admitted:—

Smith, Solomon Charles, Halifax
Turner, Frederick, Buxton
Woodcock, John, Roston, Ramsbottom

At the same Court, the following passed the first examination:—

Simpson, Thornton Gerald, Guy's Hospital
Watson, George Samuel, St. George's Hospital

APPOINTMENTS.

*COOKE, Wm. Harry, M.D., appointed Certifying Surgeon, under the Factory Acts, for the District of Aldridge and Walsall.
MAUNDER, C. F., Esq., elected Consulting-Surgeon to Queen Adelaide's Dispensary, vice James Luke, Esq.

MARRIAGE.

ALLEN—BARER. On the 19th instant, at St. Peter's Kirkley, near Lowestoft, by the Rev. Henry Willmott, incumbent, assisted by the Rev. John Allen, brother of the bridegroom, Joseph ALLEN, Esq., of Tombland, Norwich, to Sophia Augusta, daughter of the late John BAKER, Esq., Bengal Medical Service, of Noakholly, Bengal.

SUPERANNUATION OF UNION MEDICAL OFFICERS. The Lord-Lieutenant has appointed a day to receive the memorial from the physicians and surgeons of Ireland on the Superannuation of Union Medical Officers.

THE MEDICAL ACT. In the paragraph in the last number of the JOURNAL describing the proceedings of the Scottish Branch of the Medical Council, some important words were omitted in one of the sentences. The proposed amendment of the penal clause is as follows. "It shall not be lawful for any person, unless registered under this Act, to practise any branch of the profession, taking or using the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner, or General Practitioner or Surgeon Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other medical or surgical title; and every unregistered person so offending shall, upon summary conviction for such offence, forfeit or pay a sum not exceeding twenty pounds."

SUICIDE AND "THE VIGOUR OF HEALTH" GENTRY. Last week, an inquest was held at Higham, Kent, on James Miles, who was found drowned in the canal. The deceased was 24 years of age. A few months ago, he was rather queer in his manner, and appeared very low-spirited. About a fortnight ago, he received something which made him worse, was very desponding, and complained of his head and stomach. The police-constable who was present at the finding of the body found several papers and printed bills in deceased's jacket-pocket. Two are from Dr. De Roos, of Tavistock Square, and one from a Dr. Smith, of Burton Crescent, London. They are what are called quack handbills. At the residence of deceased, he found a pamphlet on secret diseases. J. J. Ely deposed: I am a surgeon, practising at Chatham. From an inspection of the papers found upon the deceased, I have no doubt whatever they would cause a great depression of spirits, and tend to a person committing suicide. Persons suffering from disease are susceptible to depression of mind. The papers or bills are issued by quacks. It is not unusual for cases of suicide to arise from reading pamphlets similar to those produced. The Coroner then read several letters from Dr. De Roos, which stated that the deceased must still continue with the medicine, and impressing upon him the necessity for remitting money, as he did not make it a practice to give credit to his patients; and stating that, in consequence of having numerous correspondents in all parts of England, he hoped he would not neglect writing to him, as he (Dr. De Roos) might forget the case. About thirty letters had been sent to the deceased in the course of ten months. The Coroner summed up. He said: Gentlemen, you have heard the evidence which has been adduced. From this it would appear that the deceased had in all probability been reading the pamphlets which have been produced; and you will have remarked that, on opening one of these pamphlets, the word "suicide" appeared written prominently round the margin. The number of letters from Dr. De Roos, of Tavistock Square—letters which it is impossible to stigmatise too strongly, and which, when read by the weak-minded, would lead them to the commission of suicide—must be noted as a weighty fact, and they tend to prove that the mind of the deceased had been deeply harassed by them. The jury returned a verdict to the effect that the deceased had committed suicide whilst in an unsound mind. After the delivery of the verdict, a consultation between the coroner and the jury took place, which resulted in the foreman intimating that they considered deceased's insanity to have been brought on by the perusal of certain pamphlets issued by and letters received from Dr. De Roos, of Tavistock Square, London. The coroner ordered that the pamphlets and letters should be kept in safe custody.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY. Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY.... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY. Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Obstetrical Society of London, 8 P.M. Dr. Snow Beck, "On Puerperal Fever"; Mr. I. Baker Brown, "New Mode of Securing the Pedicle in Ovariectomy"; and other Papers.
THURSDAY. Harveian Society of London, 8 P.M. Dr. Drysdale, "On the Antecedents and Treatment of Phthisis."
FRIDAY. Western Medical and Surgical Society, 8 P.M. Mr. George Naylor, "On Syphilitic Diseases of the Skin following Vaccination."

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

K. R.—The little book entitled *A Few Words on the Choice of a Microscope*, is a reprint and revise from the *Quarterly Journal of Microscopical Science*. It is a very useful and well written essay on the subject of which it treats.

DOCTORS FOR SCAPEGOATS.—SIR: We must all thank you for your leader on the poor scapegoat, the doctor. Of course, what else was he made for? You have, in your leader, omitted to notice one thing. There is not sufficient work for the doctor in "necessary" visits; but he must be forced, if the orders of the Poor-Law Board are carried out, to do a great amount of work wholly unnecessary.

For instance, we all know that many chronic cases do not require a weekly visit; but the sapient powers at head-quarters decide that, whether they require it or not, every case on the book is to be visited *once a week*!

Where a surgeon has only limited time (and how many are there of this class), these unnecessary duties must be taken out of the time intended for necessary work. Again, the absurdity of filling up some of the columns in the weekly reports, consumes a great amount of time, which might be devoted to saving life; but, as your facetious contemporary *Punch* some two or three years ago remarked, union surgeons were not appointed for that purpose, if they were so foolish as to spend valuable drugs in saving life, when they were intended to get rid of it quietly, more fools they.

Possibly, Timothy Daly's case may prove the necessity for the reform which Mr. Griffin has so long been labouring at—the placing all medical officers on a similar footing. How many union appointments are better paid than that which Mr. Norton holds?

I am, etc., A POOR-LAW VICTIM.

ADVERTISEMENTS.—The following advertisements appear in the *Lincoln Gazette*.

[A Card.]

Mr. Fred. T. Mason, Surgeon and Bone-setter, 123, High Street, Lincoln.

Medical Notice.

Mr. Thomas Elkanah Hoyle, Surgeon, etc., begs to inform the public that he attends midwifery cases for 10s. 6d. Mr. Hoyle has had great experience in diseases of women and children.

Clinical Lecture

ON

VENESECTIONS.

BY
W. O. MARKHAM, M.D.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

GENTLEMEN,—I have to-day to bring under your notice two cases which, as I think, illustrate in a striking way the beneficial effects of venesection. In both cases, the patients were suffering, and suffering severely, from lung-diseases; and in both the symptoms for which the venesection was practised were those which represent in a marked degree interference with the free play of the heart and lungs. I will, in a few words, relate the history of these cases; and then make a few remarks touching the operation of the venesection in their cure.

J. J., aged 36, a healthy man, was seized, about a week before his admission into St. Mary's Hospital, with difficulty of breathing and "stitch" in the right side. These symptoms increased up to the time when he entered the hospital. When I saw him, the morning after his admission, he was sitting up in bed, fighting for breath, and, as he expressed it, felt almost suffocated. His pulse was rapid; his tongue moist and coated; and his face livid. He had been delirious during the night. An examination of his chest, hastily made, showed us that he was the subject of double pleuropneumonia, and that there was complete dullness on percussion before and behind over at least three-fourths of the right lung. Now, if ever one might have ventured to predict, from a consideration of symptoms and physical signs in such a case, that the patient was being surely and rapidly asphyxiated; and that, unless some immediate and great relief were quickly given him, he would inevitably perish, assuredly one might have done so in this case. Guided by this impression, and considering that the man had only been ill a week, and had previously enjoyed good health, I ordered him to be bled at once, and freely bled—i. e., until he showed signs of relief or fainting. I may here remark, as a curious sign of the times we live in—of the revolutions which periodically occur in medicine, as well as in all other things—that the house-surgeon had never bled a patient, nor had seen a lancet used in bleeding! About sixteen ounces of blood were taken from the man's arm, to his very great and immediate relief. The pain in the right side (where the pleuritic symptoms were most acute) returned again in the evening, and therefore some eight to ten leeches were then applied. Next morning, the man was, comparatively speaking, in a most comfortable state. He no longer suffered from those urgent, and, as I deemed them, fatal signs of distressed breathing, which afflicted him the day before.

And what had brought all this so great relief to him, if not the venesection? Surely, if in any case we may draw conclusions that the relief given in disease was the result of the remedy administered, we may do so in such a case as this, where the nature of the disease is so manifest, where the relief following the remedy is so undoubted, and where it follows so immediately upon its use. More than this: it may

be asked, Is there any other remedy besides venesection which could in such a case have produced relief so great, and so immediate? Well, then, unless we choose to shut our eyes to as palpable a fact as any which can be produced in the matter of the action of the therapeutical agents, it seems to me that we are driven to the conclusion that venesection is, *in such a case*, the most sovereign and life-saving of remedies; that, in the instance before us, it had rescued the man from impending death. I do not intend to follow out the history of this man's case through his long convalescence. I will only add that, in addition to the double pleuropneumonia, he was afterwards attacked with pericarditis; and that subsequently a pleuritic abscess of the right side opened into, and discharged its contents through, the lungs and the trachea. Notwithstanding all this long catalogue of serious affections, he eventually left the hospital convalescent.

The other patient, alluded to as illustrative of the beneficial uses of venesection, was an adult man, who had occasionally suffered from "asthmatic" symptoms. When he entered the hospital, he breathed with much difficulty, and, in fact, suffered "excruciating" pain in the left side. His respirations were 50 in a minute, and his pulse very rapid. His disease was pneumonia of the left side. He was immediately bled to about fifteen ounces, and was as immediately relieved of his great distress. I will only add of him, that he thereafter rapidly and satisfactorily recovered from the attack, and left the hospital cured.

Now, I call your attention to these two cases, because they seem to me, as far as they go at least, to show the error of the present "extreme in practice", which virtually abolishes venesection from our list of therapeutical agents. I believe that in one of these cases, at all events, the man would inevitably have perished, had he not been bled.

You know the modern theory about bleeding, or rather I should call it the present prevailing theory: for it is in no way modern. It is this: that diseases have changed their type; and that men of these days will, therefore, not bear bleeding as men did thirty or forty years ago. I have elsewhere shown,* and, as I think, shown demonstratively, that this theory is a mere scapegoat which men have made use of as an apology for their own apparently inconsequent conduct—in order, in fact, to explain how it is that they no longer employ venesection as they once employed it in other and darker ages of medicine. I have asked and sought for the *proof* of the assertion that men will not bear bleeding now as they did in those other days; and I find it utterly wanting. I find that the assertion is founded on some indefinite kind of belief—on ordinary medical belief—in fact, on mere surmise and opinion. If you ask men for anything like a reasonable *proof* of the opinion, you ask in vain. I showed, in the lectures referred to, that this idea of an incapacity of man to bear bleeding was flourishing upwards of a hundred years ago—has, indeed, flourished at intervals during all ages, and has been handed down from physician to physician through generations past. A hundred years ago, Hunter tells us that some of the physicians of his day discovered, just as physicians of our own day have done, that diseases would not bear bleeding as well as they did formerly. Medicine is

* See Gulstonian Lectures, BRITISH MEDICAL JOURNAL, APRIL 3, 16, 23, 30, and MAY 7, 1864.

continually repeating its own errors. At this moment, however, I only ask you to keep these two cases—surely I may call them these two facts—in your eye, when you may be tempted at some future day, and in an urgent case, and contrary to your own judgment, to forego venesection solely because you have a dread of this bugbear of a change of type in disease—of some modern incapacity of human nature to bear loss of blood. Just reflect again on what you here see going on around you daily and hourly in this matter of loss of blood. Look at patients, after accidents, lying in our surgical wards blanched through loss of blood. Note the enormous quantity which often wells away from women during labour; measure the black vomitings of patients suffering from ulceration of the stomach, and the bloody sputa sometimes thrown up in tubercular disease of the lungs; note the large dejections of blood which often accompany ulceration of Peyer's glands in typhoid fever: note all these, and many other sources of often most copious hemorrhages which you see going on daily under your eyes in the hospital; and note also that the patients recover, and recover rapidly, from the effects of such large hemorrhages. Mark how little they exhibit of that incapacity to bear loss of blood which they ought to exhibit if there were any truth in the theory that we are now living in an asthenic phase of diseases. More than this: I might ask you to observe the very great relief which these spontaneous hemorrhages often bring with them, especially in those cases of disease in which the lungs and the heart are concerned.

Well, gentlemen, if you will note all these facts, and then carefully reflect upon them, you will, I am sure, at all events, have your belief greatly shaken in the truth of the idea that to take a few ounces of blood from a man by the lancet is something akin to taking the very life out of his body. These reflections will shake your confidence in the truth of the theory upon which is based the modern practice of non-bleeding in disease. And then, if you will also call to mind the markedly beneficial effects following the bleeding, and noted by your own eyes, in the two cases here spoken of, you may probably be induced, on proper and fitting occasions, not to fear to resort to this most excellent of remedies. This is the lesson which I have wished to impress upon you to-day.

And one word more, let me say, as to the probable action of the venesection in cases of this kind. The idea generally entertained on this point is, I believe, quite erroneous, and, what is worse, an error, which prevents the use of the remedy. It is thought that venesection is of service in inflammatory diseases, through the beneficial influence which it exercises over the local inflammatory process. I believe there is no proof whatever that venesection has any directly beneficial influence over any inflammatory process.

If venesection be of service in internal, it should equally be of service in external inflammations—i.e., in those inflammations whose progress we can see with our eyes. But in what records of "bleeding" times, will you find any satisfactory proof that it ever was of service in such inflammations? And where will you find an authority of the present day to tell you that he has seen the benefits of venesection in external inflammations?

The truth is that, in past days, when venesection was in its glory—I mean gloriously abused—you will ever find that its benefits were most loudly pro-

claimed in those internal inflammations in which the action of the lungs or heart was impeded; and, assuredly, at the present day, there is never any pretence or thought of bleeding a man, except in those diseases in which the respiratory or circulatory organs are directly or indirectly affected. Facts like these, and other facts which I have not time now to tell of, indicate *a priori* the correctness of the proposition I here make to you; viz., that venesection has no directly beneficial influence over the inflammatory process itself; but that it is of benefit, by removing some of the accidents which arise secondarily out of those inflammations and diseases—viz., the impediments to the free play of the lungs and heart. No one ever did, or ever does, think of bleeding in pneumonia, unless the pneumonia be so extensive as to seriously interfere with the play of the heart and lungs. Men always did, and always do, judge of the necessity for the venesection by the amount of impediment to the action of those organs displayed in the physical signs and symptoms which indicate the impediment and the nature of it. The benefits of the bleeding, as I see the thing, are not the result of any good effected by it at the seat of the inflammation—of any good directly effected by it over the inflammatory process. Its benefits are rather to be ascribed to the freedom of action—the relief given by it to the play of the other, the uninfamed parts of the lungs and the engorged heart—of the organs or parts in fact which have become secondarily engorged, i.e., impeded in action, in consequence of the inflammation. The bleeding neither arrests nor alters directly the condition of the inflammatory process.* It neither cuts the inflammation short, nor can it remove the exudations which are the necessary attendants of inflammation. In what possible way can bleeding alter directly the condition of a consolidated portion of lung? In the case of J. J., the bleeding most assuredly effected no instant change in the state of the inflamed parts of the lungs and pleura. But nevertheless the relief given by it was immediate—came whilst the blood was flowing from his arm—as it probably always comes, if the bleeding be of any service at all. Also, remark that the relief here given is just of the same kind as that which is given in cases, for example, of chronic diseases of the heart and of thoracic aneurism; in cases where impediments to the action of the heart and lungs, or, in other words, congestion of the heart and lungs, have suddenly arisen, and where inflammation does not exist. Hence, therefore, when bleeding is of service in the course of inflammatory diseases, it is so, not because it directly alters the inflammatory process, but because it relieves certain of the accidents which arise incidentally out of the inflammatory process—i.e., the congestion of the heart and lungs. Bleeding therefore, it may be said as a corollary of this, is of service only in those inflammations and diseases in the course of or out of which arise impediments to the play of the heart and lungs.

But, after all, let no theoretical arguing draw us away from the patent fact which we have seen with our eyes. We saw a man, to all appearance *in extremis*, fighting an unequal battle with disease. We found him to be the subject of double pleuropneumonia. We saw an immediate stop, then and there,

* Of course, excepting in so far as by modifying the general state of the system, it may modify the general forces which are concerned in or preside over the process.

put to the violence of this deadly struggle by bleeding. We saw the man recover from the moment of the bleeding. You may have heard him declare that the bleeding was the saving of his life—though you need not perhaps take any great account of a patient's opinion on such a point. You have seen all this. Well, gentlemen, I trust I have a sufficient sense of the fearful amount of fallacies which beset our medical reasoning—of what Dr. Barclay calls our “medical errors”—I believe I have a sufficient dread of the proverbially reigning confusion in our ideas of the *post hoc* and the *propter hoc* in matters therapeutical. But I think a man must be sceptical indeed, beyond all bounds of reason and common sense (if we may invoke that sense here), who refuses to connect effect with causation, the consequence with the antecedent, the cure of the disease with the venesection, in the cases I have to-day brought under your notice. And this one other word let me add suggestively, What other remedy do you know of under the sun which is capable of producing off-hand, then and there, such great results in such formidable disease?

Original Communications.

ON VITAL FORCES.

By JAMES RHODES, Esq., Glossop.

WITHOUT much preface, I intend to state my views upon the question of the origin of the motor or vital force in the living organism.

I am not aware that any more appropriate term can be given to designate this subject than physico-vital dynamics.

It is no less true for the human system than for the external universe, that *no force can be lost or destroyed*, and that *no force can increase in any degree that which exists*. When a force or power of motion has once ceased to act in one particular manner—as *vis viva*, or mechanical force, light, heat, or electricity—it becomes transformed into some of the other forms of force, according to the relation which the surrounding parts possess in influencing the conversion. A good instance of this fact is mentioned by Professor Grove, in his work on the *Correlation of Physical Forces* (page 58).

I shall attempt to trace out the changes or conversion of forces which take place in the human system.

Without doubt, the prime moving force in all Nature is that which started worlds into existence—a First Cause, producing the law of gravitation in the heavenly bodies, and called by Mayer, Tyndall, and others, *vis viva*. Now, when this *vis viva* becomes arrested, an equivalent proportion of heat is produced; and the discovery of its equivalent may hereafter give us a key whereby we may estimate the value of any of the chemical agencies acting in the human economy.

The mechanical equivalent of heat is equal to 772 foot-pounds for 1° Fahr, and was discovered by Mayer, a German of our profession, and by Joule of Manchester, whose labours were carried on independently and without the knowledge of each other.

The leading philosophers now consider that one main force now exists. It is not my intention to dispute this important point, but it will be necessary to coincide with them. Yet the most uninitiated

can ask, How can there be variety of forms out of one force? According to the more advanced philosophers, there exists a grand central force, round which systems of worlds revolve; and the light which emanates from the central bodies or suns of these systems is created by the very force which causes the revolution of the earth round our sun. It is not necessary here to enter fully into the subject of forces as they exist in external Nature, but the same laws apply to them in the human being; and I shall simply state the order and relationship which they possess to each other.

A gravitative force is established by the Great Unknown, which force is called *vis viva*. It is now discovered that a body falling to the earth will produce a certain equivalent of heat by the gravitative or moving force, which by this means becomes arrested and changed.

The following is an outline of the order in which I propose to consider this subject.

1. A close relationship exists between chemical force and the force of gravitation; and, under certain conditions, each of these produces heat and electricity—the former, the voltaic form; and the latter, frictional electricity.

2. A correlation between heat, light, and electricity is found to exist in the world around us; and it remains to be shown how these are connected and related in the living body.

3. It is not too much to expect that, as science advances, the total value of all these may be ascertained. The voluntary principle of man cannot create more force than is produced by the changes effected by the oxidising or chemical process in the system; otherwise exhaustion would be unknown, and sleep would be dispensed with.

4. There is the same correlation of forces in the human body, and these take their origin from simple motion, or *vis viva*; the attractive force existing in carbon, hydrogen, oxygen, phosphorus, etc., becoming converted into heat and nerve-force. These two are correlated, just as are heat and electricity. I do not consider that electricity and nerve-force present exactly the same phenomena; yet they are closely related, and almost identical.

5. I hope to show that heat and nerve-force are produced from the same origin; and that heat is not essentially, if at all, converted into nerve-force, as stated by Dr. Richardson; but that they are distinct at their origin, and that the nerve-centres are supplied with their force through afferent nerves—i.e., cerebro-spinal and sympathetic—as well as that generated within the brain itself. This nerve-force becomes expended, as in walking, through the motor nerves, and it is, *a priori*, likely to be conveyed along the afferent nerves just in the same amount; but, without a knowledge of these facts, it would be difficult to understand how or why.

I think the results of the following experiments sufficiently prove the origin of nerve-force.

Most of the readers of the JOURNAL are conversant with the experiments of M. C. Bernard upon the sympathetic nerves, whereby he made known the facts of their “calorific and vascular” influence. When a branch of the sympathetic nerve is divided, the vessels are paralysed, and no longer oppose active resistance to the pressure of the blood; they become expanded, from loss of the contractile power of the capillaries, and a suspension of nerve-current to and from the capillaries.

The fact of an exaltation of temperature to 6° or 8° cent. indicates that what is lost in the non-production of nerve-force is converted into heat, or the *plus* heat is equal to the *minus* nerve-force lost, as shown by the loss of contractile force of the capillaries of

the part. I consider that the nerve-force generated in the healthy capillaries is conducted to the nerve-centres and ganglia; and that some of this force is returned to produce contraction of the capillaries, whilst the rest is applied in voluntary and involuntary purposes of life.

This view is greatly supported by the experiment of ligature of the femoral artery, and section of the sympathetic nerve on the same limb. We now find a reduction of temperature, with diminished sensation; whereas, in the former experiment, we find exaltation of temperature and sensibility.

The immediate effects of closure of a large artery by ligature or embolus are well known; viz., coldness and diminished sensibility of the limb. I cannot agree with Dr. Richardson in considering heat added to the body as altogether sufficient to keep up the functions or vitality of a part or organ. If such were the case, heat applied to a limb, as in the above experiment (of ligature), would restore its sensibility. If the heat applied were converted into nerve-force, the sensibility of the limb would be restored to its former condition by such addition before the renewal of circulation in the part takes place by collateral means. But we know that sensibility does not return until the collateral circulation has become established; and, therefore, that the afferent nerve-force of the part which is essential to carry an impression (as a prick or burn) to the brain is supplied when the limb is re-supplied with fresh blood to its capillaries.

Dr. Richardson, in his communication on the "Physics of Disease", appears to object to the term nerve-force and muscular force. In all cases, those terms are the best which convey to the mind a clear idea of an object or thing, although this may be able to assume numerous forms under varying conditions; as by the terms steam, vapour, rain, snow, hail, or ice, we signify the various forms assumed by water. In the same manner, it is just as correct to speak of nerve-force and muscular force, since we understand that these are correlated or changed into each other; and so it would be convenient to give a dozen other names, if force within the body assumed as many characters. Therefore, it is quite proper to give generic terms when force is made to assume its peculiar generic characters.

In speaking of the action of light falling upon the retina, sound upon the tympanum, and the chemical influence of touch, he says: "The motion of the body, in all that pertains to its own power of action, is through heat." I have elsewhere shown that heat is not converted into nerve-force. If it were converted, we should not hear of the exhaustion produced by extreme heat. We all know of the prostration produced in the body by the great heats of summer, and the strength of body evinced on a winter's day.

No doubt it is a beautiful and wise arrangement, that the two forces arise together; for the sense of touch is increased with the increased temperature of the skin. Yet heat, light, and sound do not constitute true nerve-force; they are excitants; they are received upon the skin, eye, and ear, and produce corresponding impressions on the brain. We know that people die from excessive heat. The dial in electric telegraph operations is moved by the commutator; and a corresponding movement is noted at the other end of the wire or station. It is the force generated in the battery which is used up in the production of messages; so, in the system, it is the impression of a commutator, so to speak, upon the skin, or any impression received by any of the special nerves of sense, which is conveyed by the force which is in continuous formation, and is impressed

upon the brain. It is impossible to see how the prick of a pin can impart force to a muscle. No doubt it causes an expenditure of force by the muscular contraction which follows through reflex action. If a pin could generate force, a stout cudgel well applied to an animal would be an economical substitute for hay and corn.

I have thus shown that heat and nerve-force have their own distinguishing characters at their origin. I also consider that there is developed at least the same amount of heat, in proportion to the mass of matter in the brain, as occurs in other highly vascular parts of the body. A proof of this is shown when the bulb of a small thermometer is introduced into an animal's brain. If the sympathetic nerve in the neck is divided (Donders's experiment), the temperature of that side of the head, and also the brain, is increased in like manner; thus showing the correlation of that force which is generated in the brain, and heat.

In the number of the BRITISH MEDICAL JOURNAL for September 17th, 1864, a few remarks occur. M. Pontevez states, that the hot and red skin is produced by relaxation of the blood-vessels, just as it is produced after division of the sympathetic. The cause of this increased temperature can readily be understood by reference to statements before made; and the only remaining means likely to produce increased temperature are, increased friction by greater blood-current, and by increased combustion by great admission of more blood into the capillaries of the part. Now, by the discoveries of the mechanical value of heat, and of the known quantity of heat evolved by combustion of carbon and hydrogen (the former by Favre and Silbermann, and the latter by Grassi), we have a ready means to estimate the amount of heat capable of being produced by both these means. To give the figures in proof of this would take up much space.

When the half of the spinal cord in the lumbar region is divided, increased sensibility of the limb ensues; and this strongly convinces me that this increased sensibility of the limb, or increased afferent nerve-force, becomes collected, and the limb highly charged with this force, derived from the peripheral extremity of the nerves.

To conclude this brief account: I consider that the sympathetic and sensitive nerves are supplied at their peripheral or afferent extremities with their peculiar functions and forces. Their functions are to receive impressions, as touch, vision, hearing, smell, and taste. And these two classes of nerves are here connected by ganglionic nerve-cells. The derivation of the nerve-force supplied to the nerves of special sense, and the function produced in each of these, will be, in my opinion, as follows. The nerve-force generated by chemico-vital action in the capillaries within the eye is conveyed to the retina by the expanded layer of ganglionic nerve-cells which are found spread upon its surface; and hence, light falling upon the retina, the sensation of an image is conveyed to the brain by the force generated, not in the nerve-centre, but in the eye. This instance will serve to explain what is effected in the other organs of special sense.

It is an established law in physiology, that the development and functional activity of an organ is in direct ratio to the abundance of arterial blood which is sent to it. This is seen by the excited condition of the pneumogastric nerve during digestion, when the amount of blood to the stomach is much increased. The opposite condition is seen when part or organ is deprived of its arterial blood. Thus the functions of the brain are checked when all the arteries which go to it are tied, and return again

when blood enters one of them. Instances are recorded of fetuses born without brains and with only rudimentary spinal cords, and yet whose hearts have continued to act.

CASE OF TRANSMISSION OF SECONDARY SYPHILIS: WITH REMARKS.

By THOMAS SKINNER, M.D., Liverpool.

[Communicated to the Medical Institution of Liverpool, April 14, 1864.]

On the 20th of September, 1861, I was consulted by a lady in reference to her first confinement. She was suffering from pruritus vulvæ, arising from a simple non-specific herpetic eruption on the vulva, which was cured in a week or two by diet and simple tonics, directed to improve the digestive organs. On the 4th of February following, she miscarried of a viable child, which, although seemingly healthy, died within a fortnight of its birth. The mother has had no return of the vaginal or vulvar irritation up to the present moment, and has enjoyed better health during all that time than has been her lot for some years before.

On the 3rd of July, 1862, she again conceived, went the full time of gestation without a single abnormal symptom, and was delivered of a rather puny-looking female child on the 10th of April, 1863. Within a week after birth, the child exhibited unmistakable signs of hereditary syphilis in an exaggerated form. On both hips, and around the anus and vulva, there was a florid red eruption, in rounded patches of various size and extent, each patch being raised above the level of the surrounding skin; and on the worst and most florid parts an ichorous discharge issued, which seemed to inoculate the sound skin, greatly extending thereby the diseased surface. Over the whole of the body a roseolar rash appeared, covered more or less with minutes scales, unaccompanied with itching. The whole of the mucous membrane of the mouth, lips, gums, fauces, and nostrils, became excoriated. The lips and gums, particularly the angles of the mouth, bled on the slightest touch; and they were always moist with a muco-serous exudation from the broken surfaces. Aphthous deposits were visible every where, but chiefly on the tongue and buccal mucous membrane. The child began to emaciate rapidly; and the mother's milk disappeared, apparently from grief at seeing her infant in such a frightfully diseased condition; so that we were driven to the alternative of substituting a wet-nurse. A strong healthy wet-nurse was obtained; the child was put upon grey powder; the diseased mucous and cutaneous surfaces were dressed thrice daily with a weak solution of the acid nitrate of mercury; and in three weeks the child was free from any appearance of disease; but, as it was still weak and delicate, I sent it, with the nurse and father and mother, to the coast of North Wales, where it thrived well, and remained quite well for a month, when a slight threatening of the eruption reappeared on the hips and vulva, with at the same time *ozæna*. A few more powders of chalk and mercury, and applying the lotion of the acid nitrate locally, again removed all trace of the disease within a week. The child has been weaned, and is now thriving better than ever, being both fat and plump.

So much for the disease in the child. But how did it come by it? As I have already stated, the mother never manifested a trace of syphilis, either locally or constitutionally, during either of her pregnancies; and from the 20th of February, 1862, until the present date, she has never had any discharge, sore, or other local disturbance of the genito-urinary organs.

I at once suspected the husband; and I told him of my suspicions, when he candidly confessed that he had contracted the disease by a primary sore on the penis eight years ago; but, as he had undergone a thorough salivation on more than one occasion, he thought the poison had been eradicated from his system. On making further inquiries about his present state of health, I found that he was still the subject of constitutional syphilis. The form in which it now manifested itself was that of chronic syphilitic ulceration of the tongue, coming and going, not yielding to ordinary tonics. I examined the ulcers; and, judging from their characteristic ash-coloured surface, combined with the fact that they had come and gone for eight years independent of external causes, I have no doubt in my own mind that the husband was the cause of the disease in the child. He has since been cured to all appearance by iodide of iron, baths of nitro-muriatic acid, and an occasional mercurial purgative.

Having now accounted for the disease in the child, let us turn to the wet-nurse. The child had not been a week at the breast when, with one of its nails, it injured or broke the skin a little below the nipple. Every care was taken of this broken surface, by means of cleanliness, etc.; but I fear they were too late of adoption, and that some of the saliva or the secretion from the excoriated lips of the child inoculated the wound. The wound did not heal kindly: more or less of a suppurative tendency showed itself. It healed with simple dressing within a week or ten days; and the woman went with the family to the coast, and remained out of my supervision for about four weeks. On her return, she was covered from head to foot with a roseolar rash, the same as I observed in the child a few days after its birth. On the back of the neck, and on other parts, the peculiar copper-coloured eruption of secondary syphilis was present; but I was very unwilling to believe it. Partly at my own request, and partly as it was the wish of the family, a second opinion was taken. The physician who met me was one who has had a very large experience of syphilis, and he at once pronounced it a genuine syphilitic eruption; in fact, he pronounced it so even before he had heard the history of the case; and I believe he was perfectly right. The wet-nurse was immediately put upon a course of mercurial purgatives, which removed all trace of the disease in about six weeks, without affecting the breast-milk otherwise than by increasing the quantity of the secretion. At this date, she remains perfectly free from any trace of the disease.

REMARKS. I am fully aware that, so far as the profession as a body is concerned, we are far from being unanimous as regards the question of the possibility of the transmission of secondary or constitutional syphilis. My object in bringing this case before you is to strengthen our belief not only in the possibility, but in the certainty of such transmission; as also that we may see how deeply we are interested in the subject in a legal sense, as regards the general management of such cases.

The case I consider quite equal to an *experimentum crucis*; and I feel perfectly confident that every avenue leading to deception or mistake has been strictly guarded. I can vouch for it that, during these two years, neither locally nor constitutionally has the mother ever manifested any appearance of a primary syphilitic sore or sores; and far less has she shown any symptom at all approaching to constitutional syphilis. I can also testify that, during the same period, she never was treated with any anti-syphilitic agent. If you ask me how the mother escaped contagion, I answer that I know not. All that I can say is, that this case is not the only one

on record where a child has been born, not only with hereditary syphilis, but with scarlatina, variola, rubella, and other contagious diseases, and where the mother showed not the slightest trace of any of these affections during or after gestation. Mr. Victor De Méric, in his Lettsomian Lectures in 1858, states that, out of twenty-three cases of congenital or infantile syphilis, "he perceived that in *thirteen the mothers who had given birth to them remained in perfect health.*" That the disease was syphilis in the child I make no doubt. My description of it; the effect of the mercurial treatment, local and constitutional; and the fact of the father having had syphilitic ulceration of the tongue for eight years,—are strongly confirmatory.

Lastly, of the wet-nurse. Before she was engaged, I examined her as I would any other wet nurse, and found her in every respect a very healthy woman, with the finest breast of milk that I ever saw. From motives of prudence, we did not institute a vaginal examination of the woman *after* the syphilitic eruption appeared; but, on inquiring of the servants who washed her linen, and from actual examination of the linen, there was never found any trace of matter or discharge of any kind upon her thrown-off under-clothing. What goes still further to prove this point, is the fact that the secondary symptoms showed themselves when she was in North Wales; an interval of four or five weeks having elapsed from the time that the child scratched the left breast.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

[Continued from p. 85.]

6. *Emphysema.* We have had a few well marked examples of this disease in the past two years. Like asthma (although depending upon very different pathological causes), its symptoms are very capricious; and it is striking to see what liberties, in reference to diet and exposure, a patient may take in one locality, while, in another, the most vigilant care is futile in warding off an attack. As it is now very generally believed that the pulmonary lesion is produced by over-forced expiratory, rather than by inspiratory effort, it behoves us to caution the labouring poor against an employment that will call for violent exertion while the breath is temporarily suspended, as in pushing or lifting heavy weights, etc.

Emphysema, whether vesicular or interlobular, is best relieved by strict attention to the general health. Flatulent dyspepsia will naturally much aggravate the attack of dyspnoea; and, as a rule, both in this complaint and in asthma, I have found the recommendation of Dr. Salter a very valuable one—viz., to debar the patient, as far as possible, from taking food after the middle of the day. The breakfast and mid-day meal may be substantial; but the lightest allowance, both in quantity and quality, should be taken in the evening. As a rule, also, I believe that stimulants, in the shape of wine or malt liquor, are better avoided.

Although the general application of blisters is thought to be questionable, I have certainly seen much relief obtained from a blister applied to the epigastrium. It operates partly, I imagine, by relieving gastric congestion, but more especially by the direct influence which it exerts upon the semilunar ganglion and branches of the pneumogastric nerve.

As medicines, alkalies and chloric ether are beneficial, and sometimes cod-liver oil may be given with

advantage. I have seen also very great relief to the dyspnoea, both of emphysema and asthma, obtained by liquor arsenicalis, continued for some length of time.

Smoking stramonium and tobacco may be of temporary service; as is also the inhalation of the fumes of paper prepared with a saturated solution of the nitrate of potash.

It will be often found, however, in private practice, that a carefully regulated diet, with warm clothing, and residence (if possible) in a dry atmosphere, will effect more in reference to the patient's comfort than we shall be able to afford him by medicinal treatment. The strict avoidance of constipation is, I think, a matter to be attended to in the treatment.

CIRCULATORY SYSTEM.

1. *Hyperæmia.* Under the denomination of congestion, we have a large number of cases noted as having applied as out-patients in the two years.

The symptoms at once point to the cause; viz., a more or less loaded state of the capillaries throughout the body, turgescence of the veins, and a dark purple appearance of the mucous membranes. With these, there is generally, also, a thickly coated tongue, and all the symptoms of congestive dyspepsia. Among the out-patient poor, the actual quantity of blood is probably increased as far as its watery constituent is concerned; while, among the more wealthy, indolent, and free-living, the quality rather than the quantity of the blood is changed, and this by increase both of the fibrine and also of the red globules.

The hard working "servant of all work" appears to me to be particularly prone to this hyperæmic condition of the circulation. In two cases, in this class of life, which were severe, I prescribed venesection with great advantage.

In general, a light diet without stimulants, free purgation by saline aperients, and the following mixture (*Ph. Lond.*), will be all that is necessary.

R Potassæ bicarb. ʒiss; potassæ nitratis ʒss; tincture colchici ʒj; spiritus ammon. aromat. ʒiss; spiritus æther. nitr. ʒij; mistura camph. ad ʒviij. M. Sumat. partem sextam ter die.

2. *Valvular Disease of the Heart.* The most frequent form of cardiac disease that has obtained is lesion of the valves. Of these, the mitral have been most often affected; next, the mitral and aortic; then, the aortic singly; and in one case, the semilunar pulmonary were alone implicated.

None of these cases were of recent date; and the majority could be traced to a rheumatic origin. In the treatment of mitral valve disease, the daily toil and struggle to live among some of the poor almost hopelessly negative our attempts to relieve.

Regulating the digestive function, allaying flatulence, and keeping the liver tolerably empty by the steady use of aperients, and giving iron in combination with alkalies, will, I think, be found the best general treatment of this affection.

In the treatment of the aortic lesion, which is far more hazardous to life than the former, I have found the following formula of Dr. Barlow certainly afford much relief, although it is difficult to say how it acts.

R Tinctura hyoscyam., spiritus ætheris nitr., a ʒij; decocti senegæ ʒvss. M. Sumatur pars sexta ter die.

I have added bicarbonate of potash to the mixture if the digestive organs be faulty. If the patient be anæmic, steel is indicated; and in one case arsenic appeared to do much good. The dropsy, depending upon valvular lesion, obtains only in a limited extent among the out-patients; inasmuch as when

it is severe the patient is necessarily confined at home.

The time-honoured combination of blue pill, squill, and digitalis, will still hold its ground, in many of these cases, as a remedy of much value. Iron combined with saline aperients, and diuretics, are also proper.

Elatarium is more suited to renal than to cardiac dropsy; but, in obstinate cases, if its administration can be watched, it may sometimes be given with much advantage. To relieve congestion of the heart itself, dry cupping, frequently repeated, over the præcordial region, may be adopted; and I think that I have seen benefit derived from constantly wearing a belladonna plaster. In very chronic cases, with much pulmonary distress, in addition to alkalies and antispasmodics, small doses of the bichloride of mercury, continued persistently at bed-time, will often give relief.

I need scarcely add, that cold and moisture must be guarded against with the greatest vigilance, as in no disease is their depressing influence more, and often irrecoverably felt, than in valvular lesions of the heart.

3. *Dilatation of the Heart.* Two or three well marked examples of this lesion have occurred; and, referring to notes from private practice, I am disposed to think that the disease is on the increase. In the great strain to which the muscular fibres of the heart are subjected, and the exhausted nerve-power, as the consequence of mental and bodily wear and tear, with, in many instances, overwhelming anxiety, there is, I think, in the hurried habits of the present day, more than sufficient to engender this lesion.

In the treatment, steel and digitalis are our sheet-anchors; and with these medicines, I have combined small doses of strychnia. I am quite convinced of the great value of digitalis as a cardiac tonic; and in cases in which the action of the heart is exceedingly weak and fluttering, it will often be productive of the best result.

4. *Palpitation.* This affection, which is rather a symptom than a disease, is interesting more particularly in reference to its diagnosis. Both sexes have afforded instances as hospital out-patients.

In the female, the cause has been chiefly traceable to mental emotion, insufficient food, debility, hæmorrhage, leucorrhœa, and too close confinement—all tending to produce anæmia, with disordered nerve-tone. In the male, dyspepsia is a fertile excitant of functional palpitation; too rapid growth; excessive indulgence in stimulants; and sexual abuse; and perhaps more prejudicial than any of the above is the baneful and disgusting habit, among all classes and ages of the present day—viz., the almost universal and immoderate smoking of tobacco. I have had several cases under my care, in which I was distinctly able to trace as the effect of constant smoking, the miserable train of nervous feelings, together with the loss in a great measure of virile power, for which I was consulted. One more cause of inorganic palpitation, common to both sexes, is commencing scattered general tubercularisation throughout the lungs.

In forming a diagnosis, we must take into consideration all the collateral circumstances of the patient's life; the absence of the signs of organic disease; the return at intervals to natural and quiescent action of the organ; and the improvement which we shall generally see result from judicious treatment. A transient *bruit* will often be audible at the base of the heart; and, if its action be very violent and irritable, this may be communicated more or less towards the apex, without being indicative of organic disease.

5. *Aneurism.* One case of this affection, occurring in a female, has been observed in the two years. Although the aneurism did not protrude tangibly, still the phenomena were sufficiently marked to warrant the diagnosis of the existence of an aneurism of the aorta.

The patient was about fifty years of age, stout; purplish cheeks, and mucous membranes generally. She suffered from constant dyspnoea, greatly aggravated by exertion; faintness, at times amounting to syncope. With this, she had substernal tightness, and a feeble but not unsynchronous pulse. Some dulness was elicited on percussing the upper sternal region; and there was a systolic *bruit*, feebly audible both at the upper sternal and right interseapular regions.

This patient's dyspnoea was so much benefited by taking the senega mixture above referred to, that she persisted in visiting the hospital once a fortnight (although repeatedly advised to the contrary), having to travel on each occasion six miles in a carrier's cart. I think, but I am not quite certain, that this patient has since died suddenly.

DIGESTIVE SYSTEM.

1. *Dyspepsia.* Following the plan of noticing diseases in each class in the order of frequency of occurrence, we at once find dyspepsia taking the lead as the most common disorder we are called upon to treat. In the forms under which it most frequently obtains, it may be conveniently divided into two varieties—the irritative, and the dyspepsia of debility, or defective nerve-power. In the former, or irritative dyspepsia, which is very common among our out-patients, and which is productive of much distress, we have epigastric pain and tenderness; sometimes vomiting; headache; anorexia; a rough tongue, with a greyish fur, red at the tip, and scattered papillæ on either side, with, sometimes, a red streak down the centre. Food causes pain, often both during gastric and duodenal digestion; there are flatulence and confined bowels; and the urine deposits lithates and crystals of uric acid. In the atonic dyspepsia, we often find the tongue tolerably clean, or with a thin pale coating, and marked at the sides with the impression of the teeth; very frequently vomiting after all ingesta; but little, if any, epigastric pain; bowels torpid; and the urine variable, but frequently pale, clear, and of low specific gravity. In severe cases, gastralgia and pyrosis may become prominent symptoms. In both varieties, there exists great mental prostration, amounting often to melancholy.

The irritative variety may generally be attributed to phlogosis, or congestion of the mucous membrane, caused either by cold, improper food, or meals taken too hastily or at too short intervals; all in their turn producing a depraved condition, both in quantity and quality, of the gastric juice.

The second variety referred to is more frequently seen in women or delicate men. All causes producing nervous depression, especially fatigue, mental anxiety, and want, and, above all, tobacco-poisoning, the result of immoderate smoking and snuff-taking, are fruitful causes of this form of dyspepsia. As the cases under this head were none of them depending upon other than functional causes, I do not allude to the dyspeptic symptoms which owe their origin to cerebral or other visceral disturbance, or to malignant disease, ulcer, or blood-poisoning. In the treatment of irritative dyspepsia, a blister to the epigastrium at the onset will often materially shorten the attack. Blue pill with colocynth, followed, if necessary, by a draught of rhubarb and sulphate of magnesia, if the bowels are confined; and, if there be

much gastric irritation, small doses of mercury with chalk, with morphia at bedtime, will be very useful. Alkalies, with the nitrate of potash, may be taken during the day. This, with a diet strictly confined in the first instance to broth and farinaceous articles, will generally effect recovery.

In the atonic variety, the bowels will be best regulated by the compound rhubarb pill, with the addition of one grain of the sulphate of iron; alkalies, with ammonia and chloric ether, will also be proper; and if the vomiting be very troublesome, with a tolerably clean tongue, bismuth in ten-grain doses, with chloric ether, will often act like a charm in giving relief. The bismuth lozenges of the *British Pharmacopœia* will be found very useful in private practice, as an auxiliary to the alkaline treatment.

In reference to tonics, I believe that, as a rule, even the mildest are better avoided during any stage of the treatment of the irritative form of this disease. In the second variety, however, where nerve-tone is so decidedly deficient, a judicious combination of small doses of steel, with ammonia and carbonate of potash, and a few minims (four to five) of the liquor strychniæ (*Brit. Pharm.*), will often be very beneficial.

Of stimulants for dyspeptic use, the best are, unquestionably, dry sherry, diluted with water; claret, in small quantity, and brandy well diluted. Of these, I believe the first to be the best; but claret often agrees exceedingly well, particularly if the patient be of a gouty predisposition.

In the irritative form of dyspepsia, all stimulants of this kind are, I believe, as a rule, better interdicted.

[To be continued.]

EXCISION OF THE SCAPULA BY PROFESSOR MICHAUX OF LOUVAIN.

From Notes by GORDON HARDIE, M.D.,
73rd Regiment.

LOUVAIN lies out of the direct route of Belgian travel, but will repay a visit in many ways. It has still the grave ecclesiastical air of a mediæval university town. Its *hôtel-de-ville* is the gem of municipal Gothic architecture in Europe, as highly finished as a *château*. The University has a very complete Faculty of Medicine, a good hospital, and two excellent clinical professors in surgery and medicine.

The former, Professor Michaux, has an European reputation as a bold and skilful operator, especially in regard to excisions of the upper jaw and the extirpation of naso-pharyngeal polypi through the opening thus made. He has been led to adopt this operative process from his own experience, as well as from that of others, of the liability to relapse, if the polypus, with its various roots and insertions, be not wholly extirpated and freely cauterised with the red-hot iron; as also from the impossibility, in many cases, of removing the tumour through any smaller opening. He, therefore, considers that "Resection of the upper jaw, to make way for the removal of large fibrous naso-pharyngeal polypi, with large and resisting roots and multiple ramifications, should be considered as the general method."

He has now performed this operation seven times, with complete success, and with an experience of many years immunity from relapse in the persons of the first two. The remainder have been operated on within the last four years; but were all known to be well and without relapse in December 1864.

The credit of having been the first to perform this operation for the cure of naso-pharyngeal polypus,

he gives to Professor Syme of Edinburgh, who, in 1832, led the way.

At the time I visited Louvain, Professor Michaux had removed the upper jaw, for these and other causes, twenty-three times successfully, and once with a fatal result.

While there, in December last, I witnessed another formidable operation by Professor Michaux—excision of the scapula, in which also Professor Syme has led the way.

The patient was a lad, of about 15 years old, in whom a large enchondroma (as was supposed) occupied the greater part of the right scapula, extending closely up to the glenoid cavity. It was represented as having originated in the soft parts (?), and as having increased rapidly, the whole duration of the disease being only about six months. At the time the lad entered the hospital, the tumour was closely incorporated with the scapula, and there seemed to be little chance of saving any part of the bone in removing the tumour.

A few days after entering the hospital, the lad underwent the operation. A crucial incision was made over the tumour, and the flaps quickly thrown back. The tumour was then divided to see if it could be detached from the scapula. This incision led to the most formidable hæmorrhage which occurred in the operation. It was arrested by means of plugs of charpie soaked in tincture of perchloride of iron. The last portion of the operation was done with the *écraseur*, dividing the parts in the vicinity of the joint without any further hæmorrhage. The lad bore the operation, which was prolonged from the necessity of administering stimulating enemata after the alarming hæmorrhage, very manfully.

I mentioned Professor Syme's operations to Professor Michaux, and sent him the *brochure* on my return. I have heard since from him that the wound was healing well, and that there was every prospect of the result proving successful. This was three weeks after the operation.

I stayed two hours only in Louvain after the operation, and did not learn what the nature of the tumour ultimately proved to be. I have no doubt that the case on recovery will be fully reported to the Belgian Royal Academy of Medicine.

"WOMAN'S RIGHTS." A novel question has arisen at Oxford respecting the rights of lady governors of the Radcliffe Infirmary. At the October quarterly court, two ladies entered the room and tendered their votes on the election of a committee. This was an unprecedented circumstance, and the Master of University College, who presided on that occasion, would only receive the votes under protest. At the quarterly court last week, five ladies attended, and a long discussion took place, two propositions being submitted—one denying their right of attending, and the other proposing that counsel's opinion be taken on the question. The advocates of the former urged the usage of eighty years, and relied on a phrase in the rules—"ladies subscribing as governors," as implying a distinction between them and the other sex. On the other side it was shown that ladies had the privilege of voting by proxy on certain occasions, and that proxies invariably conferred an additional and not a limited right. This view eventually prevailed, and it was consequently considered unnecessary to obtain a legal opinion. Professor Westwood has, however, since published a letter which, while admitting the right to vote of unmarried ladies, contends that this is a chattel interest, which in the case of married women is vested in their husbands. The dispute will, therefore, probably be revived.

LEEDS GENERAL INFIRMARY.

STATISTICAL TABLES OF THE OPERATIONS PERFORMED FROM JANUARY TO JUNE, 1864, INCLUSIVE.

[Continued from page 59.]

Removal of Malignant Tumours.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 54	Mr. Smith	Excision of epithelioma from lower lip, and plastic operation for restoration of lip.	24 days	Recovery, with very slight deformity. The disease has returned in the cicatrix, and is appearing in the submental glands.	The growth and ulceration were extensive, occupying nearly the whole of the lower lip. There were no enlarged glands. The whole was swept away by a semilunar incision; and a lower lip, made by drawing together the remaining lateral portions of lip, released by an incision on either side, extending from the base of the wound outwards through the cheeks to a distance of about an inch and a half. The whole united, and a good lip resulted, by means of which he was quite able to retain the saliva.
2	M. 60	Mr. Nunneley	Excision of epithelioma from lower lip.	7 days	Recovery. Return in glands beneath jaw, which were excised.	A small epithelial growth on the left half of the lower lip.
3	M. 72	Mr. S. Hey	Removal of encephaloid tumour from parotid region.	12 days	Recovery.	An ulcerated growth, the size of a pigeon's egg, sprung from the deep tissues in the left parotid region. It had commenced two years before.
4	F. 31	Mr. P. Teale	Excision of scirrhous from left breast.	21 days	Recovery.	The tumour was the size of a walnut, and occupied the superior part of the breast. No skin was removed, but that immediately covering the disease sloughed.

Plastic Operations.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 23	Mr. Teale	Plastic operation for deformity of the nose.	18 days	Considerable relief of deformity.	The deformity had resulted from syphilitic ulceration of the right ala and septum two years before, and consisted of a puckered and shrivelled right ala, a depressed tip, and a widely expanded but flattened left ala. The middle third of the right ala was cut away, and into the gap thus formed a quadrilateral flap, attached by its base superiorly and raised from the cheek, was transplanted and fixed there by wire sutures. The whole flap lived and united, and thus the two sides of the nose were made symmetrical.
2	F. 1	Mr. Teale	Plastic operation for single hare-lip.	10 days	Union complete.	The cleft was on the left of the median line, did not extend through the entire lip, and was confined to that situation.
3	M. 23	Mr. P. Teale	Rhinoplastic operation.	68 days	Recovery, with great relief of deformity.	The nose had been greatly disfigured by syphilitic disease; and, before his admission, attempts at relief had been made on two occasions by plastic operations, consisting of the separation of the remains of the ala from the
nasal bones to form the tip, and the filling of the resulting gap by two large quadrilateral flaps dissected up from the cheeks, and subsequently the formation of a septum from the centre of the upper lip. The result was not satisfactory. The nose was made up of a series of flattened patches, separated by deep cicatricial lines, was broad, short, and flat. The surface of the central portion having been pared away, the usual shaped piece of integument, taken from the forehead and left attached by a broad base at the left inner canthus, was turned down and fastened by sutures in the normal position of the nose. The whole lived and united. Subsequently, the deep lines of cicatrix above mentioned were dissected out, and the edges of the wounds brought into careful apposition, by which means direct union was obtained almost without any marking. When discharged, and when seen some months later, the nose presented a very shapely appearance. See No. 3, Removal of Eyeball.						
4	F. 20m.	Mr. S. Hey	Plastic operation for single hare-lip.	12 days	Union complete.	The cleft extended through the right side of the lip and alveolus, and did not reach the palate. Union by the first intention was perfect.
5	M. 11	Mr. S. Hey	Plastic operations for double hare-lip.	93 days	Recovery, with great relief of deformity.	In this case, the deformity was unusually great; the cleft was wide, and extended through hard and soft palates; and the central portion of the jaw, with attached lip and front incisor teeth, projected horizontally forwards so as to reach an inch beyond the tip of the nose. The operations were performed on three separate occasions. 1. The projecting portion of alveolus with incisor teeth was removed, having been previously detached from the central piece of lip. 2. The middle portion being ignored, the whole cleft was closed, as in ordinary single hare-lip, by bringing together the pared edges of the two lateral pieces of lip. 3. The edges, tip, and under surface of the central piece, were pared, and the remaining portion bent backwards, and so retained by plaster, as to unite with the pared edge of the septum nasi. All the operations succeeded perfectly.
6	M. 11	Mr. S. Hey	Plastic operations for double hare-lip.	93 days	Recovery, with great relief of deformity.	This patient was the twin brother of the above. Their cases were exactly alike, the operations were of a similar kind, and in both cases the results were equally good.
7	M. 7m.	Mr. P. Teale	Plastic operation for single hare-lip.	11 days	Union complete.	The cleft was on the left of the middle line, and extended through the entire palate. The line of union was complete.
8	M. 19	Mr. Nunneley	Plastic operation for strumous protrusion of testis.	29 days	Healing by granulation.	The left testis had been the seat of strumous inflammation for two years, and was exposed and granulating. Soon after his admission into the hospital, two months before the operation, the sore became phagedenic, and spread

rapidly, so as to expose almost the entire gland. After the spreading had been arrested, the wound for a time quickly healed; but when the protruding mass had reached the dimensions of half a hen's egg, cicatrization ceased. The scrotum was dissected up all round the raw surface, and the two edges drawn over the testis, retained in apposition by hare-lip pins. Union did not take place, but the wound afterwards healed with considerable rapidity; and, on his discharge, was healthy, and about the size of half-a-crown.

Operations for the Removal of Cataract.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 63	Mr. Smith	Extraction of hard cataract.	23 days	Cured. Could see to read small print.	The left lens had been previously extracted. On this occasion, the right lens was removed. In both eyes a little prolapse of iris took place, but vision in both was very good.
2	F. 66	Mr. P. Teale	Extraction of left hard cataract.	18 days	Cured. Cornea hazy when discharged, but afterwards she was able to read No. 2 Jäger.	The right lens was still healthy enough to enable her to read large print. The left lens was quite opaque. A considerable amount of pain, accompanied by prolapse of iris and some inflammation of cornea, followed; but soon yielded to treatment.
3	F. 68	Mr. P. Teale	Extraction of right hard cataract.	30 days	Cured. When discharged she could not count fingers, owing to slight opacity of cornea, but afterwards improved, so as to be able to read No. 1 Jäger.	Both lenses were opaque. The right cataract only, however, was removed on this occasion. Prolapse of iris and inflamed cornea, attended by considerable suffering, as in last case, followed.
4	M. 42	Mr. S. Hey	Extraction of hard cataract.	29 days	Cured. Prolapse of iris. Clear and large pupil.	The left lens only was opaque. A little conjunctival inflammation followed the operation. Owing to the state of this patient's mind, it was impossible accurately to test vision. That he recovered so much as to enable him to see the people around, was, however, manifest. In the following month, he returned with right cataract, which was removed by extraction, with result similar to that in the left eye.
5	F. 9	Mr. Wheelhouse	Tearing up of capsular cataract.	1 day	Slight improvement of sight.	She had been born with left cataract. The lens had been torn up on several occasions, both at this hospital and elsewhere. Thick opaque capsule only remained. This Mr. Wheelhouse tore up. When seen some weeks afterwards, there was still a considerable amount remaining, but she was able to see large objects.
6	F. 25	Mr. S. Hey	Removal of cataracts by suction.	42 days	Cured. Able to read No. 1 Jäger with right eye, and with left No. 4 Jäger.	The right lens had been opaque four years, and the left two years. The lenses were on separate occasions removed—each at one sitting—by Mr. Pridgin Teale's suction-curette. A portion of the left lens, which was transparent, escaped observation, and was left; in consequence of which, a little inflammation followed. Both pupils were perfect.
7	F. 16	Mr. S. Hey	Removal of cataracts by suction.	55 days	Cured. Excellent vision, which could not, however, be tested, owing to her inability to read.	The cataracts had rapidly appeared during the month previous to her admission, in consequence of diabetes, from which she had been suffering for four months. The cataracts were completely removed—each at one sitting—as in the case last reported. Her recovery was made without any drawback. The length of her stay in the hospital was caused by the treatment necessary for the relief of the diabetes.
8	F. 64	Mr. P. Teale	Extraction of hard cataract.	21 days	Cured. Reads No. 1 Jäger.	The right lens had been previously extracted, with an excellent result.

Partial or Complete Removal of the Eyeball.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 30	Mr. Smith	Excision of eyeball.	10 days	Recovery.	A piece of metal had become deeply imbedded in the right eye five months before. Complete loss of vision in that eye, continued severe pain, and subsequent failure of sight in the left eye, resulted. After the right eye had been extirpated, vision was rapidly restored in the left. At the fundus of the right eye was found a piece of steel the size of a threepenny coin.
2	M. 15	Mr. Smith	Abcission of eyeball.	22 days	Recovery.	Vision of the left eye was beginning to fail, in consequence, it was presumed, of irritation caused by the presence of a diseased right globe, which had become the seat of a large staphyloma after a wound when he was four years old. Abcission, as recently brought before the profession at Moorfields Hospital, was performed. A considerable amount of inflammation, attended by constitutional disturbance, followed; but these in a short time were subdued, and an excellent moveable stump resulted. When he left the hospital, the left eye had quite recovered.
3	M. 23	Mr. P. Teale	Excision of eyeball.	See No. 3 of Plastic Operations.	Recovery.	This patient is the same as that reported at No. 3, Plastic Operations (see preceding page). When five years old, he received a blow on his left eye; inflammation and complete loss of sight followed. The injured eye had been subject to occasional attacks of inflammation from slight causes.
4	M. 40	Mr. Nunneley	Excision of eyeball.	5 days	Recovery.	The eye had been ruptured extensively in its anterior surface by a blow. In spite of treatment, suppurative inflammation was threatening, when the globe was removed. All pain and constitutional symptoms ceased at once.

ever afterwards; and for some months prior to his admission into the Leeds Infirmary, the sight of the right eye was beginning to be impaired. In the left eye the iris was universally adherent to a shrivelled chalky lens, and the globe was tender. The right iris was slightly adherent behind. Mr. P. Teale first performed iridectomy on the left eye, and removed the degenerated lens. Suppurative inflammation set in, and excision was, therefore, at once performed. Sight of right eye improved much during his stay in hospital.

Reviews and Notices.

DISEASES OF THE OVARIES, THEIR DIAGNOSIS AND TREATMENT. By T. SPENCER WELLS, F.R.C.S., Surgeon in Ordinary to Her Majesty's Household, etc. Vol. i. Pp. 376. London: 1865.

IN this volume, Mr. WELLS details 114 cases of ovariectomy, the results of his personal experience, in which the operation was completed; one case in which the operation was performed twice; several cases in which the ovariectomy was incomplete; and four cases of fibroid and fibro-cystic tumours of the uterus.

The volume is, if we are not mistaken, the most important addition to the history of ovariectomy which has yet been published; and most assuredly the highest merit must be awarded to Mr. Wells for the perseverance and the determination which he has exhibited in the performance of this operation. We are not saying too much when we state that to Mr. Wells must be mainly ascribed the merit of having given ovariectomy its true place in the domain of surgery—of having made it, in fact, an accepted, a legitimate, and established operation. Let us for a moment consider the position in which the operation stood in professional estimation before Mr. Wells took it in hand.

When LIZARS first performed ovariectomy in Edinburgh in 1825—nearly forty years ago—an angry discussion arose, which has been carried on nearly ever since, as to the “legitimacy” of the operation. LISTON (*Elements of Surgery*, Part iii, p. 54) said that the “perpetrator” of the operation was “indictable for culpable homicide”; and that it was not easy to conceive “how the proposal could have been seriously entertained by any *sane* individual, far less put in practice.” And other high authorities said that it would be very unjustifiable to repeat such hazardous experiments. Mr. Wells reminds us, in the introduction to the work before us, that Mr. LAWRENCE closed the memorable discussion at the Royal Medical and Chirurgical Society in 1850 with the question, whether the attempt to treat diseased ovaries by surgical operation could “be encouraged and continued without danger to the character of the profession.”

For years after this, it is well known that very few surgeons either performed ovariectomy or sanctioned its performance by others; yet Mr. Wells now lays before the profession no fewer than 114 cases in which he has completed this operation, and ten others in which he has commenced but has not completed it. Every case is given in the order of its occurrence, so that the book is to some extent an historical record of the progress of the operation. It is this strict and scrupulous performance of the self-imposed pledge to bring every case—success or failure—before the profession, which, in our opinion, has enabled Mr. Wells to do so much towards making ovariectomy an accepted, established, “legitimate” operation. If those who preceded him had not concealed unsuccessful or uncompleted cases, at any rate they had the discredit of concealment or non-publication; and it was not until the profession at home and abroad became convinced that Mr. Wells concealed nothing, that his example was followed. The

present volume will still further extend the success of that example, for the success obtained fully equals that of any capital operation. The results of 114 cases of ovariectomy were 76 recoveries and 38 deaths—exactly 2 recoveries to 1 death: a result which, considering the otherwise incurable nature of the disease, is a triumph of which Surgery may well be proud.

Possibly the ordinary reader may think the perusal of case after case tedious and unprofitable work: but the real student—the man for the bedside—knows that there is nothing like a case, provided it be honestly told. What would not a would-be lithotomist give for a hundred consecutive cases of stone fairly and honestly recorded just as they happened, whether his patients lived or died, were cured, or half-cured, or relapsed, from Cheselden, or Martineau, or Liston, or Fergusson? How carefully would the aspiring surgeon scrutinise the progressive modifications made by each operator as his experience became wider! How anxiously would he seek for the causes of failure, and endeavour to avoid them! And with what interest would he compare his own results with those of the masters of his art! If Heurteloup, Civiale, Leroy d'Etiolles, or any other pioneer of lithotomy, had only given us a truthful record of a hundred cases of stone treated by crushing, what a mine of wealth the book would be to any one who felt that the stamp of honesty was on it, and that he could implicitly rely on every statement of fact, however he might be disposed to question any conclusion drawn from the facts. Now this is just what Mr. Wells has done for ovariectomy; and we do not know any other book, medical or surgical, in which it has been done so fully before. From his first case in 1857 to his last in November 1864, every case, complete or incomplete, successful or unsuccessful, is laid before his professional brethren, with such details as place all doubt as to accuracy quite beyond question. We believe that this characteristic will be quite as fully appreciated abroad as at home; and that the book will be generally received as a record of hard and honest work, which marks an epoch in the History of Surgery, and is especially creditable to the Surgery of this Metropolis.

CLINICAL SURGERY. ON TUMOURS, AND TUMOURS OF THE BREAST, more particularly in Reference to their Diagnosis. By THOMAS BRYANT, F.R.C.S. Part v. London: 1864.

THIS is another of the valuable practical contributions to clinical surgery, with which Mr. BRYANT has favoured the profession during the last few years.

A CONTRIBUTION TO THE ANATOMY OF THE AMPHIBIAN AND REPTILIAN RETINA. By J. W. HULKE. Reprinted from the *Royal London Ophthalmic Hospital Reports*. London: 1865.

THIS is an account of researches made by Mr. HULKE on the anatomy of the retina in the frog, salamander, snake, gecko, land-tortoise, water-tortoise, and turtle. Those who delight in comparative anatomy will find much interest in consulting it.

WE beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 4TH, 1865.

THE MEDICAL PROVIDENT SOCIETY.

THE organisation of the Medical Provident Fund—or rather, as it is to be called henceforth, the Medical Provident Society—has been advanced another and an important stage by the adoption of a code of rules by the Directors at their meeting on the 27th ult. These rules were first brought forward at a meeting of the Executive Committee on November 18th; and, having been submitted to each Director a month previously to the recent meeting, were then carefully considered and adopted; and will, with such modifications as may be found necessary by Mr. Tidd Pratt in order to their registration under the Friendly Societies' Act, and with such corrections of the tables as may be advised by Mr. Finlaison, form the laws by which the operations of the Society are to be guided.

Until the corrections suggested by these legal and financial authorities have been made, it is not desirable to publish any details of annual payments, etc.; but the abstract given at p. 123 is sufficiently full to enable the profession to judge of the general bearings of the Society. When the entire scheme, in all its details, is sufficiently matured for publication, we shall take the earliest opportunity of laying it before our readers. In the meantime, we may offer a few remarks on some prominent points referred to in the report.

The Directors have determined, in accordance with the decision of the meeting held on October 20th, that the benefits of the Society shall be open to all duly registered medical practitioners. Regarding the wisdom of this decision, there is, we believe, still some difference of opinion in the Association; certain members considering that, as the provident scheme was originated by the British Medical Association, its benefits ought to be confined to the members of that body; and that the Association ought not to be expected to include in its operation those who do not think fit to enrol themselves in its ranks. The reasons which we once had for expressing no opinion on the merits of the question are removed; and, while we retract nothing of our disapproval of the attempts made to coerce the Directors into admitting the whole profession to the benefits of

the Provident Society, we consider that, in deciding in favour of such admission, they have acted according to the spirit of the Association, and have more-over acted wisely for its interests and for those of the Society.

They have acted according to the spirit of the Association. The Association has for one of its objects "the maintenance of the honour and interests of"—not merely its own members, but of—"the medical profession." If medical men do not think it right to avail themselves of the intrinsic scientific and social advantages of the Association by becoming members, the fault is theirs; but the Association has never yet acted on the principle of refusing to take cognisance of the interests of such men. It has laboured for the good of *the medical profession*. It has, during long years, striven to obtain medical reform; it has endeavoured to procure for the medical officers of the army and navy those improvements in their condition to which they are fairly entitled; it has always been ready to support medical men in the time of unjust persecution; and all this it has done irrespectively of the question whether those for whom its energies have been exerted have or have not been among its members. Surely, then, there can be nothing wrong, or officious, or derogatory, nothing but what is right and proper, in the resolution of the Directors—themselves members of the Association—that the advantages of a laudable and beneficent scheme, first propounded at a meeting of the Association, should be open to all properly qualified members of the profession.

It is highly probable, also, that the course taken by the Directors will be conducive to the interests of the Association. What we said on a former occasion, we would now repeat. "So far as the mere welfare of the Association is concerned, nothing but good can, we think, follow the measure that has been taken. It cannot be expected that any member will leave the Association because it seeks to do good beyond its own limits; and it may be expected that many subscribers to the Fund, by being brought into contact with the Association, and seeing the advantages of it, will join it also." (BRITISH MEDICAL JOURNAL, October 29th, 1864.)

Again, we believe that the extension of the benefits of the Provident Society to the entire profession will be of advantage to the Society itself, by insuring its stability. The greater the number of persons eligible as members of a friendly society, the greater must be the probability of a sufficient number enrolling themselves to place the society on a sure foundation. It may be, and it is to be hoped, that so many members of the British Medical Association alone will join the Provident Society as would suffice for its firm establishment; but still it is judicious, considering how many men there are in the world who do not know their own good, that no restriction

that is not absolutely demanded by prudence should be laid on admission. Moreover, it is possible that the profession outside the Association, seeing the benefits arising from the formation of a Provident Society, would, if excluded, attempt to form a similar institution; a proceeding which could do nothing less than destroy both.

One difficulty existed when it was first proposed to open the Society to the whole profession; viz.: How are those members who are not members of the Association to be represented in the governing body? To overcome this difficulty, the Directors have decided that, while the privilege of electing a Chairman and Vice-Chairman shall be vested in the Association, and while the interests of the members of the Society belonging to the Association are to be entrusted to Directors elected by the Committee of Council and by the Branches, the members of the Society, not of the Association, are to choose Directors for themselves in proportion to their number. This is, we think, the fairest plan that could be devised; by it the interests of all are provided for, and none are excluded from a voice in the appointment of Directors.

Another question which has occupied serious consideration, is the age at which members should cease to subscribe and to receive benefit. It will be remembered that at first it was proposed that all subscriptions and benefits should cease at the age of 60; and that considerable opposition to this proposal was manifested at the Cambridge meeting. The Directors, therefore, to meet the wishes of the profession in a manner consistent with the financial safety of the Society, have determined, on the suggestion of the Chairman, that medical men admitted, under necessary regulations as to health, up to the age of 45, shall have the option of either paying annual premiums which shall entitle them to the benefits of the Society during life, or of making payments which, with the contingent benefits, will cease at the age of 65. The payments, of course, will be higher in the former than in the latter case, on account of the increased risk of sickness in old age. They have further resolved, that members aged from 45 to 60 shall be admitted up to a fixed date, and shall be entitled to receive benefit during the whole of life. What the exact amount of annual premium demanded will be, we cannot at present say; inasmuch as the Secretary is still in negotiation with Mr. Finlaison, the actuary to the National Debt, regarding the formation of a scale which shall be at once sufficient and not oppressive.

The conduct of Mr. Finlaison towards the Society, as detailed in our report, deserves certainly the warmest acknowledgments of the profession. In first applying to him on the subject of revision of the tables, it was fully expected that for the application of his time and of his high professional know-

ledge he would charge a considerable fee—a hundred pounds, report said. And this would have been no more than fair; for Mr. Finlaison is not a man who has his reputation to make as an actuary, but holds a position and enjoys a reputation which might reasonably entitle him to demand a proportionate payment from those consulting him. Nevertheless, he has most generously, and at the same time most delicately, of his own free will, offered to aid the Directors in the revision of the tables, without any expense whatever. Nothing, indeed, could well be more kind and delicate than his letter to the Secretary of the Society. After saying that he will “cheerfully render the Medical Provident Fund all the assistance in his power”, he asks, as a favour, that “he may be permitted to render the Directors this service without any further question of charge”; and adds: “A general respect for the profession, as well as for the laudable object now more particularly held in view, impels me to take this freedom. I trust it will be pardoned.” Surely no pardon was wanted for such a letter. Much rather are the deepest obligations of the profession due to Mr. Finlaison; and we are sure that they will fully endorse the resolution of thanks which the Directors most cordially voted to that gentleman. We are glad to learn that he has readily accepted the office of Consulting Actuary, offered to him by the Directors.

Mr. Finlaison has further manifested his warm interest in the Society, by suggesting the formation of a reserve fund, for the purpose of meeting emergencies “which may arise out of the associated risks of a body of professional men, whose sense of duty and undaunted courage every day leads them to face dangers from which the common run of people reasonably shrink with the utmost dread.” That which Mr. Finlaison here so considerably recommends, is being carried out in the formation of the auxiliary—or, as it has hitherto been inappropriately named, the guarantee—fund. The necessity for the formation of such a fund has been felt; many liberal men in the profession have contributed towards it; and, if any further argument in its favour be required beyond those which have been already adduced, it is to be found in the unsolicited advice offered by Mr. Finlaison. We trust that his words will have weight with our associates and with the profession at large, and that those who have not yet given to the auxiliary fund will give. It already amounts to above six hundred pounds. Why should it not be raised to as many thousands?

We cannot leave the subject of the auxiliary fund, without calling special attention to the very generous offer made by Mr. Carden of Worcester; who, having already contributed thirty guineas—as large a sum as has been subscribed by any donor—has intimated his willingness to give an additional fifty

pounds on the establishment of the Society, provided that ten others will do the same. Surely it will not be long before those other ten liberal-minded men come forward. In any case, Mr. Carden at least gives practical evidence of his desire for the prosperity of the Society.

To draw up a code of rules for the management of such a Society is no light task; and, for men unaccustomed to pursuits of this kind, as are most of the Directors, the labour would have been great indeed, but for the fortunate circumstance that they have among them, and on the Executive Committee, a gentleman thoroughly conversant with the requirements of the Friendly Societies' Act, and possessing moreover much accurate and valuable knowledge. To Mr. Clay of Birmingham is due the merit of having framed a code of rules and tables for the consideration of his colleagues in the Executive Committee; and he most justly, we understand, deserves the acknowledgment of his valuable assistance which was rendered to him by the Directors.

Here, for the present, we must conclude; expressing our renewed confidence in the ability and judgment of the Directors, and urging the claims of the auxiliary fund on our associates and other professional brethren.

A DEFENCE FUND.

WE last week suggested that it was not certain that the establishing of a Defence Fund, to meet the legal expenses of iniquitous prosecutions carried on against medical men, was a thing to be desired. At all events, it seems to us that the matter should be well considered before it is seriously attempted to raise such a fund. We will state what appear to be the difficulties and objections which may be fairly raised against the proposition.

The first objection which meets us is this: that the fact of the existence of such a fund may encourage the bringing of actions against medical men. The very knowledge of the fact will surely not fail to operate on the mind of the low pettifogger who is ordinarily engaged in carrying on business of this nature. It will be to him a positive temptation to foment suits of the kind, to bring actions for pauper clients on speculation; being assured, if haply he may win the day, that his costs will be assured to him. The bait of prospective costs ready for him will encourage him to take the chance of obtaining a verdict—and when is a jury's verdict not in some degree a lottery in such cases?

Then, again, there can, we venture to think, be no doubt that the existence of such a Defence Fund would prejudice the case of the defendant in the eyes of the judge, the jury, and the public. The prosecuting counsel, at all events, would not fail to excite, *ore rotundo*, the indignation of the jury against the

profession for being banded together, as he would tell them, in this Defence Fund, *per fas et nefas*, to carry their medical colleague harmless through the trial. "What chance," he would say, "has my poor client to get justice, when the wealth of the profession is arrayed against him, unless you, gentlemen of the jury, show by your verdict to-day that poverty shall be no bar to the obtaining of justice?" Loud and claptrap Buncombe of this kind will doubtless be brought to operate on the jury to the prejudice of the medical defendant. Counsel, indeed, may say with some show of justice, that the backing of any given case with the Defence Fund would be an actual prejudging of the case—an anticipation of justice, practised by the profession.

Moreover, something may be asked respecting the practicability as well as the policy of establishing a Defence Fund; something, also, as to the satisfactory distribution of it, if established. If we may judge from the important character of the actions which have of late years been brought against medical men, of what they are likely to be in future, it is evident that a fund of this kind, to be worthy of the name, must reckon its pounds by thousands—must be, in truth, a very large fund. Whether it is or is not possible to collect so large a sum for the object inferred, whether it is or is not probable that men can be induced to subscribe for the defence generally of such actions—that, is, without previous knowledge of their individual character—are matters which we will leave to the opinion of our readers. This, however, we may observe, that it is clearly one thing for the profession to come forward and assist a professional brother who has suffered cruel and manifest hardship, but quite another thing to subscribe for the hypothetical case which may at any time hereafter occur. We must not forget, as experience has shown us, that there are cases in which, in the judgment of the profession, a medical defendant may not be altogether free of blame; that he may by his negligence or ignorance have, in a greater or less degree, himself brought down the mischief which has fallen upon his head. We may suggest to our readers that cases of such a kind have occurred within the memory of all of us; and, at all events, cases may occur, and have occurred, in which the opinion of the profession is greatly divided as to the degree of blame which may justly attach to the medical defendant. In such cases, clearly, difference, and fatal difference of opinion, will be expressed as to the distribution of the fund.

A calm consideration of the whole matter seems to us to suggest that in every respect it is best that each case should stand before the profession upon its own special merits or demerits. Where can a better proof of this be given than in Dr. Bowen's case? What can be more honourable to Dr. Bowen, and to the profession amidst whom he dwells, than the manner

in which his friends have rallied round him on this occasion? Can we for a moment doubt that in all like cases the profession will equally come forward and assist a brother in distress? When has it failed to do so? Is not the present result far more satisfactory to Dr. Bowen, and to the profession, and, we may add, to the public at large, than if the legal expenses had been paid out of some regular cut and dried centralised fund? Dr. Bowen has not only had his expenses paid, but the manner in which the thing has been done has been towards him a gratifying expression of professional sympathy. No hesitating or doubtful hand has come forward to assist him. He is sure that he not only receives this proper aid from the profession, but that he also receives its warmest sympathy. Can our readers not imagine that, with a Defence Fund in existence, a defendant might receive the pecuniary aid, but not the sympathy, of the profession? May not cases occur, in short, in which such a fund might, out of mere pity, be perverted from its proper purposes?

These points we throw out for the consideration of our readers; merely adding, that we shall be glad to be convinced by fair arguments that our view is an incorrect one.

In last week's JOURNAL was given a summary, from the *Edinburgh Monthly Journal*, of so-called successful cures of syphilis by syphilisation. We would particularly call attention (in reference to one of these cases) to a letter of Mr. H. Lee. The author of the paper in question will, we fancy, admit, when he sees this letter, that his own experience of the value of syphilisation rests upon a very insecure basis.

THE Report of the Vienna Hospital for the year 1863 has just been published. It contains 271 pages of statistical and nosological data. The number of patients received into the hospital during the year was 23,769, of whom 15,410 were males and 8359 females—the number of patients under treatment during the year being 26,247. Of these, 2846, *i.e.*, 12.7 per cent., died. Syphilis produced the greatest number of patients, 2424; tuberculosis, 1071; gastro-intestinal catarrh, 1424; itch, 1067; diseases of the eye, 1066; injuries, 1274. The average stay in hospital was thirty-two days. The cost of drugs was 20,938 *florins*; food, etc., 253,820 *florins*; fire, lights, and washing, 70,847 *florins*; baths of different kinds figure at about 70,000 in number. The statistics show that syphilis is continually increasing. Amongst operations on the eye are 24 for squint, 103 iridectomies, and 51 for cataract.—The Report of the Lying-in Hospital is just as full and extensive. During the year 1863, the number of women confined was 8826; the number of children born alive

was 4393 males and 4223 females, and born dead was 186 males and 149 females. There were 122 double and 2 triple births; 1.08 per cent. of mothers, and 4.8 per cent. of the children born, died; 607 operations were performed. Of remarkable malformations were observed, anencephalia with spina bifida, absent sternum, three cases of hemicephalia—one of which lived seven days—etc. Of the women, 15 per cent. suffered from puerperal disease, and of these 41.05 per cent. died.—In the Foundling Hospital, during 1863, were received 9408 children, 4734 boys and 4674 girls; 358 had inflammation of the eyes; 1051 died in the hospital (9.82 per cent.), and of these 130 from diarrhoea. Each nurse had to feed two, and sometimes three, children. The total number of foundlings (in and out of the hospital) was 24,777; of whom, 7242 died, and 9 per cent. of them under 1 year of age. The average time during which foundlings are kept is about six years and a half—the normal time being ten years. In the hospital, each child costs per day 63.11 *kreutzers*; in the private houses, each child costs 10.23 *kreutzers*. The total cost of the Foundling is 645,778 *florins*. The cost of a child for ten years is about 308 *florins*.

In the *Australian Medical Journal* is reported the case of a woman who died of hæmorrhage, with retained placenta, after delivery. A doctor, who was sent for, refused to attend her unless his fee were secured to him. The case will remind some of our readers of one like it which occurred some time since at Birkenhead. We refer to it in order to quote the words of the *Melbourne Argus* on the point.

"We have known juries in very similar inquiries censure medical men for neglect; and we should not have been surprised, had it been so in this case. Not that we consider censure in any way merited, but that such seems to be the feeling of the general public. A doctor is knocked up at all hours of the night; and if he do not at once obey the summons, without any inquiry as to whether or not there is a probability of his receiving compensation for his trouble, all sorts of hard epithets are attached to his name. Why is this? Why is it thought that a medical man only, among all professional men, should be ready to give his labour gratuitously in cases of emergency? If a man were to die without making his will, because a lawyer refused to attend his death-bed unless he had some chance of remuneration, we should not hear of the lawyer being heartless, or cruel, or neglectful. If a barrister refused to defend a prisoner unless his fee were guaranteed, he would not find himself spoken of as though he were guilty of some heinous crime against society. Why, then, is the medical man expected to act as though he had not to gain his bread as well as other working men? He generally has to work hard enough for it in any case. The talent and labour requisite to gain a living by medicine are not less, certainly, than other of the 'liberal professions' demand. The current number of the *Australian Medical Journal* speaks of the 'grave misapprehension' which appears to exist 'as to everybody's right to demand the services of a medical man, without even an implied obligation of remuneration.' We are told of several instances

wherein medical men having refused to visit persons to whom they were suddenly called, 'there has been raised a cry of hardheartedness and inhumanity, and members of the profession have been held up to public odium for doing simply what is considered perfectly right in those who practise any other vocation save that of healing.' We imagine there are few persons who cannot tell of their own experience of nobler instances of real charity among medical men than among any other class. Is it, therefore, that they are to be considered public property? Is it considered that a kind of prescriptive right to the services of the whole profession has accrued to the general public, because of the charity shown by many of its members? If so, the other professions have proved themselves wiser in their generation than these. People do not get their wills made, their cases argued, their conveyances drawn, or their houses built, for nothing; and so attorneys, barristers, conveyancers, and architects, pursue their profession for their own benefit, as they have an undoubted right to do, without fear of blame from an injured public. To no men do we go so readily in time of need as to the doctor—of none do we think so little when the time of need has passed."

M. Palasciano has published some further details of interest concerning "animal vaccination". The discovery of Jenner, he says, demanded the inoculation of matter taken from the cow only; and, when the vaccine is passed from one human being to another, it is not surprising that it should, after a certain time, become weaker or lose its power. Troja at Naples was the first person who inoculated the cow from man; and he did this in order to augment the activity of the vaccine, not to increase the supply of it. Troja followed the Bourbons to Palermo, at the beginning of the century; and then Galbiati took up the subject. In 1810, Galbiati published a memoir on *Animal Vaccination*. He there speaks of the diseases which sometimes appeared after vaccination; and maintained that man should be vaccinated from the cow, in order to preserve him from all chances of contracting such diseases. Galbiati was aware that the accidents following animal vaccination in man were more severe than when the matter was taken from a human being; but he showed that it was not more dangerous, and not less prophylactic. King Ferdinand II had his children vaccinated with matter from the cow at the very time when the Government obliged his subjects to be vaccinated with human vaccine. Indeed, in 1810, at the very time when the Committee threatened to proscribe by law animal vaccination, some of its most distinguished members—Cotugno, Villari, and Sementini—actually employed vaccine from the cow in vaccinating their children and relatives.

Out of 272 candidates for the Doctorate of Medicine and Surgery for the year 1863-64 at Berlin, 205 were received. Out of 158 candidates in Pharmacy, 144 were accepted.

THE LATE EDMUND BELFOUR, Esq.

WE have to announce the death of a well known and much respected functionary of one of the medical corporations—Mr. Edmund Belfour, who for upwards of half a century filled the important post of Secretary to the Royal College of Surgeons of England. He died on Monday last, at his residence in Lincoln's-inn Fields, in the 76th year of his age, of asthma, with senile exhaustion and decay. The deceased was highly esteemed, both by the Council of his College and by the numerous members of the profession with whom he had come into contact in the course of his long official career. So highly was he esteemed by the Council, that he was presented by them with the following testimonial, engraved on a massive silver salver:—"Presented by the Council of the Royal College of Surgeons of England, with other plate to the value of two hundred guineas, to Edmund Belfour, Esq., in acknowledgment of his zeal, fidelity, and honourable conduct, and of the invaluable services he has rendered the College, in all its departments, during the fifty years of his tenure of the office of Secretary. (Signed) JOHN FLINT SOUTH, President. November 9, 1860." The deceased has left a widow and two daughters; one of whom is married to Captain E. Ward Fox, of Haddon House, Bakewell, Derbyshire. The remains of Mr. Belfour will be interred this morning (Saturday), in the family vault in Hackney Church.

THE LATE JONES QUAIN, M.D.

WE regret to have to announce the death of Dr. Jones Quain, who died on the 31st ult. His health had been for some time failing.

Dr. Jones Quain was first known as a teacher of anatomy and physiology at the Aldersgate School of Medicine, in its palmy days, when Lawrence was a lecturer there. Thence he removed to University College, where he succeeded Dr. Paterson as Professor of Anatomy and Physiology—a post which he held for seven or eight years. His pupils will never forget his eloquent and charming method of instruction, and his kind and affectionate behaviour towards them. His retirement was regarded as a profound loss to the student and the school. His fine and sensitive nature was not made to brook the roughnesses which so often cross the path of men engaged in public life; and he retired into pursuits more congenial to his nature.

After leaving University College, he passed his days in the life of a scholar, in the cultivation of literary pursuits. We are not aware, however, that, since his retirement, any contribution to literature has appeared from his pen. He is well known to the profession as the author of *Quain's Anatomy*—a work which has, we need not say, won for itself the highest place as a standard work of anatomy. He was the editor, conjointly with Mr. Erasmus Wilson, of *Quain's Anatomical Plates*; and translated also *Martinet's Pathology*.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MID- LAND COUNTIES. [General.]	Medical Department, Old Library, Birmingham.	Thursday, February 9th, 6 P.M.

MEDICAL PROVIDENT SOCIETY.

The second meeting of the Directors of the Medical Provident Society was held at the Freemasons' Tavern, London, on Friday, January 27th. There were present: Dr. Richardson, in the chair; Dr. Armstrong (Gravesend); E. Bartleet, Esq. (Campton); R. B. Carter, Esq. (Stroud); Dr. Chevallier (Ipswich); J. Clay, Esq. (Birmingham); Dr. Desmond (Liverpool); Dr. Fayer (Henley-in-Arden); Dr. Latham (Cambridge); C. F. J. Lord, Esq. (Hamstead); Dr. Morris (Spalding); T. Heckstall Smith, Esq. (St. Mary Cray); Dr. A. P. Stewart (London); H. Veasey, Esq. (Woburn); S. Wood, Esq. (Shrewsbury); and Dr. Henry, Secretary.

The minutes of the last meeting of the Board of Directors were read and confirmed.

Letters stating their inability to attend the meeting were read from Dr. Bryan (Northampton); Dr. Burrows (London); H. D. Carden, Esq. (Worcester); Dr. Collet (Worthing); Dr. Littleton (Saltash); and Dr. Waters (Chester).

The following is a copy of Mr. Carden's letter:—

“Worcester, January 26th, 1865.

“My dear Sir,—I regret very much to say I find it quite impossible to attend the meeting of the Medical Provident Fund tomorrow. I quite coincide with making the Fund open to the profession generally. I wish the allowance per week could be increased to three instead of two guineas. . . . I hope the preliminary fund will soon be raised to £1000 or more. I will find an additional fifty pounds, if ten others will do the same—contingent, of course, on the fact of the Society being established.

“In haste, believe me yours very truly,
“H. D. CARDEN.

“B. W. Richardson, Esq., M.D.”

Mr. Carden's letter was very warmly received.

Resignations. Letters of resignation, on the ground of being unable to attend to the duties of directorship, were read from Sir Henry Cooper of Hull and Dr. Sieveking of London.

Mr. CARTER moved, Mr. HECKSTALL SMITH seconded, and it was resolved—

“That the Secretary be requested to give notice to the Metropolitan Counties Branch, and to the East York and North Lincoln Branch, requesting them to fill up the vacancies in their representation at the Board of Directors.”

Rules of the Society. The minutes of a meeting of the Executive Committee, held on November 18th, at which a draft code of Rules was prepared for the consideration of the present meeting, were read. The Rules having been printed, and a copy forwarded to each Director a month previously to this meeting, it was agreed that they should be taken as read, and discussed *seriatim*.

Mr. CLAY said that, before the rules were discussed, he wished to have the opinion of the meeting as to whether they should be registered under the Friendly Societies' Act. There were several reasons in favour of their being so registered; for example,

legal power was thereby given to the Society to sue and be sued in courts of law; and the safety of its funds was insured. He moved—

“That the Medical Provident Society be registered under the Friendly Societies' Act.”

Mr. HECKSTALL SMITH seconded the resolution, which was carried unanimously.

Mr. CLAY also moved, Mr. HECKSTALL SMITH seconded, and it was unanimously resolved—

“That the Chairman and Secretary be requested to communicate with the Registrar in reference to the registration of the Society, and to make the necessary alterations in the rules in accordance with the requirements of the Registrar and of the Friendly Societies' Act, provided that these do not interfere with the scheme propounded by the Directors.”

The rules were then discussed *seriatim* by the members present, various additions and amendments being made. As they are to be submitted to Mr. Tidd Pratt in accordance with the foregoing resolution, and further consultation with Mr. Finlaison is required in regard to the tables of payments, an outline only of their principal provisions is here given.

The Society is to be denominated “The Medical Provident Society in connection with the British Medical Association”; and may be ordinarily designated “The Medical Provident Society.” Its object is to enable certain duly registered medical practitioners to provide, by mutual assurance, for those exigencies of sickness or casualty which render them unable to discharge their professional duties. The Society is to consist of honorary and contributing members. Donors of ten guineas and upwards, being duly registered practitioners, and approved by the Board of Directors or Executive Committee, may become honorary members for life; and shall be eligible to office, but shall not have any claim on the sick fund unless they be also contributing members. The Board of Directors may also confer the title of honorary members on benefactors of the Society, but these shall have no part in the management of the Society nor claim on its funds.

Contributing members are to be duly registered medical practitioners residing in the United Kingdom, and approved by the Board of Directors or Executive Committee, enrolled in the books of the Society as contributors to the sick fund for benefit. They must not be in active service or on full pay in the army or navy. They must be healthy; and must not have any organic disease, or predisposition to periodical or recurring attacks of illness, likely to incapacitate them from discharging their professional duties. A candidate for admission as a contributing member is to be required to fill up an examination paper (resembling those of insurance companies) and to obtain a certificate of health from two registered medical practitioners; and also to sign a declaration of the truth of the statements made on the examination paper. These being found satisfactory, he is to be admitted by the Executive Committee, and duly enrolled. Any contributing member obtaining admission by means of false statements is to be expelled, if the fraud be proved by investigation within twelve months from his admission, and will thereon forfeit all interest in the Society.

The annual contributions are to be paid within a fixed time; and any member not doing so will be suspended from receiving benefit; but the suspension may be removed if the arrears are paid within a certain period, and a certificate of health is produced. Members who have been struck off in consequence of not paying their subscriptions may be again admitted on complying with the rules for original admission.

The funds of the Society are to consist of an Auxiliary Fund; a Sick Fund; and a Management Ex-

pense Fund; of each of which a distinct account is to be kept.

The Auxiliary Fund is to consist of all donations and bequests made to the Society, and of the interest which shall be from time to time received from the investments of the same. This fund is to be under the especial direction and control of the Board of Directors, who are empowered to apply it to increase the Sick Fund, whenever this may be necessary. The Sick Fund is to consist of the contributions of contributing members thereto, as defined in the rules and tables; of the admission fees of those contributing members who join the Society before July 1, 1867, and who at the time of enrolment are above forty-five and under sixty years of age (if, on actuarial advice, it be found advisable to demand such fees); and of the interest which shall be from time to time received from the investments of the same. There are to be three classes of contributors to the Sick Fund; viz., members not exceeding 45 years of age, who are to be entitled to receive benefit during the whole of life; members within the same limit of age, whose subscriptions and benefits are to cease at the age of 65; and members aged between 45 and 60, who may be admitted up to July 1867, and from whom probably an admission fee will be required in addition to the annual subscription.

The Management Expense Fund is to be formed by each contributing member paying an annual sum, to be determined by the Board of Directors.

The Sick Fund, or a competent part thereof, is to be from time to time applied, as occasion shall require, for the benefit of such of the contributing members respectively as shall have conformed to the rules of the Society, and who, suffering from sickness or casualty, may be unable to follow their usual professional occupation; but no member is to be entitled to claim benefit in consequence of infirmity. Every contributing member who has been enrolled a member of this Society upwards of twelve months and who has paid his annual contributions, shall be entitled to receive, during the first twenty-six weeks of his illness, two pounds per week; and if his illness continue longer than twenty-six weeks, he shall then be entitled to receive one pound per week.

Regulations are made for the proceeding to be followed when a contributing member is desirous of recovery of sick pay; also for his periodical visitation by a referee of the Society, if he continue a certain length of time in receipt of pay.

The affairs of the Society are to be managed by a Board of Directors, elected in part by the Committee of Council and the Branches of the British Medical Association, and in part by those members who do not belong to the Association. The Chairman and Vice-Chairman are to be elected by the British Medical Association at its annual meeting. The Directors are to hold an annual meeting either in July in each year or at the time and place of the annual meeting of the British Medical Association, and are to meet at such other times as the business of the Society may render necessary. Provision is also made for calling special meetings of the Board. A report is to be presented to the annual meeting of the British Medical Association. The Directors are to elect a Treasurer, Secretary, Trustees, and Auditor; as well as an Executive Committee for carrying on the business of the Society. The special duties of the various officers are defined. Power is given to the Society to appoint agents in such localities as they may think fit; and they are instructed to appoint duly registered practitioners to act as referees in cases demanding inquiry.

Mr. HECKSTALL SMITH proposed, Dr. ARMSTRONG seconded, and it was resolved unanimously—

"That the Rules which have been now adopted be the Rules of the Medical Provident Society, subject to such modifications as may be made by the Chairman and Secretary after consultation with the Registrar of Friendly Societies."

Letter from Mr. Finlaison. The SECRETARY reported that he wrote, on December 9th, to Mr. Finlaison, the Actuary to the National Debt, asking him whether he would consent to revise the Tables of the Society, and also what his fee for doing this would be. In reply, he had received the following letter.

"Old Jewry, City, 15th December, 1864.

"SIR,—Severe domestic affliction has delayed my reply to your letter of the 9th instant. I will most cheerfully render the Medical Provident Fund all the assistance in my power as to their Tables; and with regard to the fee, as the inroad on my time will not be very important, I beg that nothing more may be said on the subject, but that I may be permitted to render the Directors the service you mention without any further question of charge.

"A general respect for the profession, as well as for the laudable object now more particularly held in view, impels me to take this freedom. I trust it will be pardoned.

"I am, sir,

"Yours faithfully,

"ALEXANDER GLEN FINLAISON,

"Actuary to the National Debt.

"Alexander Henry, Esq., M.D."

The SECRETARY also reported that he had on that day received a letter from Mr. Finlaison containing suggestions in reference to the Tables, which would demand further consideration. In the course of his letter, Mr. Finlaison wrote as follows:

"I would be glad, in the interest of the Society, to learn, if possible, that the means could be found of creating some fund in the nature of a reserve, for the purpose of meeting demands which the experience of ordinary provident societies is not accustomed to anticipate, but which may arise out of the associated risks of a body of professional men, whose sense of duty and undaunted courage every day leads them to face dangers from which the common run of people reasonably shrink with the utmost dread."

Dr. CHEVALLIER moved, Mr. CLAY seconded, and it was unanimously resolved—

"That the Board of Directors of the Medical Provident Society desire to express to A. G. Finlaison, Esq., their cordial appreciation of the kind feeling expressed by him towards the medical profession and this Society; and to thank him sincerely for the valuable assistance he has consented to render them in the revision of the Tables of Annual Payments, and for his liberality in offering to perform this labour without expense to the funds of the Society.

"That Mr. Finlaison be elected an Honorary Member of the Society.

"That he be requested to accept the office of Consulting Actuary to the Society.

"That Mr. Finlaison's letter be entered on the minutes."

The CHAIRMAN, in putting the resolution to the vote, said that he could not fail to express, in the name not only of the Directors but of the many other supporters of the Society, the pleasure that was felt in giving such an expression of thanks to the distinguished actuary, Mr. Finlaison. He (the Chairman) had been apprised that a fee of one hundred guineas would have been considered a fair sum for the services of Mr. Finlaison, which had been so kindly offered. This was a great boon; but the way in which the offer was made was the most pleasing part of it. A letter couched in more delicate and generous language was rarely seen. It was a compliment to

the profession altogether, and would be long remembered. [*Hear, hear.*]

Vote of Thanks to Mr. Clay. The SECRETARY called the attention of the Board to the fact, that very valuable assistance had been rendered to the Executive Committee by Mr. Clay, who had kindly drawn up a code of rules for their consideration, and had thereby relieved his colleagues, and especially the Chairman and Secretary, from much trouble and anxiety.

The CHAIRMAN proposed a vote of thanks to Mr. Clay. He said that, but for the industry and the accurate knowledge of Mr. Clay, the Rules that had been drawn up and adopted that day could hardly by this time have been prepared. It was but to express the opinion of the whole Board to move, as a resolution,

"That the sincere thanks of the Board of Directors be given to John Clay, Esq., for the valuable assistance which he afforded the Executive Committee by drawing up a draft code of Rules and Tables for their consideration."

Mr. HECKSTALL SMITH seconded the motion, which was carried unanimously.

Treasurer. Dr. CHEVALLIER moved, Dr. ARMSTRONG seconded, and it was resolved—

"That Dr. Westall be elected Treasurer of the Society."

Executive Committee. On the motion of Dr. CHEVALLIER, seconded by Dr. ARMSTRONG, the Executive Committee was appointed, to consist of the same members as before.

Secretary. Mr. CLAY proposed, Mr. HECKSTALL SMITH seconded, and it was resolved—

"That Dr. Henry be appointed Secretary, and that his salary be at the rate of £100 *per annum.*"

It was also resolved that the Treasurer be empowered to pay the Secretary his salary for the past quarter; and that the sum of Ten Pounds be advanced to him from the auxiliary funds for incidental expenses.

A vote of thanks was given to the Chairman.

The CHAIRMAN, in acknowledging the vote, said he was more than compensated by the success of the Society up to the present time. He had not anticipated so much success; neither was he aware, until the project had ripened into action, that the want of a Medical Provident Society was so keenly felt by the profession. They had but to hold on as they had begun, and one of the most useful and important medical societies of England would soon be in active operation.

The meeting then adjourned, after a continuous sitting of seven hours.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The third ordinary meeting of the session of the above Branch was held on Wednesday, January 25th, in the Victoria Rooms, Clifton; R. W. FALCONER, M.D., President, in the chair. There were present forty-two members and visitors.

The minutes of the previous ordinary meeting were read and confirmed.

New Members. The following gentlemen were elected members of the Parent Association and of the Branch: James Douglas Harington, M.B. (Bath); Charles S. Bayliffe, Esq. (Chippenham); Henry Freeman, Esq. (Bath); Charles Vernon Hitchins, Esq. (Weston-super-Mare); G. F. Atchley, M.B. (Bristol); William Cooper, Esq. (Bristol).

The Medical Provident Society. Dr. MARSHALL proposed that the election of a Director of the Medical Provident Fund, in the room of Dr. Budd, who had resigned, be deferred until the annual meeting of the Branch; which was unanimously agreed to.

Union Medical Officers. Dr. COLBORNE (Chippenham) submitted the following petition to the House of Commons on the question of the remuneration of the Poor-law Unions; and proposed that the same be signed by the members of the Bath and Bristol Branch of the British Medical Association, and when so signed be forwarded to Mr. Henry Berkeley, M.P. for Bristol, and Mr. Tite, M.P. for Bath, for presentation to the House of Commons; and that the President (Dr. Falconer) be requested to communicate with the Committee of Council on the subject of the petition.

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

"The humble petition of the Members of the Bath and Branch of the British Medical Association,

"SHEWETH,—That, in the opinion of your petitioners, the present administration of the Poor Laws acts most injuriously towards the members of the medical profession throughout England and Wales, and especially towards such members of the medical profession as are engaged in the attendance upon and care of the sick poor.

"That such members of the medical profession have been compelled to accept salaries or remuneration much below the value of their services, which is a hardship inflicted upon the medical profession.

"That the present administration of the Poor Laws often impedes the members of the medical profession in the proper and conscientious performance of their duties towards the sick poor.

"That it is highly unsatisfactory that there is not any competent medical superintendence of the medical relief to the poor, nor a competent body to assess the true value of the services rendered by the medical profession.

"Your petitioners, therefore, humbly pray your honourable House to cause a searching inquiry to be made into the subject of the medical relief of the poor; and that your petitioners may have the opportunity afforded them of laying their grievances before you; and that they may have such relief as your honourable House sees fit.

"And your petitioners will ever pray, etc."

This proposition was carried unanimously; and the petition received a large number of signatures.

Papers. The following papers were read and discussed.

1. On Excision of the Wrist-Joint. By R. W. Coe, Esq.
2. A Case of Fungus Hematodes of the Eyeball. By F. Mason, Esq.
3. Case of Rupture of the Uterus. By J. G. Swayne, M.D.
4. An instrument for controlling hæmorrhage in operations on the lips (hare-lip, cancer of the lip, etc.) was exhibited by A. Prichard, Esq.

Other papers had to be postponed till the next ordinary meeting.

ROYAL COLLEGE OF SURGEONS. Professor Huxley, F.R.S., will deliver the first lecture of his course, consisting of twenty-four, on the structure and classification of the Mammalia, in continuation of the course of last year, on Monday next, in the theatre of the College of Surgeons.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

JANUARY 12TH, 1865.

JAMES HAKES, Esq., Vice-President, in the Chair.

Adjourned Discussion on Fever. Dr. GEE commenced by corroborating what had been stated with reference to the form of the fever during the epidemic; the majority of the cases admitted into the Fever Hospital being typhus, but few typhoid; and no case of relapsing fever had come under his notice since the commencement of the epidemic. The mortality of fever cases treated in hospital was undoubtedly very large, being 15 per cent., compared with the 6 per cent. that occurred in those treated at their own homes. This was very difficult to account for, considering that in hospitals were found proper ventilation, good diet and nursing—conditions which we should consider favourable, compared with the filth and wretchedness so often met with in the houses of the poorer classes. Dr. Gee did not agree with Dr. Shearer on the subject of nursing; for he had, generally speaking, found that the patients' friends were the very worst nurses that could be found. Dr. Gee then alluded to the fever patients that were admitted into the Fever Hospital from Mr. Steele's district, where he found that, out of fifty-four admissions from this part of the town, only one death had occurred—a circumstance proving that the fever was of a less fatal form; but why it should be so, he was at a loss to explain. He agreed with Mr. Steele as to contagion being the exciting cause of the disease; sanitary defects strongly predisposing to attacks of the disease. Dr. Gee stated that six years ago there were only two or three patients in the Fever Hospital, whereas at the present time all the wards are fully occupied. Dr. Gee did not think Mr. Steele had grappled successfully with the important question, How do we account for the present epidemic? He thought it owing mainly to the great communication between the various classes that exists at the present day. Yet there was something which he confessed he was at a loss to explain. During the year 1853, when fever was very prevalent in the town, he recommended that certain houses, where fever had been raging, should be entirely closed, and their inhabitants removed elsewhere. Dr. Gee concluded his remarks by an allusion to the "fever-wave" which he thought would in time pass over us, leaving us comparatively free for some years to come.

Dr. E. WHITTLE concurred generally with the remarks that had fallen from Dr. Gee, and more especially when he applied the simile of a wave to the epidemic now in Liverpool. He thought too little importance had been attached to destitution as a cause of the disease. All famines had been followed by epidemics. He had noticed, at the commencement of the present epidemic, the large number of people out of employ; these men, with their small parish allowances, hardly sufficient to keep body and soul together, were the very victims for fever. Dr. Whittle thought too much time was lost in getting fever patients into hospital, and in the meantime the disease allowed to spread from one to another.

Mr. HODGSON mentioned that, amongst one thousand workpeople under his care, there had been numerous cases of fever. Prior to the outbreak of the disease, he had noticed a great declension in the general health of the men, for which he could not

account. Mr. Hodgson was not surprised at the large hospital mortality, for in his own practice he only sent those cases whose chance of recovery was exceedingly small; and if, as he supposed, other medical men did the same, he could not wonder at this large death-rate. Strangers coming from the country, where they had been engaged in agricultural pursuits, and settling down in our filthy courts, soon fell victims to fever, and assisted materially in its spread.

Dr. CAMERON entirely disagreed with the views taken by Mr. Steele and Dr. Gee as to contagion being the only exciting cause of fever. How would the theory held by these gentlemen explain typhus fever not being communicated to other individuals in respectable houses, where there did not exist any sanitary defects? How could it explain a fact that had lately come under his notice, of typhus fever breaking out in an emigrant ship six weeks after it had left the shore? Would this theory explain satisfactorily the presence of fever in the Crimea, where it was found that the disease abounded in proportion to sanitary defects? 9,588 cases were admitted into the Belfast Fever Hospital from 1818 to 1835, of which 7,246 were traceable to contagion, and 2,342 to other causes; and in the Glasgow Fever Hospital, out of 1,061 cases admitted under the care of Dr. Cowan, only 47 per cent. were traceable to contagion. Dr. Cameron argued that it was for those who held the contagion theory to account satisfactorily for these figures; and, with these before him, he could not come to the conclusion that contagion was the sole exciting cause. He drew attention to some admirable remarks on overcrowding by the late Dr. Duncan, who showed that fever raged in large towns proportionate in amount to sanitary defects. With reference to the spontaneous development of the fever-poison, Dr. Cameron remarked that we were unacquainted with the essential nature of it; but, assuming it to be analogous to an organic chemical agent, there was no inconsistency in believing that, under certain circumstances, it might be developed *de novo*. He considered that the experience of the present epidemic had confirmed his opinion as to the error of adopting as a basis of classification the alleged difference in origin of the so-called distinct forms of fever—viz., "typhus," "typhoid," and "relapsing." For the prevalence of fever, an "epidemic influence" was required, which Dr. Cameron took to be a combination of sanitary defects. The army blue-books contained much valuable information on the subject of fever. Dr. Cameron thought fever depended on some atmospheric influence—a supposition that was strengthened when he looked at its geographical distribution. He thought it was not judicious, with our present knowledge, to attempt to trace the spread of the disease to one cause alone, for by so doing we tended rather to impede the progress of scientific investigation.

Dr. TELFORD thought, from observations principally conducted in Dublin, that the spread of typhus was by contagion alone; and he consequently agreed with Mr. Steele and Dr. Gee.

Dr. SPEAKING thought the great mortality of fever hospitals might in some measure be due to a concentration of the poison.

Mr. STEELE, in replying, commenced by stating that he did not wish to underrate destitution, overcrowding, and other sanitary defects, as contributing very materially to the spread of the disease; but he regarded them as predisposing causes alone, and incapable of generating the disease. He considered that the convalescent period was most dangerous, as far as contagion was concerned; and he took occasion to draw the attention of the Select Vestry to this,

hoping they would make practical use of his suggestion. He considered children as exceedingly liable to attacks of typhus, and felt sure that they were frequently the means of conveying the disease from one house to another. Mr. Steele was quite aware of the small percentage of deaths that had occurred in the Fever Hospital amongst the patients admitted from his district, but was quite at a loss how to explain the fact. During the time that Dr. Buchanan was visiting the town, Mr. Steele took an opportunity of showing him that typhus, in some instances of a very malignant form, was, and had been, raging in his district. He agreed with Dr. Sprakeling's remark, when he alluded to the excessive hospital mortality being in some measure due to a concentration of the fever-poison. In his practice, some of the worst cases had recovered by asking the friends of the patient to give them plenty of brandy—a request which was, generally speaking, readily responded to. Mr. Steele regarded many of the points brought forward by Dr. Cameron as tending rather to strengthen the contagion theory which he (Mr. Steele) had been endeavouring to prove. There was so much difficulty attending on proving contagion in every case, that he considered it unreasonable to require that it should be done. He acknowledged that he had met with cases of fever in the most isolated places; but he did not the less believe that the disease was conveyed there. There were so many ways of carrying the disease that would not, perhaps, be perceived.

Mr. STEELE will conclude his paper "On the Nature and Treatment of Continued Fever" at the next ordinary meeting of the Society, on Feb. 9th, 1865.

Correspondence.

MEDICAL ERRORS.

LETTER FROM A. W. BARCLAY, M.D.

SIR,—I am very unwilling to prolong a discussion which, I cannot but feel, degenerates into personalities when your readers are told that I have provided a "convenient loophole" for myself. Dr. Johnson evidently does not comprehend what I have endeavoured to explain in the Lumsian Lectures: that the hypothesis assumed to explain the phenomena is generally, if not always, suggested by some other circumstance than that immediately under consideration. He consequently repudiates the explanation offered in my last letter, in language which I am sure he will, on more mature consideration, acknowledge to be unsuited for scientific discussion.

I do not wish to be drawn into a criticism of Dr. Johnson's volume; but, as he so continually refers to it, I must say that I have failed to discover any logical proof of a single statement which it contains. I would especially commend to the author's notice the expression several times repeated, that a patient was *cured* by so many doses of castor-oil, corresponding as it does exactly to the words "strictly curative", to which he so much objects.

I may be permitted to add, that throughout I conscientiously believed that the occurrence of the "one or two remarkable recoveries" was the circumstance which misled him, just as the occurrence of two very remarkable recoveries after treatment by calomel misled many of us for some time at St. George's Hospital. I cannot, therefore, feel that any "apology" is needed for the sentence which he once more quotes from my volume.

I am, etc.,

A. W. BARCLAY.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—In my letter published in to-day's JOURNAL there are two misprints, which are rather unfortunate, inasmuch as, both of them occurring in extracts from Dr. Barclay's letter, it may be thought that I have misquoted him. In the sixth line from the commencement of the letter, the word *strictly* should be *directly*; and in the sixth line from the bottom of the same column, *ever* should be *even*.

I am, etc., GEORGE JOHNSON.

11, Savile Row, W., January 28th, 1865.

ARMY MEDICAL SERVICE.

SIR,—Will you allow me to say a few words on two subjects relating to the service? I mean "uniform" and "attendance at mess."

I think it will be allowed that there are advantages resulting from the use of uniform on certain occasions; but there can be no doubt that when on "active service" uniform is absolutely indispensable for every individual holding a recognised position with the army. In the Crimea, even the *Times* Correspondent deemed it advisable to adopt a species of "uniform" by which he might be recognised. Uniform cannot well be improvised for an occasion by any large class of men, therefore it is desirable that there should be a regular established uniform for medical officers, if it be admitted that on *any* occasion it may be necessary that one should be worn. At present there are a variety of "dresses and appointments" prescribed for medical officers, all more or less ugly and objectionable, and considerable expense is entailed by the objectionable habit of removing medical officers from regiments at the caprice of the Director-General. As a remedy for this evil it has been suggested that medical officers should cease to belong to regiments, but should all belong to one staff corps, and wear the same uniform, and be moved about at the discretion of the Director-General. To this arrangement there is one fatal objection: very few indeed would willingly place themselves so entirely in the power of the Director-General. Experience does not justify the belief that such power would be exercised impartially. But the same uniform might well be worn by all medical officers without regard to the branch of the army with which they might be actually serving.

I would wish to recommend that *all* medical officers should wear the same uniform as that now worn by the Inspectors and Deputy-Inspectors-General. There is indeed no valid reason why they alone should wear embroidered belts, and other medical officers be condemned to wear plain, unsightly black belts, similar to those worn by railway guards. It may be said, what is the importance of a belt? I reply, much!—and so will any one who has heard the remarks passed on the dress and appearance of medical officers by "other" officers, and the "unwashed" crowd at a review. Adopt the cap and belts now worn by the Inspectors, and there would be no reasonable cause for complaint.

Secondly, as to "attendance at mess." Undoubtedly the position of a medical officer at mess, according to the prevailing custom and the wishes of the Horse Guards officials, is most unsatisfactory; but if we were removed from attendance at mess, we should suffer much inconvenience individually, for I do not see how a bachelor would be able to live respectably or comfortably without the aid of the mess; and the whole profession would suffer damage, as it would be insinuated by our enemies (and their name is legion) that we had ceased to be members of messes because of "unfitness." No! never let us take such a false

step as that—the withdrawal of the medical officers from the membership of different messes; but rather seek to obtain the position in a mess which is due to the age, knowledge, and relative rank of the medical officer.

I am, etc.,

FORTIS EST VERITAS.

INDIAN MEDICAL SERVICE.

SIR,—I enclose a reprint of the *Englishman's* (one of the leading Indian papers) opinion of Sir Charles Wood's late despatch, from which you will see that I was pretty correct in the estimate I formed of it; the next mail will, I think, bring stronger disapproval when the despatch has been fully understood. A few days more will tell us how far Sir C. Wood has succeeded in deluding the unwary. Do, pray, warn our young friends to avoid the snare.

I am, etc., A RETIRED SURGEON-MAJOR.

February 1865.

"A careful perusal of Sir C. Wood's despatch does not prejudice us in its favour. We readily acknowledge that it confers some benefits; these benefits being the removal of the anomaly in the previous order, by which unemployed and employed officers were remunerated alike, and the consequent acknowledgment of the propriety of granting staff salaries; the granting promotion to assistant-surgeons after a definite period of service; the allowing the twenty-five years of service qualifying for a step of honorary rank on retirement to count from the date of first commission, and to be inclusive of all leave of absence; the limitation of the tenure of office of a deputy inspector-general and an inspector-general to five years, unless re-elected; the making the ranks of inspectors-general and deputy inspectors-general substantive ranks; the bestowal of an additional pension upon inspectors-general and deputy-inspectors-general after five years' active employment in India in those grades, and the annulment of the retrospective operation of Clause III of the Royal Warrant of January 13th, 1860, which required two years' service in, or with, a regiment as a qualification for an assistant-surgeon for promotion to the rank of surgeon,—these are certainly advantages which we feel confident the members of the medical service will fully appreciate. We wish we could write as favourably concerning the remaining clauses of Sir C. Wood's despatch. From paragraph 16 it will appear that the administrative staff of the service is to undergo a reduction, the prizes of the service will thus necessarily be diminished in number, and the chances of earning an augmented pension under paragraph 36 and 37 materially decreased. From paragraph 20, it is to be inferred that many appointments now held by members of the service will, in future, be bestowed upon uncovenanted medical men, and an evident desire is shown on the part of the Home Government to confine Indian army medical officers to the charge of native troops. Paragraph 27 acknowledges the propriety of granting staff salaries for independent responsibilities, but the salaries so granted in paragraph 28, for the charge of native troops, and with reference to which the revised emoluments of all other appointments are to be calculated, we consider utterly inadequate; that we are justified in this opinion will, we think, appear from the comparison of the staff salary, in addition to staff corps pay of his rank, which the order confers upon the medical officer, and that which is granted to other officers of a native regiment of cavalry or infantry.

"The value which the comparison shows that the government place upon the professional usefulness of its medical staff will scarcely tend to diffuse a spirit

of satisfaction and contentment among the officers, now in the service, and to secure for the future a certain supply of medical officers of good social position, liberal education, and professional ability, for her Majesty's service in India."

"Our first impression that, at least in the matter of retiring pensions, the new order would prove a boon, we are sorry to say, further inquiry compels us to correct. We omitted to notice that the pensions now sanctioned are for certain terms of service in India, and that no allowance is made for absence on furlough, as in the pension scale now in force. The comparison of the two scales will show that, except in the case of inspectors-general and deputy inspectors-general, who get an additional pension under paragraph 36 and 3, the alteration is in no respect an improvement." (*Englishman*, Dec. 17th.)

SYPHILISATION.

LETTER FROM HENRY LEE, Esq.

SIR,—In your JOURNAL of this date, under the head of Progress of Medical Science, you furnish an abstract of some cases of supposed very severe constitutional syphilis, which yielded at once to syphilisation.

One of these patients was advised, in 1861, to go to Christiania, and to place himself under the care of Professor Boeck. Six years had elapsed since he contracted a chancre. He was suffering from an ulcer over each tibia and one over the left clavicle. Perforation of the palate had taken place, and some pieces of bone had come away from the interior of the nose; the frontal bone was swelled; and he was very much reduced in strength. He underwent a course of syphilisation, and was "completely cured" in three months.

Now, sir, curiously enough, I have had under my care during the last eighteen months a gentleman who has suffered from disease of the bones of the legs, from enlargement of the left clavicle, and from whose nose some pieces of bone had come away. The frontal and parietal bones in this gentleman were enlarged; he had been sent from Edinburgh to Professor Boeck, and had undergone some 160 inoculations.

It is most unlikely that two cases could agree in so many particulars; and I, therefore, conclude that my patient is the same as the one you mention as having been completely cured.

I took great pains to investigate my patient's case; and, to his surprise, gave him my decided opinion that he had never suffered from syphilis at all. One day, after leaving my house, he met a relative somewhat older than himself; and he mentioned to him, that it appeared a very curious thing that, after going over to Norway to be syphilised, he should now be told that he had not had syphilis at all. His relative replied by asking him if he knew what his father had died of. He did not; and was then informed for the first time that his father had died of "softening of the bones." My patient returned at once to furnish me with this information; which afforded to him, as it did to me, a satisfactory explanation of his symptoms.

The absence of any eruption in this case, and the interval of some years between the appearance of the supposed primary and secondary affections, would of themselves be sufficient to lead to the inference, that the patient's symptoms were not syphilitic; and I can only conclude that, although his journey to Norway had undoubtedly done him much good for a time, he had very unnecessarily undergone some 160 inoculations. One more inference may, I think, be deduced from this case; namely, that the matter em-

played in these inoculations was pus from suppurating or soft sores, and not the secretion from indurated or infecting sores.

Had the latter been employed, my patient would probably have returned from Norway with a disease which he had not when he left England.

I am, etc., HENRY LEE.

Savile Row, January 2th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 24th.

Bell, William, Uppingsham
Brady, John, Belfast
Clements, George, Brixham, Devon
Dixon, George, Penrith, Cumberland
Edgelow, Thomas, Teignmouth, Devon
Farrington, Anthony Charles, Ottery St. Mary, Devon
Ferne, James, Kimbolton, Herts
Griffith, Griffith, E. Jeyrn, near Pwllheli, North Wales
Hulme, Samuel James, Bowdon, Cheshire
Hiffe, Charles Webb, Coventry
Logg, Robert Duncan, Calcutta
Lupton, Richard John, Bradford, Yorkshire
Pearson, Henry, Manchester
Powell, Richard Douglas, St. John's Wood
Rogers, George Arthur, Commercial Road
Stokes, George, Hanley, Staffordshire
Sutton, Frederick, County Asylum, Norwich
Taylor, James, Chapel-en-le-Frith
Webb, George Fortescue, Exeter
Webster, Thomas James, Conway, North Wales
Whipp, Robert, Bowdon, Cheshire
Wilson, David, Carmonney, co. Autrim
Wilson, Thomas, Darlington

Admitted on January 25th—

Aroher, Herbert Ray, Montagu Street, Portman Square
Armitage, Frederick William, Louth, Lincolnshire
Bott, Charles Glen, Brentford
Broom, Charles, Llanelly, South Wales
Cox, Pierre Georges, Mauritius
Davies, Evan Parry, Denbigh
Greely, Francis, Galway
Howse, Henry Greenway, Liverpool
Hughes, William Lewis, Llandudno, North Wales
Macaulay, James Campbell, Leicester
Murray, Septimus Henry Liddle, Newcastle
Samuels, Henry George, Liverpool
Stirling, William Boughton, Whitechapel
Walker, Henry George, Great Russell Street
Wallbridge, John Smith, Demerara
Williams, Owen Thomas, Bangor, North Wales
Wood, Miles Asman, Leabury, Hereford
Wykes, Edwin, Birmingham

Admitted on January 26th—

Adrien, Edward William, Old Town, co. Dublin
Anningson, Bushell, Hampstead
Charlton, Alfred, Tunbridge
Cheale, Edward, Tamworth
Child, Edwin, Vernham, Andover
Cotter, Arundel Hill, Cork
Curtis, Charles Edwin, Yately, Hants
Downman, Joseph Rymer, New Zealand
Drummond, Edward, Blyth, Northumberland
Grimes, John, Castle Thorpe, Bucks
Howes, Frank Charles Plumpton, Great Yarmouth
Jacques, John Thomas, Birstall, Leicestershire
Jeffreys, Richard, Chesterfield
Morgan, William John, Burwood Place, Edgware Road
Murray, John, Aberdeen
Orme, Robert, Instow, North Devon
Parkinson, Richard Colville, Guildford
Purcell, Ferdinand Albert, Cork
Shaw, James, Handsworth
Taylor, Arthur, Kennington

Admitted on January 27th—

Armistead, John William, Leeds
Bryan, John Morgan, Northampton
Clayworth, Charles Creasey, Spilsby
Gosselin, William, Cavan, Ireland
Kilroy, Mark Antony, Virginia, co. Cavan
Neate, Charles Pitt Wetherell, Fowey, Cornwall
Redwood, Thomas Hall, Rhymney, Monmouthshire
Shedd, Ebenezer, Montreal

Naval Surgeons. At a meeting of the Court, on January 24th, the following gentlemen passed their examinations for Naval Surgeons.

Bellamy, George, Haslar Hospital, Gosport
MacLaurin, Henry Norman, Greenwich Hospital
Slaughter, Charles Henry, H.M.S. *Royal Adelaide*

APOTHECARIES' HALL. On January 26th, 1865, the following Licentiates were admitted:—

Broom, Charles, City Road
Hedley, John, Newcastle-upon-Tyne
Renton, William Matthew, Shotley Bridge, Durham
Watson, George Henry, Jersey
Wilford, John George Frederick, Drompton, Yorkshire

At the same Court, the following passed the first examination:—

Shedd, Ebenezer, Manchester

APPOINTMENTS.

*WADE, W. F., M.B., M.R.C.P., elected Physician to the Birmingham General Hospital, vice *James Johnstone, M.D., resigned.

ARMY.

BARROW, Staff-Assistant-Surgeon T. S., M.D., to be Assistant-Surgeon 23rd Foot, vice J. Greig, M.B.
DAVENPORT, Assistant-Surgeon C. J., M.D., 6th Dragoon Guards, to be Staff-Assistant-Surgeon, vice T. P. Flynn.
GREIG, Assistant-Surgeon J., M.B., 33rd Foot, to be Assistant-Surgeon Royal Artillery, vice G. D. Milne, M.D.
HANNAN, Staff-Surgeon J., to be Surgeon Royal Artillery.
LANDALE, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 6th Dragoon Guards, vice C. J. Davenport, M.D.
WOODS, Staff-Surgeon D., to be Surgeon 107th Foot.

ROYAL NAVY.

HILL, George B., Esq., Surgeon, to the *Osborne*.
MURPHY, Alexander, Esq., Assistant-Surgeon, to the *Cumberland*.
WIMBERLEY, C. C., M.D., Assistant-Surgeon (additional), to the *Euryalus*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

DEANS J., Esq., to be Honorary Assistant-Surgeon 35th Kent R.V.
FISHER, L., M.D., to be Honorary Assistant-Surgeon 29th Lancashire R.V.
SHAW, H., M.D., to be Surgeon 1st Devonshire R.V.
WINTERBOTHAM, L., Esq., to be Honorary Assistant-Surgeon 18th Gloucestershire R.V.
WOOD, H. B., Esq., to be Assistant-Surgeon 5th Administrative Battalion Kent R.V.

DEATHS.

ABBOTT, Charles T., Esq., Surgeon 50th Regiment, at Aldershot, aged 35, on February 2.
*BARTLETT, Jacob Bickford, Esq., at Teignmouth, aged 72, on January 17.
BURROUGHS. On January 28th, at Lee, aged 44, Mary Ann Julia, wife of J. T. R. Burroughs, Esq., Surgeon.
CLARKE, Charles H., M.D., at Stonyhurst, aged 49, on January 14.
FALCONER, Hugh, A.M., M.D., at 21, Park Crescent, Portland Place, on January 31, aged 50.
MERYON. On December 21st, 1864, at North End, Fulham, Eliza, wife of Charles L. Meryon, M.D.
REECE. On January 12th, aged 6, Lydia Florence, youngest child of the late *George Reece, Esq., of 45, Sussex Gardens.
SCHNYLER, Allen P., M.D., at East Budleigh, Devon, on Jan. 10.
SUTTER. On January 10th, at Gravesend, aged 71, Catherine E., wife of Thomas Sutter, M.D., of Southampton.
SLIVER, William, M.D., at Clifton, aged 85, on January 10.
SMYTHE, William D., Esq., Assistant-Surgeon, Royal Artillery, at Calcutta, aged 27, on December 13, 1864.
WRENTMORE, John, Esq., Surgeon, aged 74, on January 18.

PROFESSOR SYME has been appointed one of the Examiners of the College of Veterinary Surgeons of Scotland.

PROFESSOR CHELIUS has resigned the Professorship of Surgery in the University of Heidelberg, which he has held for fifty-two years.

DR. LYONS has resigned his seat for the city of Cork, though earnestly entreated to retain it till the next general election.

IRIDECTOMY IN DUBLIN. In the eighteenth report of St. Mark's Ophthalmic Hospital we note that amongst the list of operations on the eye iridectomy does not occur.

A MEDICAL MAGISTRATE. The Lord Chancellor has recently placed W. H. Ackland, M.D., on the Commission of the Peace for the borough of Bideford, North Devon.

HEALTH OF SCOTLAND. During the month of December 1864, there were registered in the eight principal towns of Scotland the births of 3,139 children, of whom 1,599 were males and 1,540 females. Of these 2,836 were legitimate and 283 illegitimate, indicating a proportion of one illegitimate in every 11.0 births. The proportion of illegitimate births was lowest in Greenock, where it was 4.8 per cent., while in Aberdeen 18.3 per cent. of the births were illegitimate. Eight hundred and eighty-four marriages were registered in the eight towns during the month, being by far the highest number registered in December during the nine previous years. The deaths of 2,411 persons were registered. Allowing for increase of population, the deaths would be the exact average of the corresponding period during the nine preceding years. Forty-four per cent. of the deaths were of children under five years of age. In Aberdeen the proportion was 10 per cent. below this average, and in Dundee the average was exceeded by seven per cent. The zymotic class of diseases proved fatal to 756 persons, or 31 per cent. of the deaths. Typhus fever was the most fatal epidemic; it caused 244 deaths, or 10.1 per cent. of the whole deaths. In Glasgow the proportion of deaths from typhus was 11.7 per cent.; in Paisley, 12.5; and in Greenock, 20.1 per cent. This is the most severe epidemic of typhus fever experienced in Scotland for many years. Scarlatina caused 153 deaths; measles, 102; whooping-cough 89; small-pox 15; diarrhoea and dysentery, 31; diphtheria, 30; croup, 47; metria, 9; erysipelas, 13; apoplexy, 23; paralysis, 52; diseases of the heart, 92; inflammatory affections of the respiratory organs, 402; bronchitis, 276; consumption, 222. Seven of the persons who died (one male and six females) had exceeded the age of 90 years; the two eldest (females) were aged 95 years respectively.

THE LATE DR. BAIKIE, THE AFRICAN EXPLORER. The *Orkney Herald* gives an obituary notice of Dr. Baikie, who was a native of Kirkwall. About the age of 16 Dr. Baikie proceeded to the University of Edinburgh for the purpose of studying medicine, and passed through the regular curriculum. From respect to one of his teachers there he gave the name of Mount Christison to a lofty hill along the reaches of the Binnue. Natural history was one of his favourite studies; and in 1848, at the close of his University curriculum, there was issued from the press *A Catalogue of the Mammalia and Birds observed in the Orkney Islands*, by Messrs. W. B. Baikie and Robert Healdle. It was soon after the publication of this little treatise that Dr. Baikie obtained an appointment in the Royal Navy. Dr. Baikie's first experiences as an African explorer were given to the world in a volume, entitled *Narrative of an Exploring Voyage up the rivers Kwoora and Binnue (commonly known as the Niger and Tsadda)* in 1854. The expedition mainly owed its success to Dr. Baikie's energy and ability. . . . Dr. Baikie visited his friends in Orkney after his first expedition. In 1856 the narrative of his exploration was published, and he seems immediately to have set his whole heart upon returning to Africa. An opportunity soon presented itself. He left Kirkwall in March 1857, and immediately afterwards embarked for Africa. In his second expedition up the Niger, which was destined to extend over the lengthened period of eight years, he was accompanied at first by Lieutenant H. Glover, R.N. Dr. Baikie's aim, in exiling himself for so many years in Central Africa, was to become thoroughly acquainted with the people

and the trading capabilities of the country. For this purpose he established his head-quarters chiefly at Leukoja, on the banks of the Niger, near the confluence of the Tsadda; but he also went occasionally several hundreds of miles inland to Soccata and other places, where he could have no communication from England, and could only himself seize every rare chance of sending letters to this country by caravans crossing the desert of Tripoli. Letters from England, when they reached him, were sometimes a year old.

PRACTICAL DIETARY. Dr. Edward Smith has just published a volume called *Practical Dietary for Families, Schools, and the Labouring Classes*. Dr. Smith urges the distribution among the poor of handbills with the heading, "The Cheapest and Best Kinds of Food;" and he supplies the contents. Amongst his directions are such sentences as the following:—"If you are very poor, spend nearly all your money on bread. Bread and milk porridge make the best breakfast for husband, wife, and children. Buttermilk is a very good and cheap food. Whey is food, and is a much better drink than water or beer. Every member of the family should, if possible, have two pints of new milk, skim milk, or buttermilk, daily. With plenty of bread and milk there will probably be health and strength, and no doctors' bills. When you can buy Indian corn meal you will find it a stronger and cheaper food than flour. Potatoes are the best of all garden vegetables. Tea is a very dear food. If you are very poor, do not buy any tea, but spend your money in bread and skim milk. When you cannot obtain sufficient milk, and must drink tea, let it be weak, and add as much milk as you can to it; but it is then better to make broth for breakfast and dinner. Hot food is both more agreeable and digestible than cold food. Children, old and feeble people, need hot food more than strong adults. When you are very poor, and have not enough to eat, do not drink cold fluids." The teetotallers may like to know that Dr. Smith is convinced that the use of wine is quite unnecessary in the ordinary conditions of health, and that all the elements which give value to wine, except the alcohol, which has been added to it, are found equally in the so-called light wines and the strong wines of Spain and Portugal; and hence ordinary claret is quite as valuable to the system under numerous conditions both of health and disease as port or sherry. With regard to beer he says: "Whilst we cannot deny to beers the position of foods, it may be doubted whether they are necessary ones, and whether others cannot be found which offer the same advantages at a less cost. It is impossible to regard them as economical foods, whilst as medicinal agents they may have much value, and as luxurious foods they may supply a want in the present state of society." (*Daily News*.)

A STUDENTS' ROW AT VIENNA. A misunderstanding has arisen between the professors and students at the University of Vienna. The arbitrary proceedings of the Rector Magnificus (Hyrtl) and his learned coadjutors led to a great academical uprising on the 17th January. Many months ago it was resolved that the 500th anniversary of the establishment of the University should be celebrated on March 12th, that being the day on which the University was founded by Rudolph III, Duke of Austria. As the Austrian Revolution of 1848 began on March 12th and 13th, the government expressed disapproval of the resolution taken by the students, and proposed instead August 8th. The committee elected by the students for the management of the festival publicly protested against the change of day, and then declared that they had ceased to be in office. For this "act of insubordination" the twelve members of the committee

were summoned to appear before the Consistory. On the 17th ult., the offenders made their appearance in the Consistorial Hall, in which sat the Rector Magnificus (the renowned pathologist, Dr. Hyrtl), Messrs. Arnts, Späth, and Miklosich (the Deans of the Faculties of Law, Medicine, and Philosophy), and an academic notary. When the members of the committee entered the hall, so many of their fellow students went in with them that the beadle found it difficult to close the doors. Professor Arnts said that they had "offended against the discipline of the University." While he was speaking the students outside, who were in great force, shouted "Vivat!" "Bravo!" and "Hoch!" so loudly that Professor Späth left the hall in order to request them to be less demonstrative. As soon as the door was opened the students forced their way into the room, which was soon so densely filled that it was not possible to continue the proceedings. It must be supposed that the Rector got nervous, for he promised the intruders that their colleagues should not be subjected to punishment of any kind if they would consent to leave the room. On hearing this the young men retired with loud cries of "Bravo Hyrtl!" The students expressed their resolve not to take a part in the jubilee unless it be held on March 12th. A long conversation then ensued between the professors and their disciples, and it ended by Dr. Hyrtl's promising to see what could be done. When the doors of the hall were opened the Rector Magnificus and the members of the committee were hoisted on to the shoulders of students, and borne in triumph to the University. Dean Späth was loudly cheered by the students, who were about 2,800 in number, but Arnts and Miklosich were greeted with hisses and deafening cries of "Peret! Peret!" The young men then took some refreshment at Dreher's new "beer hall," and then proceeded *in corpore* to Dr. Hyrtl's residence. The professor begged the students to return quietly to their homes, and promised to exert himself to the utmost to bring about a satisfactory solution of the question at issue. Formerly Hyrtl was a highly popular man in the scientific world, but recently he has become an object of suspicion to his colleagues and disciples, because he curries favour with the Ultramontane party. There are about seventy professors at the University, and fifty-eight of them take the same view of what may be called the "anniversary question" as the students. The young men see that the Ultramontanists are straining every nerve in order to increase their influence in Austria, and they are determined to thwart them in their efforts to get the University under their rule. The *Wien Med. Woch.* writes thus of the above affair. The proceedings at the University are not satisfactory. His magnificence Professor Hyrtl is not lucky in his new charge; and he has only himself to thank for it. His famous Rectorial Discourse lost him the sympathies of the scientific world; and his weak temporising proceedings in this students' affair has disgusted his colleagues in the Consistory.

BAD AIR. At the request of the Royal Commission which has recently reported on the condition of the Cornish and other metalliferous mines, Dr. Angus Smith examined the quality of the air which the miners have to breathe, to the impurity of which is chiefly attributable the early break-down in their strength. A healthy atmosphere may be taken to be one with 20.9 per cent. of oxygen, and .04 per cent. of carbonic acid gas. Late in the evening in the pit of London minor theatres as much as 0.252 and 0.330 per cent. of carbonic acid has been found; but the average of above 300 samples of air taken from these mines had 0.785. Two-thirds of the samples presented an atmo-

sphere exceedingly bad, and the worst parts of the mines had only about 18.69 per cent. of oxygen, and as much as 1.8 or more of carbonic acid, in one instance 2.26 per cent. In order to test the effects of such bad air, Dr. Angus Smith caused to be constructed a small close chamber of lead, with windows sufficiently large that they might in any emergency be broken through for a way of escape. The first trial was made by sitting down in the chamber for an hour and forty minutes. This produced about 1 per cent. of carbonic acid, and the air became cheerless. A young lady was anxious to be in the chamber when the air was such that candles would not burn. She was not much struck by the impurity of the air on entering, although the candles were threatening to go out; there was not quite 19 per cent. of oxygen, and there was rather more than two per cent. of carbonic acid. No one had been breathing in the chamber, so that organic matter from the person was absent, and that makes a great difference. She stood five minutes perfectly well, making light of the difficulty, but suddenly became white and could not come out without help. On another occasion a still greater amount of carbonic acid was present in the chamber, but it was not accompanied with a corresponding loss of oxygen, for the gas was driven in upon pure air; there was 20.19 per cent. of oxygen, with 3.84 of carbonic acid. Two persons got headache instantly, and were unable to stay above seven or eight minutes. Dr. Smith stayed about twenty minutes, but felt very anxious to get out, as his movements were made with great haste, and both mind and body betrayed symptoms of feverish activity. The face was flushed, and the lungs acted more rapidly than usual. In fact there was a burning haste to live, as if life were afraid of being put out. It seems to him impossible to endure 4 per cent. of carbonic acid for any length of time. There was a very remarkable lowering of the pulse, and as this happened regularly he puts it down as the result of poisoning with carbonic acid gas, and asks whether it may not suggest a mode of lowering the pulse in fever. These experiments show the great mischief that must arise from the impure, unwholesome air in metalliferous mines. The men call it "thin," "poor," "dead;" the effect is slow poisoning. The explosions of gunpowder produce sulphide of potassium, the effect of which is probably like that of sulphide of hydrogen, but from its acting more slowly there is distributed over a long period that death which might ensue instantly, and so, in chemical phrase, the effect is dissolved in health, and becomes disease. Gun-cotton seems to promise to perform the work of blasting with less injurious influence upon the air. In the coal districts, where, on account of the dangerous gases, great attention has been given to the proper ventilation of the mines, the mortality (accidents excepted) is considerably less than in the metalliferous districts, and this shows that the excessive mortality in the latter is not caused by the mere working underground in dark galleries. Dr. Smith touches incidentally in his report upon various points of practical importance. He notices the purifying effect of rain upon the air, of which there was such a scarcity last year. Moisture with a high temperature is oppressive, but moisture with a lower temperature improves the air, and he holds that cold and moisture in such amounts as those in which they are found in Great Britain are capable of producing powerful constitutions, and that the more watery districts of the kingdom present in many instances the most healthy spots. Still, in relation to ventilation, he notes that "chemical action, and with it the feelings demand a certain amount of warmth first and above all things. No function can go on without it. You may live

hours, days, or years in badly ventilated places with more or less discomfort and danger, but a draught of cold air may kill like a sword. In railway carriages, and in houses also, the great instinct of man is first to be warm enough, and he is quite right. Such a universal instinct must not be sneered at."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY....St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Epidemiological Society, 8 P.M. Dr. Babington, F.R.S., "Suggestions for the Diminution of Venereal Disease among the Civil Population."—Medical Society of London, 8.30 P.M. Dr. E. Sykes Thompson, "Notes on Cases of Tumour in the Mediastinum"; Mr. Tevan, "On Certain Fractures of the Skull."

TUESDAY. Pathological Society of London, 8 P.M.

WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8.30 P.M. Mr. Henry Smith, Lettsomian Lectures on the Surgery of the Rectum. Lecture I, "On Some Points connected with Fistula in Ano."

FRIDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) In Manchester and Salford (Sanitary Association). (B.) At Preston (R. C. Brown, Esq.). (C.) At St. Marylebone, London (Dr. Whitmore).

5 weeks ending December 31, 1864.

	A.	B.	C.
Small-Pox	109	.....	5
Chicken-Pox	9	5	9
Measles	95	15	128
Scarlatina	59	61	48
Diphtheria	—	—	7
Hoping-Cough	34	4	75
Croup	3	1	6
Diarthra	127	32	355
Dysentery	12	4	3
Erysipelas	29	6	21
Insanity	31	2	23
Bronchitis and Catarrh	1210	48	1294
Pleurisy and Pneumonia	167	11	50
Carbuncle	—	—	4
Accidents and other diseases ..	5329	no return	3795
Totals	7225	—	5823

COMMUNICATIONS have been received from:—Dr. HENRY MARSHALL; Dr. DEBANT; Dr. W. H. O. SANKEY; Dr. B. W. RICHARDSON; Dr. HARDIE; Mr. T. M. STONE; Mr. REGINALD HARRISON; Dr. BARCLAY; Mr. RHODES; THE HON. SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. J. JAMES; Dr. GEORGE JOHNSON; THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY; Mr. W. R. HUGHES; Mr. A. RANSOME; Dr. JOHN THOMPSON; Dr. SCHOLFIELD; Dr. W. H. ACKLAND; Mr. PRIDGIN TEALE; Mr. J. H. HAMMOND; Mr. J. N. RADCLIFFE; Dr. FITZPATRICK; Mr. J. SADLER; Mr. RICHARD WILDING; Dr. WILLIAM NEWMAN, THE HON. SECRETARIES OF THE MEDICAL SOCIETY OF LONDON; Mr. W. N. HIRON; and F.R.C.P.

TO CORRESPONDENTS.

* * * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C. COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

NON-MERCURIAL TREATMENT OF SYPHILIS.—SIR: In answer to the inquiries of Dr. Fox, concerning the cases published in the JOURNAL on December 24th, 1864, as to whether they are strictly within the limits of the non-mercurial treatment, I must say that I consider they are. The ointment used in Cases I and II was merely as a local application, not to produce any effect upon the system; the patients used about one ounce a week, and it contained six grains of the nitric oxide of mercury. In Case III, the child had been under treatment before it was brought to me; and instead of improving, it was gradually losing ground; it soon rallied on the non-mercurial treatment. Allow me to add another case, that of J. R., aged 5 weeks (third child). The father informed me that his two previous children had suffered from the same disease. They had been treated with grey powder and blue ointment; both died. Upon examining this infant, I found that it had syphilitic psoriasis on the buttocks and testicles, an ulcer at the anus, and snuffles, and was pale and emaciated. I ordered it, on Oct. 11th, two grains of chlorate of potash three times a day; and on Nov. 1st, it was discharged cured.

I have treated upwards of thirty cases by the non-mercurial treatment with the most favourable results; and will publish them *in extenso* in the JOURNAL, if you wish. I will refer Dr. Fox to a letter of mine, published in the JOURNAL on June 24th, 1864, for three more cases, treated without mercury.

I am, etc.,

R. WILLIAM DOWNS.

13, Surrey Street, W.C., January 25th, 1865.

THE POOR-LAW MEDICAL SERVICE.—SIR: One who has known from childhood what work life really is, hardly needs an apology for speaking out when occasion tempts. As the eldest son of a medical family, whose parent was Poor-law Medical Officer, or, in more intelligible language, the parish doctor, during the thirty-three years he spent in a laborious country practice, I feel I have an Englishman's right to a simple hearing, on the case of Timothy Daly. *Punch* has exhausted my argument on behalf of the Poor-law profession, in to-day's issue. To endorse his views, and encourage the indomitable Richard Griffin—whose effigy ought to adorn the entrance of every workhouse—I send you a copy of a paper I was compelled to print, in self-defence, when assailed by the Leicester Guardians and their clerk some years ago. The facts contained in the paper are indisputable, and, I think, appropriate to the *in memoriam* tablet of Timothy Daly and his aggrieved medical advisers.

I am, etc.,

JOHN A. BOLTON, M.D.

Leicester, January 28th, 1865.

PRYCE V. BOWEN.—SIR: I wish to inform the members of the medical profession that sufficient contributions have been raised to enable Dr. Bowen to defray the legal expenses incurred by the late trial, "Pryce v. Bowen."

I am, etc.,

H. D. SCHOLFIELD, M.D., Treasurer.

11, Hamilton Square, January 31st, 1865.

Further contributions to the "Bowen Fund":—Preston (per Dr. Hammond), £17 15 6; Dr. Waters (Chester), £5 5; Dr. Stevenson (Birkenhead), £5; Mr. Mullock, Chemist (Birkenhead), 10s. 6d.; J. Boutflower, Esq. (Manchester), £1 1.

SIR: I shall feel greatly obliged if you will allow the following additional list of subscribers to the "Bowen Fund" to appear in this week's JOURNAL.

I am, etc.,

J. H. HAMMOND.

Winkley Square, Preston, January 31st, 1865.

James Hall, Esq. (Preston), £1 1; W. H. Spencer, Esq. (Preston), £1 1; E. L. Dixon, Esq. (Preston), £1 1; Dr. Arminson (Preston), 10s. 6d.; Dr. Marshall (Preston), 10s. 6d.; J. Rigby, Esq. (Preston), 10s.; Dr. Gradwell (Lytham), 10s. 6d.

ADVERTISEMENTS.

DR. GRAILY HEWITT ON THE DISEASES OF WOMEN.
Just published, in 1 vol. 8vo, price 16s. cloth.

The Diagnosis and Treatment

of DISEASES of WOMEN, including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D. Lond., M.R.C.P., Physician to the British Lying-in Hospital; Assistant Physician Accoucher and Lecturer on Midwifery and Diseases of Women and Children at St. Mary's Hospital Medical School.

REMARKABLE for the erudition, judgment, and accuracy with which it deals with the whole subject. *Lancet*.

UNDoubtedly reflects on the Author the highest credit for ability and research, and it must be looked on as one of the most

able contributions of our time to the science of gynaecology.

Glasgow Medical Journal.

A really original work, the study of which will be found almost essential for those engaged in this department of practice. *Deutsche Klinik*.

London: LONGMAN, GREEN, and Co., Paternoster Row.

Clinical Remarks

ON

EXCISION OF THE ELBOW-JOINT FOR THE RESULTS OF INJURY.

Delivered at the Queen's Hospital, Birmingham.

BY

FURNEAUX JORDAN,

SURGEON TO THE HOSPITAL.

GENTLEMEN,—The change which I made twelve months ago in my duties as a teacher of clinical surgery—a change, namely, from an hour's formal clinical lecture to a couple of hours each week (independently, of course, of our systematic visits to the wards), of partly clinical lecture, partly clinical demonstration, partly clinical examination—has, among other advantages, this one: I can bring before you a larger number of surgical topics for practical illustration, and re-introduce, change, or dismiss them at will.

Joint-diseases have always occupied much of our attention, because of their frequency, their importance, and the rapid progress of our knowledge of their surgery in recent years. It is not more than true to say, that this branch of surgery, as exemplified in the writings of Bonnet, Richet, Bryant, Barwell, Sayre, Bauer, and many others, is as much in advance of the state in which Sir B. Brodie placed it, as Sir B. Brodie's views were in advance of those of his predecessors. Nor is this improvement found in pathology only; it is seen in treatment also, especially in the practice of excision of joints, the value of which, particularly in the upper extremity, where mobility is the great requisite, cannot be too highly estimated. I have so often drawn your attention to the several features of the progress of our knowledge of the pathology, diagnosis, and treatment of diseases of the joints, that I need not now advert to them; but pass directly to the consideration of cases which you have recently seen, of excision of the elbow for the results of injury.

As a general rule, the success which follows excision of the elbow and shoulders for injury is extremely satisfactory; not, however, so satisfactory as that which follows the operation for idiopathic or non-traumatic disease. In both classes of operations, the chief mischief arises from delay. I have known several cases of death from too protracted delay in the removal of disease of even the smaller joints of the upper extremity. A great danger of delay in the upper extremity (I need scarcely tell you that the principles which regulate the excision of joints in the upper and lower extremities are totally different) in osseous disease is the fatty degeneration of the muscles which rapidly ensues from the resulting disease of a joint. An useful hint in the practice of excision of the joints may be drawn from modern pathology—a muscular fibril which has once become fatty is never regenerated.

You all remember a case of excision of the shoulder of a young woman who was under my care in

Ward 3. The disease, though not of many months' duration, had constantly progressed, in spite of careful treatment before admission, until the deltoid was little more than a thin sheet of fat and fascia. It is true that when rid of the painful disease, she acquired considerable use in the shoulder, and with the preserved elbow and hand could follow a skilled occupation; but the deltoid could never again lift the humerus. This might have been effected by an earlier operation.

For simple disease, the results of excision are excellent. I will give you Mr. Bryant's opinion on this point. "At Guy's Hospital" (he remarks) "amputation for diseased elbow is so rare that in five years but one case has taken place, and in the same period eight excisions of the elbow have been performed with one death and with one subsequent amputation: in the remainder, a good arm was preserved." (*Diseases and Injuries of Joints*, p. 141.) Our experience at the Queen's Hospital is even more favourable than this.

For the results of an injury, delay is positively disastrous. A severe injury to the elbow-joint may require excision at any time—immediately, or in a few days, or weeks, or months—so rapid and destructive to all tissues is the inflammation which follows. It is the severity of the inflammation and the injury to adjacent structures—muscles, tendons, vessels, and nerves—which place the results of excision in traumatic cases below those of the operation in simple disease. Indeed, in many cases of disease, and in the slighter injuries, appropriate means short of operative interference will often arrest the mischief, and preserve the mobility of the affected joint.

In all diseases of the elbow-joint, whether of traumatic or idiopathic origin (as also in injuries which require immediate operative interference), remember this fundamental rule—however limited the injury or disease, if an operation be required at all, no part of the joint-structure must be removed without removing the ends of all the bones. Such a proceeding is as indefensible as, say, applying the taxis, or operating in strangulated hernia, or attempting to pass a catheter in retention of urine from spasmodic stricture, without securing the inestimable advantages of chloroform. To remove part of a joint, is to induce, with absolute certainty, ankylosis and its consequent inutilty: to remove the whole joint is to secure, in the great majority of cases, a thoroughly useful limb. I remember well, during a lengthened stay in Edinburgh a few years ago, the amusement which was produced in that distinguished surgical school on the publication of a case by a well known surgeon of a large London hospital. The case recorded the removal of the head of the radius only, simply because the head of the radius only was diseased.

The following case illustrates well the advantages of excision of the elbow for disease of traumatic origin. I shall make a few comments as I proceed.

W. C., aged 40. Nearly two years before admission (since which time he has been a complete invalid), a waggon wheel passed over the elbow. The skin was not broken. There was no fracture nor dislocation of the bones. The injury was immediately followed by intense synovitis, which was very speedily succeeded by inflammation of the bone-extremities. The elbow

was flexed at first from synovial distension. [Bonnet, of Lyons, induced the characteristic positions of the several joints in synovitis by forcibly injecting the joint cavities of the subject with water. I have had occasion to show you the value of his experiments, especially in hip-joint disease.] The character of the flexion was subsequently modified by that peculiar muscular contraction which accompanies osteitis, and which is absent in synovitis. Severe intermittent pain was present. Any attempt at movement of the joint was insupportable. For nearly two years the poor man passed from one practitioner to another—all of them being presumably of opinion that an operation was "uncalled for." The last medical practitioner whom he saw, very correctly surmised that surgical interference alone promised any benefit, and desired the man to place himself under my care at the Queen's Hospital. After careful examination, I pointed out to the man not only that excision was the best measure, but that there was really no alternative. I adopted Moreau's method. The patient was removed to bed, a light dressing having been applied and a figure of eight bandage. The arm was at first laid on a pillow, and in a few days when the patient left his bed (the sooner a patient gets up the better), was simply placed in a sling. Every kind of splint was carefully avoided, as splintage greatly favours the tendency to ankylosis. On the tenth day passive motion was commenced, and gradually increased in frequency and extent. After several weeks, by means of strenuous exertions, he succeeded in effecting slight movement without external assistance. In a few months, by devoting himself to seconding our efforts, he acquired every movement in his new elbow as completely as in the elbow of the sound extremity; indeed he could perform all the movements which the military surgeon requires of the recruit—movements, I may tell you, which many men with healthy joints are unable to perform.

The portions of bone which I removed are not altered in shape; and as the cancellous tissue is simply condensed, and the cartilages here and there only very gradually worn down to the bone, they might seem to have little the matter with them to those whose only ideas of bone-disease are those of advanced caries; ideas commonly derived from the "sensation" specimens which abound in museums; specimens which are, for the most part, discreditable memorials of a terribly antiquated surgery, and serve only as surgical scarecrows to warn students of the immeasurable evils of procrastination.

Give me your attention for a few moments to certain inferences which naturally flow from this case. Professor Syme introduced the operation of excision of the elbow into this country; and in all that appertains to this question, he is still our unapproached authority. What does he teach? This: that excision is the one remedy for the vast majority of diseases of the elbow; that ankylosis is itself a sufficient cause for excision (and ankylosis, bear in mind, is the certain result of severe inflammatory disease of the elbow—disease which quite possibly may leave the bones untouched); that every kind of splint should be avoided, as ankylosis is by far the greatest evil to be feared; and, lastly, that passive motion should be commenced at an early period—about the tenth day. The truth of these principles is aptly illustrated in the case I have narrated. The man now follows an occupation which requires mobility and strength, with as great efficiency as before his interregnum of two years.

I have already told you that the results of excision of the elbow for injury are inferior to those of the operation for disease. A careful consideration of the following case will show that the results are far from being so uniformly satisfactory as in the case of W. C.

A man in the neighbourhood of Dudley, received a severe injury to the elbow and arm in a colliery—the soft parts, including the ulnar nerve, being divided down to the bone at the back of the joint. In a short time, to use his own language (I quote these particulars from the report which was taken on his admission into the Queen's Hospital), "the arm was swelled to the size of his thigh." Six weeks afterwards, on his admission into the hospital, the elbow was immovable, and any attempt at movement gave rise to intolerable pain. Marked intermittent pain was also present. A sinus characteristic of bone-disease existed over the olecranon, and permitted a probe to come into contact with denuded bone. In short, there was no room for doubt that the joint was the seat of destructive inflammation implicating the bones; there was equally little room for doubt of the future of the case, unless surgical measures were adopted without delay. What the nature of the interference should be, could not admit of two opinions being held. Excision was the only remedy which gave any prospect whatever of success. The bones when removed gave signs of more advanced disease than was present in the case I have already brought before you, and could not possibly escape detection in any competent and careful examination. The bone-extremities were slightly enlarged, but not altered in shape. The sawn surfaces of the radius and ulna showed condensation of the cancellous tissue. In the olecranon process the osteitis had passed beyond the stage of sclerosis; the once cancellous tissue could be scooped out with the finger-nail and rubbed into a putty-like pulp. The cartilages, as in the case of W. C., were here and there gradually thinned down to the bone. The synovial membrane was completely destroyed. The man's habit of body was flabby, and his mental idiosyncrasy so strange, that in the after-treatment he not only did (as my dressers frequently remarked) the very reverse to what he was told to do, but undid what others had done for him. Add to these circumstances the severe injury to the adjacent structures at the time of the accident, and you will not be surprised to learn that the fibrous union was weak, and subsequently somewhat elongated; and that the muscular power over the elbow has not yet been regained. Much, however, may frequently be done in these cases by means of time, and (a suggestion of Mr. Barwell) by forcible friction of the bone-extremities, subcutaneous puncture of the uniting medium, and other measures.

I have frequently drawn your attention to the pathology of bone-disease; and there is no part of it more important than the changes which occur in the several stages of osteitis; and these have been greatly elucidated of late years by continental observers. Before I conclude these remarks, let me urge upon you the importance of an energetic and life-long study of pathology generally. I mean an attention so profound, that you will apply at first-hand to the writings of the numerous honest workers who are now revolutionising this most important branch of our knowledge; but whose views have not yet permeated the general current of surgical literature and teaching. Never forget that diagnosis is neither more nor less than the recognition of pathological states. As all treatment is founded on some

kind of pathology, the truer the pathology the more successful the treatment will be.

I might give you many illustrations of the everyday practical value of even advanced pathology. I will give you one or two. Those who have worked most closely at this subject in this country, and especially in Germany, have shown indisputably that phlebitis (in its common acceptation) has no existence; and yet surgeons are still too frequently afraid of putting ligatures on veins—structures which inflame with more difficulty than any others in the body. Another evil, a corollary to this, is of still greater magnitude. The numerous and too frequently fatal results of thrombosis and embolism, if unrecognised, are of course also unchecked, or are aggravated if treated as so-called phlebitis. Pyæmia, again, has quite recently been resolved into several distinct diseases; and, therefore, the treatment of the one supposed disease (which really never had any existence) should surely be relinquished. Take, again, the question of repair. It is still taught widely that there are many modes of the repair of wounds—immediate union; union by the first, by the second, by the third intentions; subcutaneous repair; repair of fractures. There is really but one simple method of repair in all localities, in all tissues, and in all circumstances. The sooner the views of Reichert, Donders, Virchow, and Kölliker (a late and reluctant convert to the new school), on the development of the tissues, are carried into the domain of surgical pathology, the sooner will the treatment of wounds be placed on a single, uniform, and philosophic basis.

At our next week's clinical meeting, I shall call your attention to a case of large strangulated inguinal hernia, who came in, a few days ago, with intense collapse (partial consciousness, pulse 48), hicough, and constant vomiting. I performed the single form of the extraperitoneal operation which I have devised (*Medical Times and Gazette*, 1864) for relieving the stricture by a small incision in the cutaneous structure away from the tumour, as in Mr. Gay's operation (large enough to admit the finger only), and leaving in all cases a hernial tunic unwounded between the subperitoneal fat and the knife. The peritoneum, subperitoneal fat, and fascia transversalis, in inguinal, umbilical, and ventral herniæ, are left undivided; and the peritoneum, subperitoneal fat, and femoral sheath, in femoral hernia. In two hours, the pulse rose from 48 to 72; and he has remained well, chiefly because the almost subcutaneous wound was not in itself dangerous. The wound in itself, in the operation of opening the sac, is extremely dangerous. I shall also bring overwhelming evidence to show the enormous saving of life which follows the extraperitoneal (pre-taxoid) operation, as contrasted with the rude, unanatomical, unnecessary (save in rare, exceptional, and recognised cases), and dangerous operation of opening the sac.

A COMMISSION is engaged in collecting subscriptions for the erection of a statue to Dupuytren, as well as of Laennec.

MEDICAL MAYORS. Mr. Garrington, a medical man of high standing in Portsmouth, is candidate for the office of Mayor of Portsmouth, vacant through the death of Mr. Cooper, who was also a medical man. Mr. Garrington has two lawyers for his opponents.

Remarks

ON

DR. BARCLAY ON MEDICAL ERRORS.

BY

THOMAS MAYO, F.R.C.P., F.R.S.

I WILL venture to suggest some remarks to Dr. Barclay, the subject of which, I am sure, has not escaped his attention in his work on *Medical Errors*, though I do not think he has given it quite sufficient weight.

Dr. Barclay affirms, that "few have attempted to apply the rules of inductive reasoning to medicine, though many of the collateral branches of knowledge which are embraced in the education of medical men, are cited by logical writers as instances of progress made in consequence of the employment of the methods of research which this department of philosophy has suggested." Dr. Barclay afterwards says, that he thinks he shall be able to show that the principles of medicine are based upon true and legitimate inductions. Now, the process of induction by the method of agreement, as applied to the simpler uniformities of cause and effect, *has been* cultivated with various skill by many medical writers; and Dr. Barclay adduces good examples of it from Dr. Jenner and Dr. Baly, not using, indeed, the expression for it which I borrow from Mr. Stewart Mill. But when Dr. Barclay proposes to show that the principles of medicine are largely based upon *true and legitimate induction*, by which I presume him to mean the method of difference of Mr. Stewart Mill, or its equivalent, *per exclusiones et rejectiones debitas*, of Bacon, I beg leave to observe that this latter induction has been abstained from, whether consciously or unconsciously, by medical writers, *because it is inappropriate*. We cannot isolate, and exclude, and subject to experiment the elements of disease, so as to arrive at that class of conclusions which are arrived at in science; *e.g.* in the science of chemistry. Meanwhile, the induction by the method of agreement, inferior as it is to the more exhaustive process which constitutes true and legitimate induction, has been able to give us a high amount of certainty, as in those instances quoted by Dr. Barclay. But if medical writers venture to affirm more logical certainty in inductions than their subject matter allows, in place of progress in pathology and therapeutics, a reactive state of medical opinion will take its turn. We shall fall into a distrust of reasoning from having overrated it, and cease to antagonise disease for fear of antagonising it too much; a state of thought to which the conclusions of Sir John Forbes manifestly point.

I do not consider these cautions as vain. The early history of medicine is full of gratuitous assumptions, taking the form of *a priori* principles, and leading to proportionate error. Dr. Barclay will benefit medical reasoners, not by directing them to aim at inductions analogous to those of pure science, but by preserving them from such as he has commented on in Dr. Todd's practice.

One form of gratuitous assumption, I think, Dr. Barclay will allow me to suggest, as an important

though minor element of inductive thought. "It may be called" (I am quoting from my own outlines of medical proof) "the extemporaneous hypothesis, applicable, as it is, when a case falls under no recognised law, and the mind craves, in the absence of such law, some intelligible ground of immediate practice. It is the faculty of thus extemporising, which perhaps, more than any other, distinguishes an able physician, provided it be combined with a just appreciation of the value of such hypothesis, and a readiness to abandon it in the presence of contravening facts. A capacity and readiness in executing this process is, indeed, sometimes a source of reproach to us, as practising a merely conjectural art, by those who are unable to distinguish the results of luck from those of sagacity; and sometimes physicians, with a false modesty, humour the imputation. Although in its immediate application conjectural, the power which I speak of demands an original talent, and is never successfully carried into practice, except by men of large acquired knowledge."

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D. Lond., Proprietor of Sandlywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[Continued from page 62.]

In the last paper, certain so-called varieties of insanity were arranged under three classes: viz., 1, Varieties named after some particular symptom; 2, Certain cases named from a supposed cause; 3, Others formed out of the progress of the disease. The present article will be confined to a few remarks upon some of these cases.

1. The varieties named after a particular symptom—as Kleptomania, Oinomania, Nymphomania, etc.—are chiefly recent cases; and the prominent symptom from which the case is called, is not the sole or single deviation of the mental faculties, but is perhaps the most obvious or predominating only. There are other cases, in which a fixed delusion lasts for years; and on such the popular belief, that a person can be mad on one point only, is probably founded. The class of which we are now speaking are usually free from true delusion, which only occurs at a late stage of mental disease. The symptoms in question are more an alteration of the moral faculties, or the appetite, desire, etc., and are, therefore, connected with the disease in an earlier stage; but there is nothing whatever to separate these cases from melancholia and mania generally, to one of which forms the cases usually belong.

The state called Kleptomania is merely a symptom; and it is one very commonly met with in the first stage of general paresis.

With respect to Nymphomania, it occurs in connection with melancholia and recurrent mania more frequently than in acute mania.

Oinomania, or Dipsomania, presents itself in two forms: 1, Simply as a vice, the result of an unbridled appetite; 2, As a true symptom of disordered mind;

and the cases are usually recurrent mania. A person, otherwise respectable, without obvious cause, suddenly breaks out into an uncontrollable desire for drink. The attack, in its suddenness, resembles closely the outbreak of homicidal insanity; and neither case, I am disposed to believe, occurs as a primary form of disease; and when dipsomania happens as the result of mental disease, it obeys all the rules of an attack of recurrent mania. The patient is often a temperate person in the interval between the attacks.

Of Puerperal and Phthisical Mania, I have had numerous examples under my care; and some have already been given as illustrations of mania and melancholia in these papers. I know of nothing that distinguishes cases attributed to these causes from disease arising from other causes. It has been asserted, that the phthisical patient is much more excitable; but this is by no means true of all. Dr. Clouston, who has studied these cases with the greatest attention, thinks that, in about one-fourth of the whole, the symptoms are of a peculiar and fixed type. The line of demarcation is not, however, very clearly made out by him even; and the peculiarity of the symptoms appears rather to be due to debility. The patients are, perhaps, a little more peevish and suspicious. It may be called, says Dr. Clouston, a mixture of acute mania and dementia.

With respect to suicidal mania or suicidal melancholy, I have already described several cases. Another remarkable instance of this condition, and its connection at times with an hereditary predisposition, may be here cited.

A governess of good ability was admitted into the Hanwell Asylum affected with melancholia. Her mother was insane, and died so. She was eighteen months out of her mind, and was depressed the whole time, and appears to have died by exhaustion. One brother, at the age of 28, committed suicide. He had been low spirited for six weeks previously. His death was believed at the time to have been accidental. He took medicine, and had to go to the water-closet during the night; and he was found dead on the following morning, with his head in a tub half-filled with water and empty ginger-beer bottles. A second brother, at the age of 18, destroyed himself on account of a love affair. A third brother was found drowned; but it was suspected that he had been foully dealt with. Her mother's brother shot himself. All the above were relations on the female side. On the male side, her father's brother shot himself. None of the above were given to drink. There was never any intermarrying, that could be traced, in the family.

The patient was a governess, and a very accomplished person. Her case was melancholy, with restless agitation. She was removed from Hanwell to another asylum; but there were no symptoms which would distinguish her case from others arising from different causes.

With respect to those cases on which distinct names have been bestowed, but which, according to my views, are simply stages of one disease—as imbecility, dementia, etc.—there is one form which requires a few words, and which has received the title of "Folie Circulaire", or "Folie à Double Forme", from the French authors, by whom it has been particularly described. In most French systematic treatises on insanity, it occupies a distinct position. In well marked, or typical, instances of this form, there is a stage of melancholy, in some cases followed by a lucid interval, and then a stage of excitement or mania. In some cases, the lucid interval is absent—at least, such is the account given by authors. To

M. Falret is due the first emphatic account of *jolie circulaire*; but Willis, in 1680, speaking of mania and melancholia, says, "Hi affectus sæpe vices commutent, et alteruter in alterutrum transeat." I cannot view these cases as belonging to, or constituting, a separate form of disease. The fact is, that in chronic insanity very frequent alternations of the patient's state occurs, and every variety of alternation is found. Sometimes the patient is restless one week and dull at another period; or the same takes place on alternate days, or months; or one may go even several months, and then have a period of decided maniacal excitement; indeed, among a number of chronic lunatics, such is the rule rather than the exception. Very few chronic lunatics, before they sink into absolute imbecility, are free from occasional outbreaks of excitement; and many have periods of depression, also; and, on the other hand, many who have sunk into absolute dementia are also at times excited and violent. Out of the large number of chronic patients, an infinite variety in the modes of alternations must be found; and, in a small proportion, this somewhat regular interchange of lowness and excitement occurs. The condition is always allied to a state of imbecility, and, like all disease in a chronic state, is very incurable.

With respect to the states of imbecility and dementia, all degrees of mental debility are to be met with. On the subsidence of the acute stage, some patients, of course, regain perfect sanity of mind; in others, on the subsidence of the morbid process, a permanent mental defect remains. The patient recovers, like one from a fractured leg, with a permanent limp or halt. It is to certain cases of this description, that English writers apply the term monomania. The French, however, use that term for chronic insanity, or chronic mania. A condition of monomania, or of a mental defect on one point, as the term is used in England, is an absurdity, if the definition is to be applied with scientific strictness. Every mental operation is more or less complex; indeed, the simplest proposition involves many mental faculties. For example, when a patient believes himself to be king, how many mental actions are brought into play, as judgment, reason, memory, etc.?

Many states of mind, however, are met with on the subsidence of active disease. There is this peculiarity about them, which marks their chronic character—they are connected with the intellect proper. They are errors chiefly of judgment, reason, association of ideas, etc.; and involve to a much less degree or more indirectly the moral attributes of mind. The condition is a stage of chronic disease; it may be permanent or nearly so, or transitional to a greater degree of mental debility; and whether we call the state monomania, or chronic mania, or chronic insanity, it is still but a stage of one original or primary disease, which may have occurred with predominating maniacal or melancholic symptoms.

When a persistent false belief—that is, a delusion—is found, the case in which it occurs is chronic and of long standing. A delusion, an alteration of the intellect, does not occur in the first stage of the disease. At least, such is my experience. I have received patients who have had a particular and predominating delusion, whose cases have been certified to be perfectly recent, and the symptoms to be primary; but which have all proved to be otherwise on a more careful investigation.

Many of these cases appear to be stationary; certainly many continue in one state for years; yet, in all, there is a gradual declining of the mental power. In some, the progress is rapid and evident; in others, slower and almost imperceptible. In by far the

larger portion, a state of imbecility and dementia gradually becomes established.

When the disease has advanced to this stage, recovery is of course hopeless. However, as the mind becomes more and more feeble, the patient may be, by careful attention, re-instructed in many matters, and habits lost in the acute stage of disease can be restored. Very many, even of the worst cases—even those who have lost all ideas of propriety or decency of behaviour—have been rendered orderly, quiet, and cleanly, by good nursing. Indeed, taking the class as a whole, perhaps there is none for which amelioration of the condition can be so safely promised as for the imbecile and demented.

To the Commissioners in Lunacy, and to Mr. Gaskell especially, is due the attention which the specialty have lately given to this branch of treatment. At Hanwell, the number of wet and dirty patients was reduced from 10 per cent. to 2 per cent. by careful attention day and night; and with the cure of wet and dirty habits, there was a corresponding improvement in habits of propriety and decency, as well as in health and comfort. By the word cure is meant that the habit was eradicated. Many patients who required to be roused twice or even three times during the night at first, afterwards required attention once only, and at length no attention at all, and were restored to the wards appropriated for the cleanly or orderly classes.

[To be continued.]

A CASE OF CHOREA.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

THE article in a late number of the JOURNAL by Dr. J. Turnbull, on chorea, has brought forward a subject, on which much has been written, and yet no very precise information rendered respecting the pathology or the treatment of the disease, on both which our knowledge is painfully defective.

A well written description, such as the one referred to, embraces the general characters of the disease, and points out graphically striking facts; as that rheumatism and chorea have sometimes a clear relationship; also that chorea and hysteria sometimes approximate closely. But, nevertheless, a number of phenomena are still undescribed, which yet appear to belong to chorea in some one of its forms, as I think the following case will show.

I was consulted in February 1864 for a well grown intelligent girl of fourteen, under the following circumstances. She had menstruated regularly for some time, but the quantity was in excess; and she was weak, apparently from this cause. There was pain in the right elbow-joint, which contained a little effusion; and this condition impaired the mobility. In other respects, there seemed not much the matter. The joint-affection was believed to be rheumatic; and this was confirmed by a speedy accession of the same character of pain about the intercostals of the left side. The stomach became very irritable; food was seldom retained; the bowels were rather constipated; menstruation ceased. The spine was sensitive along the whole line of the spinous processes; and some disposition to twitching was occasionally manifested about the neck and extremities. There came on a peculiar convulsive voice-sound, somewhat resembling hicough, repeated with almost the rapidity of time-seconds, and accompanied with an agitation of the neck much resembling paralysis agitans. All these had been developed by the beginning of April. At that time Dr. Brown, of this place, met me in consultation; her case being then, in brief, as follows.

Vomiting almost always follows any taking of food. The bowels are rather constipated. There is a constant tremulous movement of the head and neck, and the peculiar laryngeal sound before described. The limbs are rather tremulous on being used; and there appears to be anchylosis of the diseased elbow-joint. She cannot stand, nor sit up without being supported. The agitation of her system and the voice-sound entirely subside on her taking sleep.

I had already given her steel, effervescing salines, iodide of potassium, calumba, opium, etc.; some of these being directed to the improvement of the tone of the system, others to the relief of the vomiting. Some counterirritation was employed over the spine, to the side, and to the elbow; and every attention given to the diet, ventilation of the room, and nursing.

During another month, we tried the preparations of zinc, the mineral acids, strychnia, cod-liver oil, occasional doses of purging medicine, with a little blue pill; and supported her strength in every possible way. Counterirritation was still applied to the spine.

The case did not at all seem benefited by our assiduity; and we now recommended her to be taken to a house in the country, in a commanding situation, and enjoying a strong breeze from the Atlantic. When she left, she still had the agitation of the voluntary muscles, and the spasmodic action of the larynx; and both these were notably increased if she were hurried by the intrusion of a stranger, or by any undue notice of her ailment. After being in the country for some weeks, the agitation of the neck (which was continuous when she left), as also the voice-sound, ceased; but the irritability of the stomach was in no way abated.

It was now determined to omit the medicines, and see what would be the effect of trusting to the influence of the country air; counterirritation by means of mustard being still advised as an occasional application. The omission of the medicine was attended with no improvement in the symptoms, the vomiting being even worse than before, and the patient could not be induced to take any food. I endeavoured to support her system by means of injections of good broth or milk, and these were continued for some weeks. During this period, vomiting sometimes occurred; and blood was occasionally ejected in some quantity.

At length the patient objected so strongly to the use of the injections, that they were first omitted occasionally, and at length discontinued, in spite of my advice to the contrary. I warned the friends that, without food, it was impossible that life could long be sustained; but to no purpose. The patient was inflexible, and they would not consent that force should be employed. But, notwithstanding the abstinence from food and drink, the patient lived on. An injection of water was twice used to unload the bowels; but no other interference with nature took place.

A most complete abandonment of the case was made; for I believed that the craving from hunger would compel the patient in no long time to eat; but in this I have been entirely disappointed, for she has now been over six months without having taken a morsel of food or moistened her mouth with fluid, so far as is known. She has had no injection for several months; the bowels do not act, nor is any water passed. Her condition resembles that of hybernation; rolled up in a little bed in the corner of a room, she takes no notice of any one, and only answers in a low whisper any question that is put to her.

Her pulse is now about 120 in the minute, and the respirations about 16. The breathing during the ill-

ness has been generally slow, and the pulse much less frequent than at present.

At times she has been in a state of great excitement; has had croupy breathing; and a disposition to hysterical convulsion, throwing about her hands, and endeavouring to pluck out her hair. It has been necessary for her attendant to restrain her for an hour or two at a time, when this has occurred. For the last few months, nature has seemed too much exhausted to allow such exertion.

It is now over ten months, since this patient came under my attention. She took very little food for the first four months, and is believed to have taken none for the last six. The residence in the country, which extended over four months, benefited her, in that all the paralytic agitation and spasms were removed; but no improvement took place in any other respect. The last time an evacuation was procured, the matter was scybalous, and strung bead-like; the last evacuations of urine resembled the thick ammoniacal fluid, which constitutes the urine in birds.

She is greatly emaciated; her spine being particularly distinct, and every bone in it defined. There is tenderness over the spines; but no paralysis in any part of the body. The surface of her skin is now, and has been throughout her illness, rather cold; the superficial blood-vessels appear congested; the extremities are not cedematous.

The facts of this, which I deem a most extraordinary case, will probably be received by some with a feeling of scepticism. On my part, I shall be happy to give any further explanation of the statements I have made, either by private communication or through the pages of the JOURNAL.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

DIGESTIVE SYSTEM. (*Continued from p. 114.*)

2. *Congestion of the Liver.* The affection classed under this head might, it may be thought, have been included in one of the varieties of dyspepsia. The symptoms, however, pertaining to hyperæmia, or abnormal accumulation of blood in the capillaries of the liver, differ sufficiently from those of simple dyspepsia to merit and call for a separate notice. Congestion of the liver is a prelude to almost all diseases of the organ terminating in alteration of structure; but, in the cases to which these notes have reference, the affection depended solely upon simple engorgement of the hepatic circulation, and were quite distinct from the passive congestion and enlargement arising from cardiac or other organic visceral diseases.

Patients with this affection generally present a dusky, semi-jaundiced hue. The tongue has a thin yellowish coating. There are nausea and more or less anorexia, although at the commencement the appetite is sometimes ravenous. The chief complaint is of a dull heavy pain in the right hypochondrium. On examining this region, the natural hepatic dullness is increased; and pain is caused by pressing the liver upwards from the costal margin, where we may not unfrequently detect the enlarged and turgid edge of the organ itself. The bowels are for the most part confined, and the excretions dark, offensive, and bilious; and complaint is often made of pain in defæcation, from enlarged and swollen hæmorrhoidal veins. The urine is scanty and high coloured; and in some cases the nervous system sympathises, as evidenced by great mental depression, together with tingling and numbness of the extremities.

In the treatment, a blister applied over the liver at the commencement gives great relief, and tends to shorten the attack. The portal vessels should be drained by saline aperients, preceded, if necessary, by calomel; while the alkalies, with the aromatic spirit of ammonia and spirit of nitric ether, with tincture of colchicum, should be given during the day.

The diet should be light and in moderate quantity, consisting chiefly of fish, broth, and vegetables, without stimulants.

As a subsequent tonic, which is not often required, cod-liver oil acts favourably in these cases.

3. *Diarrhœa*. The affection next in frequency of occurrence has been diarrhœa. This has prevailed chiefly during an epidemic of the disorder; but we have had some sporadic cases, especially in infants, which have been very obstinate, and in two instances almost terminated fatally.

This epidemic diarrhœa, influenced doubtless by atmospheric causes, has immediately depended, apparently, upon vitiated and acid alvine secretions, giving rise to much fermentation and flatulence. If the case be seen early, it is desirable to commence the treatment by giving a mild rhubarb and magnesia draught, containing a few drops of laudanum and chloric ether. Afterwards, the following formula, by correcting the disordered secretions, and giving tone to the nervous centres, has generally completed the recovery.

(Ph. Lond.) R Annon. sesquicarb. ʒss; sodæ bicarb. ʒi; æther. chloric. ʒi; tinct. opii mxx ad ʒss; misturæ camph. ad ʒviij. M. A sixth part every three or four hours.

I have not used chalk mixture, catechu, etc.; but, with two adults, the dilute sulphuric acid, in doses of twenty minims, acted very favourably; and, in some of the infantile cases, this remedy was prescribed with the best effect. I believe that the sulphuric acid treatment will be found to act with most certainty, if it be administered chiefly to cases in which the tongue is moderately clean and pale.

4. *Chronic Gastritis*. A subacute inflammation of the mucous membrane of the stomach is not an uncommon occurrence as an out-patients' disease.

Faulty diet, chiefly from excess, but sometimes from deficiency, if the latter circumstance be long continued, and the quality of the food taken be depraved, especially if to this be added the depressing influence of persistent cold, will, singly or combined, act as a powerful excitant to the disease.

It will be well also to remember that, in the gouty subject, this disorder may be a latent but exciting cause of the gastric inflammation. The tongue is red, more or less glazed, and with a thin creamy coat; the apex being surrounded with fiery, closely set papillæ. There are, anorexia; pain at the epigastrium, increased on pressure, and by taking food, and after vomiting; and a disordered condition of the digestive functions generally. When enumerating the causes, I should have noticed a not very uncommon one among workmen exposed to its influence; viz, the inhaling the fumes arising from noxious gases, or from the ignition of woollen materials, etc.

In the treatment, a few leeches to the pit of the stomach, followed by a large linseed-meal poultice, will often afford considerable relief. A blister may subsequently be applied, if the tenderness remain. A few grains of mercury, with chalk, with extract of henbane, or poppy, will be useful at bedtime; and a mucilaginous mixture, containing chlorate and citrate of potash, I have found to answer well, given during the day.

Perhaps the most important part of the treatment will be the strict confinement of the patient to the blandest milk diet, allowing small quantities of

quite cold water or ice to be sipped or sucked at intervals.

5. *Ascites*. The cases of ascites were only three in number. One was an acute attack, the result of exposure to cold; and the remaining two were passive dropsy, consequent upon chronic peritonitis, which was not, however, of tuberculous origin. In neither case were the kidneys involved; and the heart and liver were equally free from disease.

The acute case was treated by free purging with saline aperients; bicarbonate and nitrate of potash, with the spirits of nitrous ether, being taken during the day. Under this plan, recovery rapidly followed.

In the chronic cases, the treatment was of necessity more prolonged; but these ultimately did well, after blistering the abdomen, giving blue pill and henbane at night, and saline diuretics during the day; to which was subsequently added iodide of potassium, with cod-liver oil. After the healing of the blister, great comfort and benefit were derived from the application to the abdomen of a large plaster, composed of equal parts of mercury and opium plasters.

6. *Hæmatemesis*. We have had a few cases of rather severe hæmatemesis. In two, the hæmorrhage was simply vicarious of the catamenia; but, in the remainder, the cause was traceable to congestion of the mucous membrane of the stomach, which, in its turn, was attributable to confined bowels and a surcharged condition of the portal circulation.

The practical point in these cases is to decide whether the hæmorrhage proceed from mere congestion, or whether it depend upon an ulcer of the stomach, which may be either simple or malignant in its character. In the former case, when arising solely from congestion, the hæmorrhage generally takes place suddenly and in large quantity; the patient feeling faint and oppressed, and often complaining of an undefinable sensation at the pit of the stomach, prior to the occurrence of the bleeding.

When, on the contrary, the hæmorrhage proceeds from ulceration of some part of the coats of the stomach, whether it be simple or malignant in its character, the bleeding is generally much less in quantity; is often vomited, mixed with food; occurs chiefly after a meal; and presents the well known coffee-ground appearance. Besides this, a careful manual examination will sometimes detect an isolated painful spot, or the irregular enlargement of malignant disease.

Hæmatemesis may arise from blood-poisoning; but in this case the previous history of the symptoms, and the general condition of the patient, will sufficiently clear the diagnosis.

The treatment of these cases consisted of a blister to the pit of the stomach; mercury with chalk at bedtime; and saline aperients, with a view to unload the venous capillaries both of the stomach and liver.

The vicarious cases recovered upon the re-establishment of a healthy menstruation.

If the bleeding be very troublesome and persistent, the best astringents are acetate of lead, gallic acid, and turpentine. The perchloride of iron is said to answer well, given as a strong solution.

The patient should, if possible, rest in bed, taking only a bland unstimulating diet, with cold water or ice from time to time while the bleeding lasts.

7. *Melæna*. The cases in which the hæmorrhage assumed this form were, like the preceding, of a simple character, resulting from hepatic obstruction. In these, free daily purging by senna and sulphate of magnesia, giving over-night calomel or blue pill, speedily effected recovery. I have witnessed cases of melæna, after resisting the most persevering and varied use of astringents, yield at once, in the most

satisfactory manner, to the daily adoption of active purging.

I need scarcely add, that care must be exercised to avoid mistaking simple melæna from bleeding from hæmorrhoids, and still more not to confound it with the hæmorrhages from intestinal ulceration or malignant disease.

8. *Intestinal Irritation.* Although scarcely a disease *per se*, still the symptoms under which patients classed under this category labour are so common and so uniform, that, practically, it may be desirable to give it a separate notice.

There is pain, often very severe, but not increased by pressure, in some part of the intestinal tract, generally at or around the umbilicus. It is very frequently accompanied by reflex neuralgic pain at the sides of the abdomen; also in the rectum, and over the sacrum, extending sometimes to the genitals in the male, and to the inguinal regions in the female. The tongue is coated, and it has a reddish tip. The appetite may not be much interfered with. There is much flatulence; and the bowels are alternately constipated and relaxed, the evacuations being very fetid, and of a particoloured and unhealthy character. The urine is generally clear, high coloured, and with an excess of uric acid.

These symptoms depend upon a faulty condition of the contents of the bowels, giving rise to congestion of the mucous membrane and enteric pain.

The exciting cause is most frequently cold; to which may be added improper food, and the many depressing influences to which the labouring poor are so constantly exposed.

At the commencement of the treatment, a mild dose of castor-oil, guarded with laudanum, will be desirable; and alkalies, with mucilage, henbane, and chloric ether, will be the most suitable combination.

The cutaneous neuralgic pains are often more distressing to the patient than the immediate phenomena referable to the bowels themselves. Mr. Hilton, in his valuable *Lectures on Rest*, etc., strongly, and as the result of a long experience, recommends the more frequent application of anæsthetics to the peripheral extremities of the nerves. "I believe," says Mr. Hilton, "this plan of treatment—I mean the application of anæsthetics to the cutaneous nerves—is, as a rule, most imperfectly carried out in practice." For this purpose, he recommends *strong* solutions of belladonna, opium, or hemlock; and further adds his belief that "the reason why these applications are not more frequently employed, and why they are so often ineffective, is, that the solutions are not strong enough, and that the proportion of the materials is not sufficient." In the neuralgic pains under consideration, the extract of belladonna, freely smeared upon the part, will often give much relief; or, this failing, a strong solution of opium may be tried.

9. *Malignant Disease of the Bowel.* These cases were, happily, only two in number; and in each instance the relief that we were able to afford was but slight and very temporary.

The first case, in the absence of a *post mortem* examination, was, I believe, a thickened and contracted condition of the cæcum, of a malignant character. The patient suffered great pain; he had passed blood and sanious matter *per anum*; and he was rendered much worse by the flatulence engendered during digestion. This case ultimately died; but an inspection of the body was unattainable.

The second case was one of carcinoma of the rectum, accompanied by much pain, and purging of what the poor fellow himself graphically termed "bloody corruption". Opium gave very partial relief, and his attendance at the hospital was discontinued.

In a case of extensive cancer of the rectum, accompanied by great abdominal pain, preventing sleep, and with whom opium, given internally, entirely destroyed the appetite, Mr. Hilton was induced to advise a strong solution of opium to be rubbed upon the abdominal parietes every night and morning. "From that time," adds Mr. Hilton, "the patient had scarcely any pain, or spasmodic abdominal contraction; he required no more opium by the mouth to make him sleep; and he regained his appetite."

10. *Mesenteric Disease.* Affection of the mesenteric glands is a malady of very frequent occurrence, especially among children as out-patients. In two or three of the applicants, the disorder had advanced so far, and the tubercular deposit had produced such extreme emaciation and debility, that death was the only termination to be looked for.

The cases which present most frequently, however, are those termed by Dr. Ferguson "*meseraiaisis*". In these, the glands are congested and irritable, and more or less enlarged; but their functions, as yet, are not so much impeded as to prevent recovery, if judicious remedial measures be adopted. The experienced eye of the practitioner will at once detect the peculiar abdominal expression of the little patient. The face is anxious, thin, and drawn; the eyes sunk, but often preternaturally bright, with a dark line below the orbit. The child is fretful, and complaining of pain in the body. The skin is hot, and over the abdomen pungent; the tongue red at the tip, with a white creamy fur; lips often sore and ulcerated from picking; appetite very capricious; and sometimes vomiting. The bowels are generally relaxed, with most offensive, unhealthy evacuations; the urine variable in colour; abdomen swollen, tense, and tender upon pressure. The legs are often drawn up upon the body. There is general wasting, especially of the extremities; and increasing debility. These cases, if seen early, and before the glands become much infiltrated with cacoplastic or tuberculous matter, offer a reasonable chance of recovery, especially if tonics be not administered (as I believe is often the case) too early. The plan that I have found to be most useful is the following.

As perfect rest in bed as it is possible to obtain, in order to lessen peritoneal friction. A large thin linseed-meal poultice, sprinkled freely with laudanum, and covered with oil-silk, should be applied to the entire abdomen. After poulticing for a day or two, the belly should be covered with a plaster consisting of equal parts of opium and mercury plasters. The bowels should be regulated with the mildest aperients; and, in general, none answer better than rhubarb and carbonate of soda, guarded, if necessary, with Dover's powder.

It must be recollected, that the improvement in the appearance of the evacuations takes place very slowly in these cases; and that it is not desirable or safe to use active or irritating measures in order to effect this object.

In addition to this, I have found the best result from a combination of the citrate and chlorate of potash, with tincture of opium and chloric ether, apportioning the doses to the age of the patient. When the febrile symptoms lessen, and the tongue improves, the cod-liver oil will be the best tonic, in addition to the mixture. I am persuaded that I have often seen much harm done in these cases by the too early exhibition of steel and iodide of potassium.

The diet should be of the lightest kind, consisting chiefly of milk, with farinaceous articles. A very lightly boiled egg will sometimes agree, and be enjoyed, when other food is refused. If broths be allowed, the mildest only, as chicken-tea, should be

selected at first. A small quantity of sherry with water may, I think, in most cases, be advantageously given at intervals during the day.

As the patient improves, the abdomen should be enveloped for a prolonged period with a well adjusted flannel bandage.

The point which strikes me to be particularly observed is the avoidance of a too early administration of tonics, or a diet that will overtax the very much weakened digestive organs.

[To be continued.]

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON EXCISION OF THE WRIST-JOINT.

By R. W. COE, F.R.C.S.E., Senior Surgeon to the Bristol General Hospital.

[Read January 25th, 1865.]

ON regarding the results of operations for the removal of diseased bone from the carpus, we cannot but be struck by their unfavourable character—a character certainly not dependent upon the complex anatomy of the carpal joints, nor upon the tendinous structures in their neighbourhood; for it is well known that no class of injuries is more quickly recovered from than those affecting the hand or wrist requiring immediate operation. It must be familiar to us all how after partial crushing or severing of the hand or injury by gunshot, that it is the rule for the sound portion to be saved, on the injured part being removed; though in the doing this, the carpal joints may be freely opened, some or all of the carpal bones taken away, and tendons cut through.

These cases afford an illustration of the reparative powers of the upper limb; and if we compare the results of these injuries with those of corresponding injuries in the lower one, we shall find them to be more favourable than in the latter, shewing that the powers of reparation are greater in the upper limb than in the lower. Yet if we compare the results of the removal of diseased bone from the carpus, with those of excision of the tarsal bones for the same cause, we find the balance much in favour of the latter—a consequence for which *a priori*, I think we should hardly be prepared.

Dr. Humphry in a note to his published Address on Surgery, delivered at Cambridge (1864), has truly stated the reason of the difference. After observing that the reparative powers in the upper limb are greater than in the lower, its exposure to injuries less, and its opportunities for repose greater, he says: "Hence a given amount of disease in it is, proportionately, more indicative of constitutional debility than in the lower limb."

In considerations of this nature must be sought the explanation of the frequent unfavourable results of operations on the joints of the arm, especially on the wrist. It may, with something approaching to accuracy, be said that diseased bone when resulting from injury to the lower extremity, is produced by a faulty local nutrition primarily, and secondarily by a constitutional taint; whilst in the upper limb the same condition is brought about in spite of the local energy of the part, and in consequence of a constitutional taint. If this be so, what inducements are there for the surgeon to operate in affections of the wrist-joint, it being avowed that the results have been on the whole not only somewhat less than favourable—indeed positively unfavourable.

It must be borne in mind that the comparisons I have instituted are very rude, and the statements proportionately general; there are consequently many exceptions to be made. It is by the recognition of these exceptions that we may hope to discover the cases which will repay our labour.

A rough classification of the diseases of the joint compared with the results of the recorded cases will, I think, clearly shew what the inducements are, and when we may hope for a favourable issue. Excluding those cases where injury to the hand or wrist is immediately followed by operation, I would divide the wrist-joints injured by violence or disease into the following classes.

1. Those where the violence is followed by acute inflammation of the joint and soft parts, interfering with their nutrition, and ultimately causing a true necrosis of the carpal bones by preventing their blood supply.

2. Those where a slight injury, as a sprain or blow, is followed after some interval of time by a slow chronic inflammation, which takes its character from a constitutional condition, and which may eventually present every sign of a specific disease; the injury to the joint having the same relation to the developed disease that a blow on the breast has to the development of cancer in that organ.

3. Those where the disease, of whatever nature, is idiopathic, and the mere expression of a constitutional cachexia.

In looking over the recorded cases, I find the success of the operation following the order of the above division being most perfect and most frequent in the first class. In the second, the result hardly to be called a success, and this partial success but infrequent; whilst amputation after the excision seems to have been the rule in the third class.

In the first class of cases, I should say that the operation of excision was imperatively called for. Of the second, I speak with more diffidence. It has been clearly shewn that many so-called strumous affections of joints are amenable to treatment when continued through a sufficient length of time, rest being esteemed a principal element. When this has failed, the sooner the excision is performed the better; for the disease continuing, forms a nidus for the constitution to act upon, and to be in turn affected by; and if the operation fail, amputation can be had resort to under but slightly, if any, increased disadvantages. Of the third, I can only refer to the results, which are so unfavourable as to demand amputation.

How the carpal bones, and, if necessary, the carpal extremities of the radius and ulna and metacarpal bones, can be best excised, is the point I wish principally to bring under your notice this evening. Of the value of the mode I advocate, you will have an opportunity of judging by the inspection of one of my cases; but brought rather earlier under notice than I wish, from its being doubtful whether I should be able to present her at our next meeting in Bristol.

Erichsen has removed the carpal bones through a long longitudinal incision over the dorsum of the wrist; also, by a flap uncovering the tendons, and picking the bones out from between them. Ferguson has removed them by two lateral incisions; also, by a flap over the dorsum, leaving the tendons. Simon has removed them by two longitudinal incisions, one over the dorsum, the other on the palmar aspect, passing between the tendons—a proceeding not very likely to find imitators. Stanley has operated by a flap on the dorsum, cutting through the tendons, and turning them back with the flap. Butcher takes credit to himself for what he calls a

new operation: viz., by a flap on the dorsum, beginning on the ulnar side of the extensor secundi internodii pollicis, thus leaving the extensors of the thumb uninjured. It is very doubtful, however, whether he improved much upon Stanley's operation; for it would require a special bungler to cut through the extensor ossis metacarpi pollicis and extensor primi internodii pollicis in turning up a flap from the dorsum of the wrist. Spence of Edinburgh has lately adopted the two lateral incisions.

Of these modes, Stanley's and Butcher's have obtained the best results; but rather depending upon the class of case operated on, than on the kind of operation; and each of these has this great disadvantage, that all extension of the fingers is lost.

I find that a lateral incision on the ulnar side of the wrist beginning half way up the side of the fifth metacarpal bone and terminating two inches above the end of the ulna; a dorsal incision, beginning over the upper end of the second metacarpal bone, and carried obliquely over the wrist on the radial side of the second extensor of the thumb; and, if needs be, a third incision in the palm, an inch and a half in length, over the upper end of the metacarpal bone of the thumb and prominence of the trapezium, for the purpose of taking away this last bone, which is the only one there is any real difficulty about. Give room enough for the removal of all the carpal bones, together with the ends of the radius and ulna and metacarpal bones, not exposing the tendons and rendering them liable to slough, as in the superficial flap operations, nor destroying the extension of the fingers, as in the deep flap operation of Stanley and Butcher; in fact, if the operation be successful, preserving all the functions of the hand, indeed there is no necessity, if these incisions be adopted, for cutting any tendon, artery, or nerve.

I will not take up your time by detailing at length the two cases I have operated on. Suffice it to give the following statement of the first.

Aaron Morse, aged 34 years, engine-driver, was admitted under my care at the General Hospital on June 17th, 1858. His disease was said to have been injury of the right wrist, followed, after two months, by inflammation of the carpal and wrist-joints (probably of a strumous character), and subsequently by necrosis of some of the carpal bones.

His history was that, in September 1857, he stumbled over a railway switch-handle, and fell on the palm of his outstretched right hand. He jumped up, not having apparently suffered any injury. He continued to work until November, when he was obliged to give up; his hand having become swollen and painful. He was treated by Mr. Morgan of Newport, who first blistered and then leeches the wrist—upwards of seventy leeches having been applied.

A swelling eventually pointed over the first metacarpal bone, which was opened by caustic. He had had altogether three small swellings open and discharge near the wrist.

His appearance and condition on admission were described as follows.

He looked somewhat pulled down and cachectic, with a strumous aspect, partly due to a loss of blood from the anus, following a dose of castor-oil taken a week before. The whole of the back of the carpus was swollen, but not painful. There were three old openings leading to the wrist; one on the upper and inner side of the first metacarpal bone. The bone was not to be felt by a probe passed through it. A second opening existed between the upper extremities of the second and third metacarpal bones, leading down to the os magnum apparently, which was quite necrosed and moveable. And there was a third between the upper extremities of the third and fourth

metacarpal bones, leading down to the carpal bones, but through which no bone could be felt. The whole discharged a glairy looking matter, as if formed by pus and synovia mixed. Over the inner side of the styloid process of the ulna was a small abscess, which I opened. From this there escaped discharge of the same character as that which came from the old openings. A probe introduced through this new opening passed deeply among the bones of the carpus without touching any bare bone.

On June 23rd, I removed his carpal bones, with the exception of the pisiform, by means of the incisions I have already described. He progressed satisfactorily, and left the house in August, with only a sinus unhealed. I heard favourable accounts of him from time to time; but in a few months he died of phthisis.

This case is almost a typical one of those of the second division. Its history and appearance prior to operation, and subsequent behaviour, may fairly represent the origin and course of most of the recorded unfavourable cases. The slight injury, followed after some time by signs of irritation; that irritation of a specific character; the character dependent upon a constitutional diathesis; and all the stronger probably from manifesting itself in the upper extremity. The interference with the healing process and the ultimate death were both due to the general affection.

I learnt from this case, that the operation, performed in the manner I advise, in a fitting subject, would, in all probability, be followed by a successful result as regards the functions of the hand.

I had not an opportunity of testing this until September of last year, when I removed the carpal bones and ends of the radius and ulna under as disadvantageous conditions as are likely to be met with, excluding the almost fatal complication of a specific constitutional diathesis.

How gladly ought we, then, to welcome any conservatism which will retain for its possessor such a priceless gift. That conservative surgery has done much for this patient, I think she feels; for, with the elbow- and wrist-joint both removed in the same arm, she yet possesses what promises to be a very useful, and is certainly a most seemly looking limb. No person casually looking at her could tell that she had undergone any operation.

Elizabeth Jones, aged 40 years, a domestic servant, was admitted under my care at the General Hospital on May 13th, 1864, for an obscure affection of the left elbow-joint. The character of the disease gradually developed itself; and I removed the joint on July 21st. Although she suffered from cellular inflammation round the seat of operation, which threatened to be diffuse, she recovered by the latter end of August, and was able to move about the ward; the wounds having healed, and there promising to be a very useful false joint.

After getting about a few days, she had a rigor, which was followed by diffuse cellular inflammation of the forearm and hand of the same side. Incisions were at once and freely made; but the first phalanx of the little finger was found bare, as also the carpal bones. The discharge was very profuse; and the constitutional irritation so exceedingly great, that her life was threatened.

It became necessary to remove the then source of the irritation, either by removing the arm above the elbow-joint, which it would have been useless to preserve; or the wrist and ends of the radius and ulna. My colleagues assented to my doing the latter, on the understanding that I should at once remove the arm, if her system did not rally.

On September 22nd, I excised the carpus and ends of the radius and ulna. Within forty-eight hours,

the patient was much improved in health. The local condition also steadily improved, care being taken to provide a free egress for pus, at one or other side of the wrist, as occasion arose. Her general treatment, I need only say, was of the most supporting character.

Her present condition you will be enabled to judge of. Her elbow has every movement; though, from the necessity there has been for keeping it quiet, it is not so free at present as it would otherwise have been. When under chloroform, however, the arm can be moved freely in every direction. Her fingers are yet stiff, and the wrist somewhat lax; but I have little doubt but that she will regain full power over the fingers, and that her wrist will become strong and firm. Both these changes are making themselves evident from week to week.

It is not for me to dwell, before such an audience, on the wonderful and complex structures which fit the hand for its various functions; yet it is right, in discussing the propriety of any operative proceeding, to bear in mind, and bring prominently under notice, the manifold services such an organ as the hand performs for its possessor. It is the exponent of his emotions, the asserter of his rights, the slave of his will. It is the giver of formal expression to the genius of the artist, the engineer, and the mechanic. It is the special instrument whose cunning gives rise to the appellation which includes the great industrial community of our land—the “handcraftsman”; and, while priceless to the liver by its labour, it appears scarcely less valuable to the merest idler.

If such be its uses, how incalculably great must be its loss; and what a triumph to our art to succeed in preserving, even in a mutilated form, an organ of such infinite value! A solitary finger is worth something: a finger and thumb more to be esteemed than any artificial contrivance whatever.

The surgeon naturally witnesses much suffering, and himself inflicts many and serious mutilations. He must indeed by stoical who passes by all unmoved; but different men are affected in different ways and by diverse circumstances. For myself, I confess to more mental pain on removing or seeing removed an arm or hand, than from any other surgical proceeding. A man's individuality seems more affected by this mutilation than by any other; he appears more helpless, less able to make his mark upon the world, more needful of sympathy, kindness, and help.

ARMY MEDICAL SERVICE. The next examination of candidates for the army medical service takes place at Chelsea on the 20th inst. On this occasion the examination will embrace candidates for the Indian medical service as well as for the army medical service.

TRAINING OF IDIOTIC CHILDREN. Mr. C. Brady, in a pamphlet entitled *The Training of the Idiotic and Feeble-minded Children*, describes a visit made by him to the Asylum at Earlswood, etc. Mr. Brady recommends for the 7,000 imbeciles who, according to the last census, are in Ireland—“1. The foundation of a general institution for the reception of all degrees of idiocy, from the hopeless to the most improvable. 2. The opening of an asylum for the pure idiots, who are not susceptible of much improvement, but who can be housed, cared for, and cured of bad habits. 3. The establishment of a training school for the improvable cases, where, as in the asylums of which I have attempted a description, they may be trained to habits of usefulness, rendered able to earn a livelihood, and be taught the way of salvation.”

We beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Warkins Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 11TH, 1865.

THE POOR-LAW OFFICIAL'S REPORT ON TIMOTHY DALY.

MR. FARNALL has given in his report upon the case of Timothy Daly: No blame attaches to Mr. Norton as medical attendant of the man; and no blame attaches to the Poor-law system in reference to its dealing with the case! It was necessary, however, to find some scapegoat—to blame somebody; and the doctor, therefore, has, of course, received censure.

“I beg to inform you, with Dr. Carr's sanction, that in his opinion, and in my opinion, the evidence taken at this inquiry does not establish the charge publicly brought against Mr. Norton, the medical officer of the Holborn Union Workhouse, of having ill-treated and neglected Timothy Daly, while he was an inmate of that house.” In reference to the alleged neglect of Mr. Norton, as regards the entries in the “workhouse medical relief book,” Mr. Farnall adds: “If Mr. Norton had kept this book, he would have been enabled to produce a faithful record of the days when he attended Daly, and of the dietary which he ordered. I consider Mr. Norton's conduct to have been very careless in this matter, and it appears to me to deserve your censure.”

Mr. Norton is blamed for not having fulfilled to the letter some one of the thousand minute formulæ which are demanded of Poor-law medical officers, and which we believe would, if carried out to the letter, occupy as much time as is devoted to the actual business of attending on the sick. Still it is officially declared that Mr. Norton, as regards the treatment of Timothy Daly, is free from all blame. But while Mr. Farnall, the Poor-law official, is ready enough to throw a stone at Mr. Norton, in order, we may assume, to blind the public, and screen his own masters from blame, he takes good care to do and say nothing which can indirectly cast suspicion or discredit upon the working of the Poor Laws. In this he exhibits the true spirit of a paid official; he shows that above everything in this inquiry is the saving of his masters from public censure. In doing this, to say the least of it, he has acted very unjustly. Mr. Farnall has great faith in Dr. Carr; he called him in to assist in the inquiry concerning Daly's death; and at every step he quotes Dr. Carr, where he can do so to the advantage of the “system.” Why does he stop there? Has he acted

fairly to all parties in doing so? and, above all, to those most concerned in the matter? Dr. Carr is quoted by him freely enough to prove that at the Holborn Union, bedding, food, ventilation, etc., in the sick ward, are all excellent; and to show, in fact, that in the death of Daly the system is blameless. Now, we ask, has this Commissioner acted honestly towards the public, and to Mr. Norton, when he makes no comment or reference to that part of Dr. Carr's evidence, which indirectly throws the very severest censure on the system, as worked out by the Guardians of the Holborn Union? What is the meaning of the following words of Dr. Carr's report, if they do not distinctly say this:—You have no right to expect that your pauper patients will receive proper medical treatment unless you pay your medical officers properly? Here are Dr. Carr's words.

"On the subject of the medical officer, I would respectfully suggest, looking at the large amount of duty which he is expected to perform, that some change should be made in relation to him; 1, That the drugs should be supplied by some respectable wholesale druggist, and paid for by the Guardians; and, 2, That his salary should be raised to £150 per annum.

"This additional expense would, I doubt not, be followed by real and positive good, alike to paupers and Guardians.

"I would also suggest that two properly educated nurses should be appointed, and paid sufficient salaries to command a high-class character, who would raise the tone of feeling in the wards, and prove a source of help and comfort to all concerned, who would save life and spare the expenditure of the rates.

"Remembering that the poor are always with us, the object of the Legislature should be to provide a remedy at once economical and preventive; erring not by meanness, which propagates the evil of pauperism, nor by extravagance, which wastes the rates levied from the industrious classes. Moderate and liberal policy is often, if not generally, the wisest course of conduct.

"WILLIAM CARR, M.D., F.R.C.S., etc.

"Blackheath, January 24th, 1865."

Could any more severe censures be passed upon the Poor-law guardians than are contained in these words? Mr. Farnall knows, as well as we do, what they imply. They say, as plainly written as words can be: *You, the Poor-law guardians, are guilty of neglect; you have injured the sick poor placed under your charge; you injured Timothy Daly, by refusing to give him and them the proper medical attendance, the proper medicines, and the proper nursing which he and they require.* Dr. Carr has told the Board that which doubtless they knew well enough before; but he has told them, as one of their own temporary official advisers, that their pauper sick suffer—i. e., are not duly cared for—because they do not pay properly for attendance on the sick. Mr. Farnall has, therefore, we must again repeat it, acted meanly and unfairly to Mr. Norton, in not boldly repeating, in his report, what Dr. Carr has thus truly and honestly stated. Mr. Farnall, instead of doing this—instead of censuring the Holborn Board—has screened them,

by unjustly throwing blame on Mr. Norton. And does not all this show that official inquiries of this kind, carried on by the official officers of the "system", are simply a delusion and a farce—not meant to get at the truth, but only to screen the system from censure.

One word, however, we must add of a more strictly ethical professional kind. It is clear that, if it had not been for the unnecessary interference of one of his own professional brethren, Mr. Norton would have been saved all the great pain and anxiety and obloquy to which for the past month he has been so unjustly subjected. Mr. Lowne saw Daly after his removal from the Holborn Union. He therefore

"Wrote a letter to Mr. Shuter, the honorary Secretary to the Farringdon Dispensary, setting forth his view of Daly's case, upon which Mr. Shuter immediately visited Daly in Mr. Lowne's presence, and at once requested Mr. Lowne to modify the letter referred to, so that it might be made fit for publication in the *Times* newspaper. Mr. Lowne did as he was desired, and, dating his modified letter December 17th, handed it to Mr. Shuter. Six days after this occurrence, after Daly's removal by Mr. Lowne to St. Bartholomew's Hospital, Mr. Shuter addressed a letter to the editor of the *Times*, in which he embodied Mr. Lowne's letter of the 17th of December. Mr. Shuter headed his letter with the words 'Horrible Case of Union Treatment,' and thus it appeared in the *Times* newspaper of December 24th, and so brought Daly's case before the public, who were invited to view it with disgust and resentment. Mr. Shuter says that he published this letter out of mercy to the poor; but he also admits that he wrote it with some desire to attack the Poor-law Board."

Mr. Lowne, it thus appears, without making any inquiry from Mr. Norton about the nature of the case of Daly, assists Mr. Shuter in rushing into the *Times*, and thereby injuring Mr. Norton. The result of the inquiry proves, as we have said, that Mr. Lowne's proceedings were very blameable. He imputed blame to a professional brother without a sufficient knowledge of facts. To Mr. Norton the profession, therefore, must accord its sympathy, and visit with its censure those who have so cruelly injured him.

PRIVATE GRATUITOUS MEDICAL SERVICES.

THERE is one species of the system of gratuitous medical services prevalent in the metropolis, as well as elsewhere, which is deserving of particular condemnation. We regret to say that it is practised even by some of those who are of high standing in the profession. The system to which we refer, is that of doing business, on a large scale and regularly, in the gratuitous advice way at their own houses.

Reduced to its simplest expression, the proceeding is nothing but a private advertising move; there is not a grain of real charity in it. The trick (for so we must call it) no doubt answers the purposes of those who practise it; but it is degrading to the dignity

and injurious to the interests of the profession at large. These gratuitous advice-giving gentlemen are indiscriminate in their gifts of advice. All they seem to desire is to have a well known street door. We have heard of paying patients seduced in this way from a neighbouring practitioner's house; and we have also heard of cases in which the gratuitous patients, sick of waiting their turn in the benevolent man's consulting-room, have gone to a neighbouring practitioner's and paid their guinea. We need hardly say that, as a pretence at benevolence, the whole thing is a brazen-faced sham. Selfishness is at the bottom of the whole business. The numerous visitations to their house, implied in the gratuitous advice, is a publication of their name and address—the patients acting as hookers-in; and, besides this, the gratuitous patients cram up the hall and make a show, and fill the minds of the paying patients with wonder and admiration at the “immense reputation and benevolence of the doctor.”

One of this class of advice-givers had, and, for all we know, still has, a most ingenious method of displaying and utilising his gratuitous patients. His plan was to plant them round the room through which his first class patients had to pass before they gained admission into his presence; and as his specialty was the cure of an incurable disease which involves a good deal of coughing, the paying patient passed, in bewilderment and admiration, through a perfect explosion of barkings, wheezings, and all the different varieties of sounds which represent defective respiration, before he could gain the presence of the great curer. Of course, the impression made upon his mind by the display was, that the doctor was a profound genius and enormously benevolent. We need hardly tell our readers what sort of benevolence really stirred this individual's breast. He kept the third class patients there as long as their services were required; and then rapidly started them off with a prescription, to be taken to a special druggist, with whom (if report be no lying jade) he shared the plunder of a thirteenpenny bottle of physic.

AN ACTION FOR FEES.

THE Lord Chief Justice Cockburn has always shown himself a warm supporter of the honour and dignity of our profession. In the case of *Tamplin v. Cosens* (reported at another page), which lately came before him, he gave his entire support to the professional side of the case. We must, therefore, congratulate Mr. Tamplin on having successfully asserted what he considered his rights in a court of law. We would, however, remark—and we are sure that the feeling of the profession, and no doubt of Mr. Tamplin, is with us—that the more rarely medical men, and especially men in a high position in it, appear as claimants for fees in a court of law, the better is it for us as a professional body.

No doubt Mr. Tamplin had good and sufficient reason for taking action in this particular instance—more so, perhaps, than appears before us; but still the public will not always take a pleasant view of such proceedings. It would, indeed, perhaps be well if our leading surgeons, operative and consulting, should stand, as regards their fees, in the position of honorary claimants only; and, as a rule, such, we believe, is their position. None of us would like to see our Sir Benjamin Brodies or Sir Astley Coopers suing for fees in a court of law. It is certain, moreover, that men in high repute, either as physicians or surgeons, are the last men in the profession who have occasion to make, or are justified in making, such claims. The fees usually paid to them for visits and operations are notoriously, as a rule, high fees, and, moreover, are religiously paid.

We must add, as regards the particular case in question, that it may be fairly questioned, from a professional point of view, whether it is right that a surgeon or physician should continue for a year or two in constant attendance upon a patient (without receiving or claiming his fees), unless there is a distinct understanding as to the payment of the fees. Candidly speaking, it seems to us that a patient would be justified in believing—might reasonably believe—that his physician or surgeon would not charge him the full tariff for a daily attendance, for eighteen or twenty months, on a case where there was little or nothing to do daily, and where repose and nature were mainly effecting the cure—unless it was distinctly understood that the full payment of fees was to be made. In such cases, it seems to us evident, that the physician or surgeon should either take or demand his fee at each visit, or should have a distinct understanding as to what his fee is to be at the conclusion of his anticipated lengthy attendance. Surely a patient might not unreasonably object to his doctor, in a case of the kind supposed, that it was hardly fair to come down upon him, at the end of a couple of years, with a charge of three or four hundred guineas for as many attendances, unless the doctor had already at starting distinctly explained to him the terms of his attendance. The payment of such a sum would be to most men, who have to get their living by professional labour, a very serious difficulty. At all events, if the doctor in the case supposed is determined to maintain the professional tariff of one guinea per visit, he should, in our opinion, make his charge an honorary one; and so leave it to the patient's honour or conscience for settlement.

A NEW objection has been thrown in the way of the utilisation of sewage, and one which has probably occurred to few of our readers. Dr. Cobbold, our highest authority on helminthology, warns us that

we may be ruined and overwhelmed by entozootic diseases, if we spread this sewage as manure over the country. He has published a pamphlet with a formidable title, which explains, however, its contents: "New Entozootic Malady: Observations on the probable Introduction of this formidable Disease, and on the almost inevitable Increase of Parasitic Diseases in general, as a Consequence of the proposed extensive Utilisation of Sewage." We feel bound to say that a perusal of this pamphlet has much relieved our mind of the fears which were raised by reading the title. Dr. Cobbold leaves a very wide hiatus in the tale of how the eggs of the *Bilharzia*, when distributed in the sewage over the land, are to find their way into the human body. He traces them into the bodies of land and water snails, and there he leaves them. But there is always what has seemed to us an unanswerable answer to all those who argue as Dr. Cobbold does, and it is this: There is no shadow of proof that any entozoon can or does survive in meat which is properly cooked. Even, therefore, if we suppose, by a stretch of the imagination, that the fears of Dr. Cobbold may be realised, we clearly have the remedy in our own hands. Of course, if people will act the part of cannibals, and eat raw meat, they must be prepared for the consequences which ensue from such unnatural doings. But the truth is, that the possible consequences of the eating raw meat are unknown to those who indulge in that propensity. Ignorance here is the source of disease, just as it is in a thousand other deviations from the laws of nature which produce disease, and are daily practised around us. Our right business, therefore, should be to enlighten ignorance, and in this way prevent the introduction of live entozootic animals into man's body. Of course, we are not wishing to recommend the raising up of entozoa to infest our beef and mutton; but, as we have in our kitchens a positive destroyer of all danger of infection from that source, and as Dr. Cobbold seems to have failed in a satisfactory proof of the connexion between the spread of sewage over the land and the increase of entozoa in man, we cannot hope that his objections will interfere with the realisation of an immense national blessing—the utilisation of our sewage, and the purification of our rivers.

THE fifth Annual Report of the Cranley Village Hospital, just issued, gives a very satisfactory account of its success. Every one must rejoice at the progress of so excellent an institution. It is greatly to be hoped that similar hospitals will become general throughout the country. Their advantages in every respect are very great. They bring relief home to the working man's door; they are very economical; they are also salubrious, being small in size; and they give our brethren in country dis-

tricts a good field for the cultivation of their profession as a science, and in so far tend to improve our art. Only one objection we must raise to them, as at present carried on; and that is, that they do not pay their medical officer. On what grounds should the medical man give his gratuitous services to them, we beg to ask?

THE Manchester Medico-Ethical Association has published the subjoined advertisement in all the Manchester daily papers. In doing so, it has set an example worthy of imitation by other influential medical bodies.

"*Manchester Medico-Ethical Association.* At the annual general meeting of the Association, held on Wednesday, the 25th inst., at the Clarence Hotel—Sir James L. Bardsley, M.D., President, in the chair—it was unanimously resolved:

"That this Association has great pleasure in publicly expressing its thanks to the proprietors of the *Manchester Guardian* for having excluded licentious and immoral quack advertisements from a paper so influential and of such extensive circulation; also, to the many other journals which have given up the somewhat lucrative but dishonourable practice. The Association begs to express its high sense of a proceeding which, though inseparable from an honourable press, has yet too few imitators.

"JON. WILSON, F.R.C.S. } *Hon. Secs.*
JNO. THORNBURN, M.D."

THE French Academy of Medicine has been engaged in a learned, lengthy, and serious discussion about the transmission of syphilis through vaccination. It seems passing strange to us to note all this wondrous waste of time and eloquence—this veritable logomachy. We suppose that two words will sum up all the *facts* of the case; and that, in truth, every one is agreed as to the nature of those facts. Why, therefore, all these grand displays of oratory from the Ricords, Depauls, and Trousseaus of our art? That syphilis has been and may be transmitted through vaccination seems to be a positive fact acquired to science; but, as M. Trousseau and his colleagues admit, such transmission is "not only rare, not only very rare, not only excessively rare, but is prodigiously rare." Why, then, it is asked, make all this noise and fuss, why set all society in agitation, why excite all this emotion, about an event which happens so rarely as to be an actual prodigy, a kind of miracle, when it happens—an event, moreover, which, there is every reason to believe, has never happened except through the sheer ignorance or carelessness of the vaccination? The end of Trousseau's long oration is just this: The transmission of syphilis by vaccination is excessively rare; but it is a fact which ought to be known. But who does not already know the fact?

GUERSANT ON VULVITIS IN CHILDREN.

M. GUERSANT writes as follows in the *Bulletin Général de Thérapeutique* for November 30th, 1864.

Inflammation of the vulva in children may be met with under the following forms: 1. Simple; 2. Diphtheritic; 3. Ulcerative; 4. Gangrenous; 5. Syphilitic.

1. *Simple Vulvitis* commences with very slight erythema of the mucous membrane of the whole vulva, with or without itching. It is met with in very young children, sometimes a few weeks after birth, and is characterised by redness and itching, with mucous exudation. It is caused by want of cleanliness, and is the source of the leucorrhœal discharge so common in female children. When detected, it can be arrested by lotions of cold water, pure or slightly astringent. If this application be neglected, it frequently happens that the labia become glued together; sometimes the adhesion is congenital—has been formed before birth, although M. Guersant has never met with any positive instances of this. He has often been consulted by the parents of children, and even by medical men, regarding supposed cases of obliteration of the vagina. In these cases, the labia majora had become adherent by very thin transparent false membranes, analogous to those which are met with between the prepuce and the glans in boys who have had balanitis and in whom the glans is not uncovered. This false membrane glues the labia together, but does not cover in the urinary meatus. It is readily torn by means of a probe, or even by gently separating the labia. The performance of this slight operation averts the production of more solid adhesion, which may occasion inconvenience and require a more formidable proceeding when the catamenia appear. When the labia have been separated, it is a good plan to place between them some charpie (or lint) to prevent fresh adhesions; lotion of acetate of lead should also be applied three or four times a day—it may prevent a return of the condition, which recurs rather frequently.

M. Guersant has sometimes seen vulvitis produced by ascarides (*oxyures vermiculares*) which had passed from the anus to the vulva. In these cases, the children have intolerable itching. The best remedies are, mercurial inunctions, calomel suppositories, injections of infusion of wormwood, and sulphur-baths.

2. *Diphtheritic Vulvitis* is characterised by the presence of false membranes. It is met with either in children who do not yet present any other morbid manifestations, or, more frequently, in those who have or are threatened with diphtheritic disease of other parts, as the pharynx, larynx, and tonsils. The internal surface of the labia majora is lined with white false membranes, more or less solid, analogous to those which are met with on the tonsils. When one of these false membranes is removed, the subjacent tissue bleeds. They have a tendency to be reproduced; the inguinal glands are often enlarged; the patient is more or less depressed; and there is often fever.

The appearance of this affection denotes frequently that the child is seized with a general diphtheritic attack; and hence it ordinarily resists local means, and even general remedies rarely subdue it. But, although the prognosis is serious, local and general treatment must not be neglected. The local means consist of the application of nitrate of silver, either solid or in solution; lemon-juice may also be applied successfully, as well as insufflation of alum and tannin. These remedies are most likely to succeed when the disease is purely local; otherwise, general treatment alone can modify the disease. This diph-

theritic false membrane must not be confounded with that met with in syphilitic children; these have generally other symptoms, such as chancres, etc.

3. *Ulcerative Vulvitis*. It is not rare to meet in young female children with ulcerations or excoriations on the inner surface of the labia majora. They are met with in neglected cases of simple vulvitis; they also arise from want of care in children who have leucorrhœal discharges; or they may be produced by repeated masturbation. They have no syphilitic character; and are nevertheless sometimes accompanied by *plaques muqueuses*. The ulcerations and excoriations yield to local applications, general and local baths, astringent lotions, lemon-juice applied locally, chlorinated water, nitrate of silver, but especially to careful cleanliness. The labia must be kept separated.

4. *Gangrenous Vulvitis* is frequently a termination of the affections which have been described. It occurs only in children whose general health is in an unfavourable condition. It has been observed as a result of fevers, adynamic diseases, and certain severe forms of scarlatina. It is characterised by a transformation of the mucous membrane of the labia majora and the entire vulva into a blackish tissue, forming a soft moist slough, which tends to extend so long as the disease is left to nature.

The treatment must be local and general. The principal indication is to combat the disease which is weakening the infant; hence tonics of various kinds—cinchona, bitters, beef-tea, wine, coffee, etc.—are to be placed in the first rank. The local treatment is no less important. Applications of lemon-juice, of powdered cinchona and camphor, spirit lotions, etc., may be sufficient. These, however, often fail; and the best means of arresting the gangrene is the application of iron at a white heat; the cauterisation ought to extend beyond the limits of the eschar. When this energetic remedy is successful, there is left a large eschar—a true burn of greater or less depth, and requiring the ordinary treatment of burns. Powder of cinchona, or of charcoal, with a little camphor, are important applications; lotions of aromatic wine or chlorinated water may be useful. Every possible care must be taken to prevent adhesion of the labia; the dressings should be carefully applied and frequently renewed.

5. *Syphilitic Vulvitis* is characterised by the presence of chancres or mucous pustules. It must be observed, that the mucous pustules observed between the labia majora and also at the anus are not always syphilitic, but are often produced by want of care and cleanliness; and yield to lead lotions, the application of nitrate of silver, and baths, without general treatment. When, on the contrary, the mucous patches resist these measures and are accompanied by true chancres or by syphilitic pemphigus, it is necessary not only to attend to the cleanliness of the patient, but to subject her to mercurial treatment. This affection, when met with in very young children, is hereditary, and frequently appears fifteen or twenty days after birth; in older children, from eight to ten years of age, it is acquired, being produced by the contact of individuals affected with syphilis.

In infants, M. Guersant has employed the following treatment with success. The child is placed daily in a bath containing some corrosive sublimate; and a few drops of Van Swieten's solution (a preparation of bichloride of mercury) are also given daily in a little syrup. If the mother be suckling, she must be subjected to general treatment. If the infant cannot be suckled by the mother, it must not be entrusted to a nurse, but must be fed by the bottle. In some cases, M. Guersant thinks, it is advantageous to give the child the milk of a goat which has

been subjected to mercurial friction; but it is of the greatest importance that the animal should live in the open air, so that its milk may be of the best quality.

Syphilitic children may also be fed with the milk recommended by Dr. Labourdetti, and brought daily into Paris. It is obtained from cows fed in the pastures of Normandy, to whom is given every day, before and after their return from pasture, a bolus of iodide of potassium. M. Guersant says that he has known the best results to follow the use of this milk, which he prescribes in cases of syphilis and scrofula in newly born children.

EXCISION OF THE TONGUE.

THE week before last we announced the fact that Mr. Syme had successfully removed the tongue. The following is the history of the case and the operation.

Some years ago I endeavoured on two occasions to afford relief from disease of the tongue, otherwise incurable, by cutting out the entire organ; but, as both cases terminated unfavourably, I felt no desire to repeat the experiment, and have repeatedly declined doing so under circumstances of a very urgent character.

In the early part of November last, Mr. W., aged 52, from Manchester, applied to me on account of a very formidable morbid condition, affecting his tongue. From its point to the root it was swollen and indurated, the surface being of a brown colour and roughly tuberculated, so as to resemble the back of a toad. It was also nearly quite immovable, and, from completely filling the mouth, not only prevented articulation, but rendered deglutition impossible with respect to solids and extremely difficult in regard to fluids. From the same state of matters, there was a most offensive fetor through mucus secreted by the unhealthy surface not being permitted to escape.

The patient informed me in writing that he had suffered from uneasiness in his tongue for many years, but that neither articulation nor deglutition was seriously affected until 1862, since which time he had been under medical treatment in London as well as Manchester without experiencing any benefit. As palliation seemed all that could be expected, I offered some suggestions with this view, and advised that no time should be lost in returning home. But soon after his arrival there I began to receive from the patient very painful letters, reporting aggravation of the symptoms, especially in regard to deglutition, so that death from starvation seemed imminent, and urgently desiring some means of relief. To these appeals I replied that the only effectual remedy was removal of the tongue, and that this could not be done without very serious danger to life, so that the operation promised nothing more than a chance of escape. This slight encouragement brought the patient back, and he arrived here on December 27th.

Being thus as it were compelled to make another trial of excision, I carefully considered all the circumstances concerned that might tend to interfere with its successful performance. Of these the one which most prominently presented itself was the prevention of voluntary deglutition that must result from depriving the os hyoides of the power by which it is drawn forwards. In the common cases of cut-throat, where a large transverse wound is made into the pharynx, although the suicide rarely accomplishes his object in the first instance, he still more rarely escapes the fatal effect of pulmonary inflammation induced by irritation propagated from the larynx; and I did not

forget that both the patients on whom I had performed the operation in question died from purulent effusion into the lungs. Instead, therefore, of cutting through all the muscles of the os hyoides, as had been done in the former cases, I resolved to retain the mylo-hyoid and genio-hyoid entire, and divide merely the attachments of the genio-hyoglossi. I also thought it would be better to perform the operation without chloroform, since the patient, instead of lying horizontally, might thus be seated on a chair, so as to let the blood run out of his mouth and not pass backwards into the pharynx.

The operation was performed on the 29th, with the assistance of Mr. Annandale, Dr. Sewell, and Mr. Cheyne, to the first of whom I am especially indebted for his able co-operation. Having extracted one of the front incisors, I cut through the middle of the lip and continued the incision down to the os hyoides, then sawed through the jaw in the same line, and, insinuating my finger under the tongue as a guide to the knife, divided the mucous lining of the mouth, together with the attachment of the genio-hyoglossi. While the two halves of the bone were held apart I dissected backwards and cut through the hyoglossi along with the mucous membrane covering them, so as to allow the tongue to be pulled forward and bring into view the situation of the lingual arteries, which were cut and tied, first on one side and then on the other. The process might now have been at once completed had I not feared that the epiglottis might be implicated in the disease, which extended beyond the reach of my finger, and thus suffer injury from the knife if used without a guide. I therefore cut away about two-thirds of the tongue, and then, being able to reach the os hyoides with my finger, retained it there while the remaining attachments were divided by the knife in my other hand close to the bone. Some small arterial branches having been tied, the edges of the wound were brought together and retained by silver sutures, except at the lowest part, where the ligatures were allowed to maintain a drain for the discharge of fluids from the cavity.

Next day I visited the patient, and finding him in all respects comfortable, inquired if he could swallow. In reply he pointed to a drinking-cup containing milk, and intimated that he wished it to be filled; then, placing the spout between his lips, while his head was bent backwards, he drank the whole without any cough or sputtering. Having seen this, I felt assured that the result would be satisfactory, and was not disappointed, as everything went on well afterwards. The only inconvenience experienced was from the edges of the jaw being occasionally displaced; but this was easily remedied by an ingenious contrivance of Mr. Wilson, the dentist, who, finding that a silver cap inclosing the teeth, was not sufficient for the purpose, fashioned a shield of gutta-percha, embracing the chin on each side, and secured to the metal plate by a wire.

Under an ample supply of nourishment by milk, soup, and soft solid food, there was a rapid return of strength, so that an improvement in this respect was almost daily observable, and before the end of three weeks the patient declared that he had never felt better in his life. He returned to Manchester on January 23rd.

Excision of the tongue has thus afforded complete relief in a case of the most formidable and distressing disease. How far the relief thus obtained may prove permanent, and how far it may admit of being extended to cases of a similar kind, are questions that can be determined only by experience. But the frequency of malignant growth affecting the tongue in an otherwise sound state of the system urgently requires the truth to be ascertained in regard to the value of a

remedial measure; and if the operation is now, as I trust it has been, freed from the chief danger attending its performance, facts sufficient for the purpose will probably ere long be accumulated.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
NORTH WALFES. [Intermediate.]	Dr. Roberts's, Hafod Elwy, St. Asaph.	Friday, February 24, 1 P.M.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 10TH, 1865.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

ON ECZEMA OF THE EYELIDS, CONJUNCTIVA, AND CORNEA. BY FURNEAUX JORDAN, M.R.C.S., BIRMINGHAM.

[Communicated by E. H. SIEVEKING, M.D.]

MANY observers, and especially writers on diseases of the skin, have considered ophthalmia tarsi to be simply eczema of the lids. Dr. Mackenzie has pointed out that scrofulous, or as he terms it, phlyctenular ophthalmia, is frequently associated with eruptions on the skin. It is the object of this paper to show that not only ophthalmia tarsi is eczema of the lids, but that granular lids, a peculiar swelling of the sub-integumental connective tissue of the lids, lippitudo, strumous ophthalmia, certain forms of simple or catarrhal ophthalmia, keratitis and strumous keratitis, and certain ulcers on the cornea, are merely varieties of eczematous disease. Cases of extreme, firm, indolent, pale or pinkish swelling of the lids, occur occasionally, the only cause of which is eczema of the margins of the lids. The eczema may be very slight, or it may pass away quickly, and leave only the swelling behind. Unchecked eczema of the eyelids terminates in lippitudo just as persistent and progressive eczema of the cornea produces pannus. Both these conditions are analogous to the eczematously red, swollen, and moist condition of the skin which may persist for an indefinite period. Eczema of the conjunctiva presents many important features. The so-called strumous ophthalmia may be regarded as chronic eczema. The several stages of pimple, vesicle, ulcer, or thickened patch, admit of indisputable demonstration. In acute eczema of the conjunctiva, there is for a few days a uniform scarlet colour; then a crowd of vesicles, which soon pass away, and leave an irregular or patchy redness—each patch, however ill-defined, having a redder, thicker, and possibly ulcerated centre. These cases have a slight mucopurulent discharge, and are always tedious. If treated as eczema, they speedily recover. The so-called keratitis, or strumous keratitis, is eczema of the cornea. When vesicles, white patches (necessarily white because of the anatomical structure of the cornea), or ulcers occur on the cornea in conjunction with vesicles on the conjunctiva, the term scrofulous ophthalmia is commonly used. If the same pimples (necessarily fiat), vesicles, patches, or ulcers occur on the cornea alone, especially near its centre, the term keratitis is applied, notwithstanding the symptoms are similar, and notwithstanding that there is usually, if it be carefully sought for, evidence of eczema of the

lids or face, or ears or scalp. The characters of eczema of the cornea are quite as typical as they are of eczema elsewhere. The several varieties of eczema of the cornea, conjunctiva, and lids are combined in a great variety of modes. They are much more frequently combined than not, and very frequently indeed associated with cutaneous eczema in its favourite localities. Eczema is often limited to sites as small as the cornea. The treatment should be directed to eczema. Its chief features are non-stimulating diet and alkaline medicines, with a little iron added in most cases. If the lids are affected, as also in pannus, lippitudo, and granular lids, a little of any of the "eczema ointments" may be used, with the customary attention to details; if there be much photophobia, a little morphia may be given in the morning.

ON THE SUBCUTANEOUS INJECTION OF QUININE FOR THE CURE OF AGUE AND OTHER MARSH FEVERS.

BY P. H. DESVIGNES, M.R.C.S.

[Communicated by JOHN BIRKETT, Esq., Hon. Sec.]

The author had had large opportunities of testing the value of this remedy in the intermittent fevers which were so common in the district of Tuscan called the "Maremma." The use of quinine and arsenic, in the usual manner, having repeatedly failed, he resolved to try the subcutaneous injection of solutions of quinine. The solution he employed was a grain and a half in fifteen drops of water, acidulated with a drop of dilute nitric acid. With this he successfully cured several hundred cases.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 4TH, 1865.

HENRY OLDHAM, M.D., President, in the Chair.

FIVE gentlemen were elected Fellows.

Communications. Dr. PLAYFAIR read a case of Extra-Uterine Fœtation, on which Dr. PRIESTLEY made some remarks.

Mr. WILLS, through Dr. GRAILY HEWITT, described the Mode of Birth of a Double Monster, and exhibited a photograph of the same.

Dr. PARSONS exhibited a specimen of Pulmonary Embolism, of the tubular kind, after ovariectomy; and described the case.

Dr. RICHARDSON entered at considerable length into the question of these fibrous deposits.

Mr. NAPPER read a case of Amputation of Arm during early Pregnancy.

ANNUAL MEETING.

The business of the annual meeting then commenced. The report of the auditors of the accounts of the treasurer for the year ending December 31st, 1864, was read; from which, it appeared that the balance in the hands of the treasurer is £262:6:5, and that during the year a sum of £181:10 was invested in Consols, in the name of the trustees of the society, making a total now invested in Consols of £731:10. The balance-sheet showed that the society had received during the year the sum of £469:7, as subscriptions from the fellows, and £40:9:6 from the sale of *Transactions*.

Mr. MITCHELL, in proposing the adoption of the report, congratulated the society on its financial prosperity. Mr. NICHOLS having seconded the resolution, it was carried unanimously.

The SECRETARY having read the modifications of the laws rendered necessary by the opening of the library, Dr. MEADOWS proposed their adoption. This, being seconded by Dr. HALL DAVIS, was unanimously adopted.

It was then announced that arrangements were

now completed for the lending of the books of the library to the fellows, at Mr. Hardwicke's, publisher, 192, Piccadilly.

Dr. PRIESTLEY moved the following resolution, which was seconded by the whole meeting—

"That the thanks of the society be and are hereby given to the President and officers of the society for their services during the past year. That they be particularly given to the retiring President, Dr. Oldham, for the able and efficient manner in which he had presided over the society; and also to Dr. Graily Hewitt, on his retiring from the office of Honorary Secretary, for his zealous aid rendered to the society from its commencement."

The list of donations to the library was then read.

The following gentlemen were then elected officers for the ensuing year:—*Hon. President:* Sir C. Locock, Bart., M.D. *President:* R. Barnes, M.D. *Vice-Presidents:* G. T. Gream, M.D.; R. Greenhalgh, M.D.; F. S. Haden, Esq.; R. Hardey, Esq. (Hull); T. H. Tanner, M.D.; J. G. Wilson, M.D. (Glasgow). *Treasurer:* Graily Hewitt, M.D. *Honorary Secretaries:* J. Braxton Hicks, M.D.; A. Meadows, M.D. *Honorary Librarian:* A. Meadows, M.D. *Other Members of Council:* J. Aveling, M.D. (Sheffield); C. Clay, M.D. (Manchester); J. H. Davis, M.D.; H. Gervis, M.D.; A. Hall, M.D. (Brighton); I. Harrison, Esq. (Reading); H. Madge, Esq.; J. T. Mitchell, Esq.; G. C. P. Murray, M.D.; E. Newton, Esq.; H. Oldham, M.D.; E. Ray, Esq.; S. Richards, M.D.; T. Skinner, M.D. (Liverpool); W. Tyler Smith, M.D.; F. Symonds, Esq. (Oxford); J. R. Traer, Esq.

ANNUAL ADDRESS. BY H. OLDHAM, M.D., PRESIDENT.

The PRESIDENT referred to the prosperity and activity of the Society, as shown by the balance-sheet, by the *Transactions*, and by the number of its Fellows, who now were to be found in Australia, New Zealand, India, and Canada. He lamented, however, the death of six Fellows during the past year. He congratulated the Society upon the formation of the Lending Library, which had long engaged the attention of the Council. The tone in which the discussions had been carried on in the Society was very satisfactory, although subjects had been brought before them upon which there had been strong diversity of opinion. Dr. Oldham pointed out that it was to the interest of the Society to continue to maintain this spirit unimpaired. He thought it desirable to establish a committee of two experts to report to the Society upon the results of any new line of practice which might prove of serious consequence to the patient. It was one of the duties of the Society, not only to bring forward new suggestions for improving practice, but, by the light of modern science, occasionally to revise the older rules and opinions; and he noticed, among other subjects, the advantages of the careful and intelligent investigation of the influence of the ergot of rye on the mother and fetus, and on the uterus in functional or organic diseases. He alluded to the possibility of improving the education of women as nurses to the lying-in room, by instructing them in public institutions to a competent knowledge of their duties, which would save a vast amount of the injury and misery inflicted by incompetent nurses. Referring to the revival, in a recent case, of a jury of matrons to decide upon the pregnancy of a condemned criminal, he hoped the Society would take an early opportunity of endeavouring to induce the legislature to alter this rule, and refer in future to obstetric practitioners. The President, in conclusion, expressed his warm acknowledgments for the assistance rendered him by the Honorary Secretaries; and thanked the Fellows for their support, which had rendered the performance of his office one

of the most agreeable recreations of his professional life.

Dr. TYLER SMITH proposed, and Dr. GREENHALGH seconded, a vote of thanks to the President for his valuable address, which was carried unanimously.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, JANUARY 19TH, 1865.

J. LANGMORE, M.B., President, in the Chair.

Extraction of Cataract. Mr. J. Z. LAURENCE exhibited a case of Mooren's operation for the extraction of cataract. It was that of an old woman, 79 years of age. Mr. Laurence had first performed iridectomy, and then extracted by the downward section. The patient, with a proper glass, read the most minute type (No. 1 of Jäger). The case illustrated forcibly the great value of Mooren's operation; for it would have been difficult to have selected a more unfavourable case for any operation, and more especially for one in which reparative action has to take place in a non-vascular texture, like the cornea. The patient was very aged; she suffered from chronic bronchitis, and was very emaciated and feeble. During the progress of the case, she had nearly succumbed from a violent attack of diarrhoea; she had iritis, which had left the iris adherent to the anterior capsules in parts; the cornea was opaque at one part. Yet, in the face of this complication of untoward circumstances, the operation had been attended with the most brilliant result. Mr. Laurence stated he had now extracted about a dozen cataracts successively by Mooren's method without losing a single eye; and that, notwithstanding many of the cases presented as unfavourable circumstances as the case before the society. He felt convinced that many of his cases would have gone wrong had the flap extraction not been preceded by iridectomy. In answer to a question, as to how long a time the iridectomy should precede the extraction, Mr. Laurence stated that he waited until all irritation had gone off after the iridectomy, which was, on an average, about a month.

Favus. Dr. SQUIRE showed a photograph of favus.

Embolia of the Great Vessels of the Heart, and its Diagnosis. By W. STEWART, M.D. The author wished to draw the attention of the Society to the following cases, which, he hoped, would throw light on the diagnosis of embolia. Case I was that of a widow, who, enjoying perfect health, was suddenly seized with fainting, vomiting, cramps, and coldness. When seen by the author, she was in collapse, with general cyanosis of the surface. She died five hours afterwards. *Post mortem* examination showed general venous congestion, externally and internally; interlobular emphysema of both lungs, with pulmonary apoplexy. The cavities of the heart were full of black fluid blood. A large clot of partially decolorised fibrine was attached to the lining membrane of the heart, and filled up the orifice of the aorta so as completely to occlude it. The second case was that of a single woman, aged 49, who fell down suddenly and expired. For ten years, she had suffered from angina pectoris; but had been well previously to her death. There was cyanosis of the head, face, and neck. On *post mortem* examination, there was found to be general venous congestion externally and internally, pulmonary apoplexy, and emphysema. The heart was hypertrophied, dilated, and atheromatous, with softened valves. Its right cavities were full of dark fluid blood; and fibrinous clots existed in the pulmonary artery. Case III was that of a gentleman who died suddenly. Atheroma of the heart was

found; and a large clot filled the vena cava descendens and both subclavian veins. In the fourth case, a woman, aged 46, died suddenly, with great dyspnoea and cyanosis. No *post mortem* examination was allowed. In all of these cases, the cyanosis was of a deep purple hue; so deep as only to be seen in cases of strangulation by hanging or blueness from cholera. The clots of fibrine, in one case, were softened, and fat globules were seen on them. Dr. Stewart said that, if he were called to a patient evidently seized with extreme excitement of the nervous, vascular, and arterial systems, great anxiety of the countenance, with blueness of the surface coming on in apparent health, accompanied with fainting, vomiting, and exhaustion, without apparent cause, he would diagnose embolism of the great vessels of the heart.

Dr. HARE thought that the definition of the word embolism ought to be kept closely in view. It meant something thrown by the heart into the arteries and plugging them up. He thought that none of Dr. Stewart's cases fulfilled this definition, and consequently they were not embolism. All persons constantly engaged in *post mortem* examinations were accustomed to these fibrine plugs in the great vessels.

Dr. DRYSDALE said that Virchow had first pointed out that thrombus and embolism were probably the causes of pyæmia; and that, in rheumatism, the smaller vessels of the brain might be plugged up from the heart; but such large plugs as those mentioned by the author were not embolism, he thought; though cases were given where the femoral artery was occluded and dry gangrene ensued.

Mr. J. Z. LAURENCE said that embolism of the retinal vessels might be observed in some cases by the ophthalmoscope.

Mr. JAKINS related two cases of what he considered embolism of the heart occurring in soldiers who were invalided. In the second case, a soldier was found dead in his bed, with an empty laudanum bottle near him, and a large clot was found in the auriculo-ventricular opening extending into the great vessels, which he thought had caused death.

Dr. CLEVELAND considered this case to be probably one of poisoning by laudanum; and the plugs in the great vessels to be what was constantly met with in *post mortem* examinations.

Correspondence.

SYPHILISATION.

LETTER FROM PROFESSOR J. Y. SIMPSON, M.D.

SIR,—My son, whose report of two cases of tertiary syphilis cured by syphilisation was quoted by you in the JOURNAL for January 25th (p. 89), is abroad. In his stead, therefore, allow me a word or two in answer to Mr. Henry Lee's criticism on one of these cases, contained in the last number of your JOURNAL (February 4th, p. 128).

1. Mr. Lee (who never saw the gentleman I allude to, before his cure by syphilisation) states it as his "decided opinion that he had never suffered from syphilis at all." All the medical men who saw him when he was ill, entertained exactly the opposite opinion; and surely they had infinitely better means of forming a correct judgment. Dr. Rynd of Dublin, who attended the patient during the existence of the primary disease, declared the sore to be syphilitic; and Dr. Guthrie, Professor Miller, and Professor Boeck, who had him successively under their care after the tertiary symptoms broke out, never, I believe, had a single doubt as to the syphilitic cha-

racter of his malady. I never myself saw a more distinct and marked case of tertiary syphilis.

2. Mr. Lee argues that the absence of any recollected eruption in this case, and the lapse of some years between the primary and the tertiary affections, "lead to the inference that the patient's symptoms were not syphilitic." This argument seems to me inconceivably strange, coming from a gentleman in Mr. Lee's high position. Mr. Lee himself states, in his work on *Syphilis* (2nd edition, p. 268), that there is no well-marked natural division between the secondary and tertiary symptoms, "and, in fact, the so-called tertiary symptoms sometimes appear before the secondary." Mr. Acton (*Practical Treatise*, 2nd edition, p. 558) lays it down that occasionally no secondary symptoms whatever appear after the primary sore; but, after "a considerable lapse of time", in consequence of some exciting cause, as cold, etc., "tertiary symptoms all at once declare themselves". In his elaborate and masterly treatise on the *Pathology and Treatment of Venereal Diseases*, Dr. Bumstead of New York observes: "We meet with some instances in which syphilis appears to skip over its secondary, and manifest itself *only* in its primary and tertiary forms." (P. 632.) One of the greatest living authorities in surgery, Professor Gross of Philadelphia, remarks in regard to the phenomena of tertiary syphilis, that the average period of their evolution ranges "from six to eighteen months, although in very many instances they do not occur until a number of years after the appearance of chancre, or chancre and bubo. Thus I have repeatedly seen tertiary symptoms manifest themselves for the first time from twelve to eighteen years after the primary disease, the poison having lain all this time like a hidden spark in the economy." (*System of Surgery*, vol. i, p. 486.)

3. Evidently Mr. Lee is anxious to reject this case as a case of tertiary syphilis, merely—it appears to me—because it was completely cured by syphilisation. And, indeed, the recovery was one of the most wonderful that I ever witnessed. The patient left this country for Christiania in the most wrecked and wretched state of health, so helpless and hopeless that most of his friends were in despair of the possibility of his recovery. He came back in three months well and feeling well; and one of his first visits was to the racket court. But Mr. Lee maintains that the disease of which this patient was cured was not syphilis, but "Softening of the Bones". That syphilisation should cure syphilis is, according to some minds, a great paradox—though not in reality a greater than the cure of it by mercury, iodine, or sarsaparilla. Professor Boeck has now used syphilisation successfully in hundreds of cases, and he looks upon the cure of syphilis by syphilisation as one of the most certain and "mathematical" facts in the range of practical medicine. I have the pleasure of knowing Dr. Boeck personally, and I know how entirely and implicitly his facts and observations and statements can be trusted to. But I opine that, if Mr. Lee's allegations be true, Mr. Lee has made—perhaps unwittingly—a greater discovery in surgical therapeutics than the cure of syphilis by syphilisation; for, according to his letter, he believes that inoculations from suppurating or soft sores cured in this case what was formerly, I believe, deemed incurable—namely, "Softening of the Bones". If the cure of syphilis by syphilisation is a marvel, should not the cure of "Softening of the Bones" by syphilisation be regarded in surgical therapeutics as a still more marvellous marvel?

4. The "Softening of the Bones" which, according to Mr. Lee's pathological views, was the malady under which the patient was brought to the gates of

death, was marked, as he himself states, by disease of the bones of the legs, enlargement of the left clavicle (there being carious ulcers in each of these three parts); pieces of bone were discharged from the interior of the nose, and the frontal and parietal bones were enlarged. What species of "Softening of the Bones" is, may I ask, indicated by this combination? Is there any new osseous disease, or "Softening of the Bones", of which these are the symptoms? Is there any old disease of the bones, *except* syphilitic disease of them, which ever leads to such a combination of them as the above?

I am, etc., J. Y. SIMPSON.

Edinburgh, February 6th, 1865.

P.S. I shall forward a copy of Mr. Lee's letter to Professor Boeck, who, I have no doubt, will answer it better than I can. Allow me to add, that I happened to see in the country lately the gentleman whose case is the other instance of syphilisation reported by my son. This gentleman is in the enjoyment of the very best of health, and spoke, to my astonishment, quite distinctly. He showed me that the secret consisted in his having a flexible caoutchouc palate to replace the havoc made in his mouth, etc., by the syphilitic ulceration. He assured me that, since leaving Christiania, he has not suffered in any degree from the old syphilitic enemy that had formerly nearly destroyed him, before he was cured by syphilisation.

J. Y. S.

MEDICAL ERRORS.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—In the concluding paragraph of Dr. Barclay's last letter, we have a good illustration of his mode of reasoning. He and many others at St. George's Hospital were, for a time, misled by two remarkable recoveries after treatment by calomel; so he conscientiously believed that one or two remarkable recoveries misled me. Therefore, he "cannot feel that any apology is needed" for the sentence which I have twice quoted from his book, containing, as it does, a statement of which I complain as inaccurate and unjust. It appears, then, that a censor who takes upon himself to expose and to correct the errors of his professional brethren, so long as he gives utterance only to what he conscientiously believes, is under no especial obligation to inform himself accurately as to the facts of a case before he ventures to pass judgment and to publish his prejudgment to the world.

Dr. Barclay "evidently does not comprehend" that the repeated reference to my book which appears so much to displease him, is an appeal to published facts from his "conscientious" belief as to what the facts are.

I sincerely regret to learn that he has "failed to discover any logical proof of a single statement which the book contains." Will he pardon me if I venture to suggest that this failure is not necessarily or certainly the fault of the book?

Dr. Barclay gives us in his own book an example of what I presume he considers a logical proof of a statement. He says: "The idea of increasing the discharges from the bowels, is opposed to the fact that the thickened condition of the blood, following on the abstraction of the serum, is prejudicial to life. This, I think, has been *proved* by the wonderful efficacy of fluid injected into the veins in bringing back temporarily to life and consciousness patients who were in the last stage of collapse."

Now, I beg to offer a few words of comment on the experiment which, to the logical mind of Dr. Barclay, appears to prove that the worst symptoms of cholera

are due to the drain of liquid from the blood. During the cholera epidemic of the year 1832, the late Dr. Mackintosh of Edinburgh, with a marvellous confidence in the truth of this theory, injected the veins of no fewer than 156 patients, of whom 131 died. Fortunate would it have been for many of these unhappy victims of a pathological theory, if they had been left to the unaided efforts of nature. But was not the temporary relief, in most instances, wonderfully great? Unquestionably it was; and on a superficial view, this result would seem to afford strong support to the hypothesis, that the symptoms of collapse are mainly the result of thickening of the blood through loss of its liquid. I believe, however, that the true explanation of the phenomena has been missed, and that, rightly interpreted, the results of this remarkable experiment afford as little support to the hypothesis in question, as does the undoubted fact that many of the most extreme cases of collapse are those in which there has been the smallest loss of liquid; or, again, the fact that the symptoms of collapse have often been observed to pass away, while the loss of liquid by purging has continued unchecked; or yet, again, the fact that many a patient has begun to rally from extreme collapse under the influence of a copious venesection. Dr. Markham, who has so well shown the influence of venesection in relieving distressing symptoms which result from embarrassment of the circulation through the lungs, will find few better illustrations of the principle which he advocates, than is afforded by the well authenticated instances of great and immediate relief by venesection during the collapse of cholera. There is good reason to believe, that the hot saline injection into the veins and the operation of venesection have this effect in common—that they tend to facilitate the passage of the blood through the lungs, and thus to remove that embarrassment of the pulmonary circulation, which is the essential cause of choleraic collapse. For the details of this explanation, I must again, with an apology to Dr. Barclay, refer to another publication.

Dr. Barclay appears to be anxious to fix upon me the statement that cholera is cured by castor-oil; and he especially commends to my notice "the expression several times repeated—that a patient was cured by so many doses of castor-oil"; corresponding, as it does, exactly to the words "strictly curative."

Now I can sincerely declare that if such a statement does occur in my work, it is the result of inadvertence, and not a true expression of my opinion, as must be manifest from the whole tenor of my remarks on treatment. But, as Dr. Barclay appears not to have discovered the printer's substitution of one word for another in the twice repeated extract from his own work, it may be that he has misread mine. For, although I find that the reports of several of the cases by my clinical clerks terminate with the expressions "cured" or "discharged cured", I can nowhere find the expression which Dr. Barclay commends to my notice. If, however, he will refer me to the page where it is to be found, I will at once admit that, in this particular at least, I have without reason questioned his accuracy.

I beg once more to express my conviction that while, in the proper sense of the term, there is no cure for cholera, and probably never will be, the eliminative plan is the rational and the right principle of treatment—the only treatment which can claim to have been in any degree successful. I repeat, too, that this conviction is not an assumption based on "one or two remarkable recoveries"; but a legitimate induction from a careful study of the entire history of the disease; more especially of the pathology of collapse, and the influence of various and opposite modes of treatment. I am aware that, in maintain-

ing this opinion. I stand opposed to some men for whose learning and judgment I entertain the highest respect. Nevertheless, so confident am I as to the general truth of the doctrine, that I feel it a positive duty to advocate it, in the face of opposition, prejudice, and even misrepresentation.

I am, etc., GEORGE JOHNSON.

11, Savile Row, W., February 7th, 1865.

THE DISCUSSION ON FEVER AT THE LIVERPOOL MEDICAL INSTITUTION.

LETTER FROM A. B. STEELE, ESQ.

SIR,—In the report under the above heading, published in the JOURNAL on the 4th inst., inaccuracies are so redundant as to render portions of the debate almost unintelligible to any but those who were present at the meeting. The importance and interest of the subject will, perhaps, induce you to afford me the opportunity of attempting to explain particulars which the report has left somewhat obscure.

The author of the paper, in his reply, is represented to have said "that he considered children as exceedingly liable to attacks of typhus"; which clearly implies that he ignored the well ascertained fact that typhus, like other exanthemata, as a rule, rarely occurs more than once in the same individual. The correct reading of the statement is as follows. A previous speaker had expressed an opinion that children enjoyed comparative immunity from typhus contagion. The author, in simply expressing his doubts as to the correctness of this view, did not, as the report implies, contend for a special liability in the case of children, although he laid stress upon the important fact that children were frequently the conveyers of contagion from house to house.

The inconsistency of the following sentence is apparent. The author is said "to have taken an opportunity of showing Dr. Buchanan that typhus, in some instances of a *very malignant form*, was and had been raging in his district." In the original sketch of the epidemic, it was described as exceptionally mild, and far less fatal than usual.

Your reporter has evidently failed to catch the point of the statement. The author had dwelt upon the significant fact, that hospital mortality in typhus was much greater than home mortality; and, as this important conclusion rested mainly upon statistics taken from his own district, he referred to the fact that his figures, as well as the cases from which they were derived, had undergone the rigid scrutiny and investigation of the government inspector, as evidence of their probable accuracy. Although severe and fatal cases of typhus were met with in the district referred to, the author had seen no examples of typhus during the present epidemic to which the term "malignant" could with any propriety be applied.

The summary of the treatment adopted by the author—viz., "some of the worst cases had recovered by asking the friends of the patients to give them plenty of brandy—a request which was, generally speaking, readily responded to"—scarcely conveys the true sense of this division of the subject. It might be inferred that the patients depended upon their friends for the supply of stimulants, instead of obtaining them, as they do, through the judicious liberality of the parochial authorities; while the special point of the remarks is altogether lost.

During the discussion, the question of the com-

parative merits of hospital nursing and home nursing had been raised; and the author wished to show that, however deficient in other respects the friends of the poor might be in the requisite qualifications of efficient nurses, he had found that, where the importance of the regular administration of stimulants had been duly impressed upon them, they, as a rule, gave the quantity ordered to their sick friends, and did not, as has sometimes been insinuated, follow the tactics of the "Sairey Gamp" school, by appropriating the "drops of comfort" to their own use.

There are several questions of much interest bearing on the subject of the causation of typhus, which were not fully brought out during this long and interesting discussion, but which I hope, on a future occasion, to lay before your readers.

I am, etc., A. B. STEELE.

Liverpool, February 1865.

VENESECTOMY.

LETTER FROM THOMAS MARTIN, ESQ.

SIR,—I have been much pleased in the perusal of Dr. Markham's clinical lecture on Venesection; and we are all much indebted to him for its insertion in the JOURNAL.

I am a very old practitioner, having formerly exercised the profession, for more than half a century, in what I call "The Happy Valley"—the vale of Holmsdale and the hill region round about—which is not only eminently healthy, but, according to the mortuary returns of the Registrar-General, is the healthiest part of England. In this district, I have had a large practice; and have had to treat many hundred cases of inflammatory disease, a large proportion being those of the respiratory organs and of the heart.

If applied to timely, one bleeding would perhaps suffice; producing the requisite impression on the action of the heart and arteries. Syncope was not required; but the change from a quick and hard pulse to a soft one was required, from which moment the patient was safe, the symptoms were at once relieved, and a speedy convalescence ensued, unimportant as might be the subsequent medicinal treatment. Another moderate bleeding might be demanded, or perhaps a blister; but I had no anxiety as to the patient's recovery, if application for aid was not too long delayed. I consider that the neglect of the use of the lancet of late years has been unfortunate; and a great mistake has been made in not distinguishing between depression of strength and real debility, inducing the use of stimulants, and thereby increasing the disease.

On a retrospective view, after sixty-five years' residence at this place, I have no hesitation in confessing to having sometimes overbled patients; correcting my error by the administration of opium, and encouraged by the wise admonitions of Dr. Marshall Hall.

I shall now, so long as I am spared (aged 86), hope to live to hear of the exercise of a correct diagnosis, and a judicious and appropriate treatment, instead of the present blind devotion to a stimulant system in all cases of congestion as well as inflammation of important organs. In such a pleasant reflection, I shall bear in memory my grateful recollection of my great master, Dr. George Fordyce, in avoiding nostrum-mongering and "extremes in practice."

I am, etc., THOMAS MARTIN.

Reigate, February 5th, 1865.

THE MEDICAL ACT.

LETTER FROM J. G. PARSONS, M.D.

SIR,—Not being quite satisfied with any of the proposed emendations of the 40th clause of the Medical Act, I beg, after mature consideration, to propose the following.

On and after the day of , 1865, it shall not be lawful for any person to pretend to be a medical practitioner, or to take or use any name, title, or description, contained in Schedule E of this Act, unless holding one or more qualifications registered under this Act; and entitling him to the use of such name, title, or description; and every person so offending shall, upon summary conviction, for such offence forfeit or pay a sum of money not exceeding twenty pounds. Provided always that nothing contained in this section shall prevent the free use of any qualification entitling to registration under this Act, granted by any university, college, or body, in the United Kingdom.

SCHEDULE E.

1. Physician or Doctor.
2. Surgeon.
3. Apothecary or General Practitioner.
4. Medical or Surgical Practitioner.
5. Professor of Medicine or of Surgery.
6. Physician or Surgeon, in combination with other words.
7. Any qualification, or the initial letters of any qualification, contained in Schedule A of this Act.
8. Any description implying that he is registered under this Act.

OBSERVATIONS.

By throwing the prohibited titles into a schedule, the wording of the clause is rendered clear and concise.

It prohibits the use of any title, even by registered practitioners, which their qualifications do not confer.

It prevents unqualified persons from evading the law by such compound words as Surgeon-Dentist, Surgeon-Accoucheur, etc.

It does not interfere with the proper use of medical titles granted by any body in the *United Kingdom*, even though the holders should not be registered. If gentlemen omit to get their foreign qualifications registered, they must submit to the inconvenience.

I am, etc., JAMES GAGE PARSONS.

Bristol, February 6th, 1865.

DR. BROWN-SÉQUARD. During the last week, much interest has been excited in Dublin by the visit of Dr. Brown-Séquard to that city, and the performance of a very formidable operation under the advice of that gentleman. The operation—excision of a portion of one of the vertebrae in a case of partial dislocation of the spine from injury—was performed by Dr. Robert Macdonnell in Jervis Street Hospital. In view of the certainty of death as the only remaining alternative, it was determined to endeavour to relieve the symptoms of paralysis by operation. The vertebra, which was low down in the dorsal region, was, we believe, found to be twisted and compressing the chord, and portions of the lamina were removed. Up to the present time, we understand that a slight improvement in motive power, or in the incontinence of urine and feces, has resulted. On Friday, the 3rd instant, a lecture on the Pathology and Diagnosis of Diseases of the Nervous Centres was delivered by Dr. Brown-Séquard before the King and Queen's College of Physicians. (*Dublin Med. Press.*)

Medical News.

APOTHECARIES' HALL. On February 2nd, 1865, the following Licentiates were admitted:—

Hera, Tudor, Blomfield Street
Mahony, Arthur John, Charlwood Street West
Richardson, James Francis Hamilton, Down, Kent
Wilson, Moreton S. W., Mowsley, Leicestershire

At the same Court, the following passed the first examination:—

Crowe, George, University College Hospital
Willmott, Robert, Moseley, near Birmingham

APPOINTMENTS.

*BROADBENT, W. H., M.D., elected Assistant-Physician to St. Mary's Hospital.

*DAVIES, Redfern, Esq., elected Surgeon to the Free Surgical Cottage Hospital, Walsall.

ARMY.

MARLOW, Surgeon-Major B. W., M.D., 28th Foot, to be Staff-Surgeon-Major, vice J. H. Ross, M.B.

ROSS, Staff-Surgeon J. H., M.B., to be Surgeon 39th Foot, vice C. T. Abbott, M.D.

WILLIAMS, Staff-Surgeon T. R., M.B., to be Surgeon 28th Foot, vice B. W. Marlow, M.D.

ROYAL NAVY.

CUNNINGHAM, Chas. L., Esq., Assistant-Surgeon, to the *Liverpool*.

MEIKLEJOHN, John A. S., Esq., Surgeon, to the *Columbine*.

TRIMBLE, James, Esq., Assistant-Surgeon, to the *Britannia*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

JOB, S., Esq., to be Assistant-Surgeon 1st Administrative Battalion Nottinghamshire R.V.

MORISON, J. W., M.D., to be Assistant-Surgeon 5th Fife-shire A.V.

PRITCHARD, W., Esq., to be Surgeon 1st Administrative Battalion Nottinghamshire R.V.

ROGERS, R. J., Esq., to be Assistant-Surgeon 1st Sussex A.V.

WILLIAMS, T. M., Esq., to be Assistant-Surgeon 1st Administrative Battalion Nottinghamshire R.V.

DEATHS.

COLEBOURNE, Robert, Esq., Surgeon, at Great Marlow, aged 66, on January 24.

CREED. On January 26th, at Greenwich, aged 3, Ada Mary, only surviving daughter of Thomas Creed, M.D.

DICE, James, Esq., Surgeon, at Wednesbury, aged 28, on Jan. 27.

HANSTYDE. On January 24th, at Clifton, Letitia, widow of the late Robert Handyside, Esq., Surgeon R.N.

MATLAND, James, M.D., Deputy Inspector-General of Hospitals, at Anglessea Gosport, aged 57, on January 23.

MASTEN, George B., Esq., Bengal Civil Service, at Gondah, Oude, aged 39, on December 6, 1864.

MULLAR. On January 20th, at Kilburn, Frances, wife of F. G. W. Mullar, M.D.

ORD. On January 22nd, at Streatham Hill, aged 32, Julia, wife of W. M. Ord, M.B.

WATSON, James, M.D., at Edinburgh, on January 23.

WHEELER. On January 27th, at Swindon, aged 34, Edward, second son of Daniel Wheeler, Esq., Surgeon, formerly of Reading.

WOLSTENHOLME. On February 4th, at Holywell, Ada Elizabeth, youngest daughter of *John H. Wolstenholme, Esq.

THE LATE MR. BELFOUR. The remains of this gentleman were interred on Saturday last in the cemetery of Hackney Old Church.

BEQUEST. By will John Arnold, of Great Barford, Bedfordshire, and of Aldersgate Street, druggist, leaves to the Bedford Infirmary, £100. His personality was sworn under £60,000.

THE LATE DR. H. FALCONER. It is contemplated to erect a memorial of the late Dr. Hugh Falconer, in the form of a marble bust, in the rooms of one of the learned societies of which he was so great an ornament. The following gentlemen have undertaken to receive subscriptions for this purpose:—George Busk, Esq., F.R.S., 15, Harley Street; John Percy, M.D., F.R.S., Museum of Practical Geology, Jernyn Street; Colin Macrae, Esq., Oriental Club; and Charles Murchison, M.D., 79, Wimpole Street, W.

FEVER IN LIVERPOOL. A short time ago, the Government sent down to Liverpool Dr. Buchanan, as a medical commissioner, to report upon the cause and spread of fever in Liverpool. A summary of his report has been read before the Liverpool Select Vestry. The report is very minute and exhaustive. The conclusion arrived at by Dr. Buchanan is, that drinking and overcrowding are the principal causes of the fever which has so long afflicted Liverpool.

AN APPEAL. The following appeal has been made through the *Times* by the Rev. T. L. Fellowes, of Brighton Rectory, Acle, Norwich. "The appeal was made on behalf of the children of the late Dr. Andrews, the rector of Portwick, in Norfolk. He was originally a physician, but he had subsequently a strong desire to engage in the work of the ministry, and was ordained by the Bishop of Cape Town, Dr. Gray, in 1848. He remained a missionary in Africa for ten years before he returned to England, six years ago. He had been four years curate of Portwick at the death of his rector in 1863, and the Earl of Rosebery, with whom he had no acquaintance, generously presented him to the living in consequence of the esteem entertained for him by his parishioners. He had held his preferment but a single year when he died, in 1864, aged 55, leaving seven orphan children with no inheritance whatever, and no relations who are capable of assisting them. They had the calamity some years ago to lose their mother. The good fortune of Dr. Andrews was so brief that it only afforded him time to incur the expenses of his new situation without reaping its advantages. His previous salary had never exceeded £100 a year, to which was added such precarious earnings as he could derive from taking pupils. His eldest son is at the Cape, and can obtain his own livelihood. His two eldest daughters, aged 22 and 18, will trust, in like manner, to their own exertions. There remain three boys, aged 15, 14, and 13, and one girl, aged eight. A sum of £450 has been raised already, mainly through the agency of the press, and I venture once more to ask your indulgence to assist us in procuring the £1,050 which is still required."

DR. HUGH FALCONER. On the 31st ult., there died in London a man of science who was little known to the public, but who had made a great reputation for himself in the various scientific societies of London. He died at the age of 55, and twenty of the most active of these years were spent in India in the service of the East India Company. It is this absence from England that has chiefly retarded his public reputation. During the few years in which he has been at home he quickly became known as the possessor of one of the most scientific intellects in England. His chief field of study was palæontology, but he was also favourably known as a student of botany, and indeed generally of natural history. His scientific memory was prodigious, and he had such stores of knowledge at command that men of science in London are just now speaking of his loss as if with him had perished a great treasure of information which is not likely to be soon amassed again. From this enormous knowledge of his great things were expected; but he was cautious to a fault; never liked to commit himself to an opinion until he was perfectly sure of it; and he has died in the fulness of his power, before his race was run. He was born at Forbes, in the north of Scotland; he studied successively at the Universities of Aberdeen and Edinburgh; and went out to India in 1830. His two official appointments there, in which he became best known, were those of superintendent of the Botanic Gardens at Suharunpore in succession to Dr. Royle, and afterwards of those at Calcutta. It was to information

supplied by him that we owe the cultivation of tea in the district of Assam. It was through his exertions, also, that the cinchona plant has been introduced into India. The South American supply of quinine threatened failure through bad management. He suggested the cultivation of the plant in India, and the result has been completely successful. But beyond this he made great discoveries of fossils in India, and the result of his researches, arranged by himself, is a splendid gallery of specimens in the British Museum, the like of which is not to be found in any other collection in the world. He has been one of the chief instigators and directors of the inquiries which have recently been raised as to the antiquity of man. Many of the facts bearing on the question, such as those connected with flint implements, have been discovered either by him or by friends whom he urged to this or that course of investigation. About ten years ago he returned from India with shattered health, and he has died before his time. All those who had any knowledge of him will deeply feel his loss.

SANITARY CONDITION OF WOOLWICH. At a meeting of the local Board of Health, held on the 24th ult., at Woolwich, a letter was read from Dr. Simon, F.R.S., requesting to be informed what steps had been taken by the Board to carry out the recommendations of Dr. Bristowe, who had been specially employed by the Privy Council to make an inspection of the town with reference to the frightful epidemic which recently prevailed. Dr. Bristowe, in his report, strongly recommended the advisability of connecting the sewage system of the district with the tall shaft at the steam factory department of the Dockyard, as the best available means of getting rid of the noxious gases and effluvia which escaped from the ordinary sewer traps; and it was now stated that the local board had applied to the Admiralty for permission to carry out the plan proposed, but that some objections had been made, which it was believed could be obviated, and the subject was still under the consideration of the Board of Admiralty. A reply to this effect was ordered to be forwarded to the Privy Council.

TESTIMONIAL TO DR. ANDERSON AND MR. BRACEY. Dr. Anderson having resigned his situation as resident medical officer of the Birmingham General Hospital; and Mr. C. J. Bracey, who has filled the situation of house-surgeon at the same institution for the last three years, having also vacated his office, the students of the Sydenham College and the General Hospital availed themselves of the opportunity of expressing their obligations to those gentlemen by presenting them with testimonials on the occasion of the separation of the connection that had existed between them. Accordingly about thirty of the students assembled at Nock's Hotel, Monday evening last, when both gentlemen were present. After tea had been served, Mr. Hickenbotham, a late student of the college and hospital, was called to the chair, and briefly mentioned the object for which they were assembled. Mr. W. N. Hiron, one of the hospital pupils, then presented to Dr. Anderson a handsome marble timepiece, which had been purchased by the pupils as a testimonial of the respect and esteem in which that gentleman was held by them. The timepiece bore the following inscription:—"Presented to Dr. Anderson, by the students of the Birmingham General Hospital, upon his resignation of the office of House-Physician to that Institution. January 23rd, 1865." One of the hospital pupils referred to the distinction Dr. Anderson had attained in the University of Edinburgh where he had enjoyed for a considerable period the advantage of the prac-

tical instruction of Mr. Syme, and to the fact that he had studied under the personal superintendence of Professor Virchow at Berlin. Mr. Hiron said that the regret the students would experience from Dr. Anderson's departure at any period was increased by the comparatively short time they had been permitted to enjoy his society, and more especially by the fact that Dr. Anderson was going to leave Birmingham entirely, to practise in another part of the country (Burton-on-Trent), so that really the separation was more complete than they at first anticipated: he assured Dr. Anderson that they deeply appreciated his very kind attention to their studies, and that he carried with him their most earnest good wishes for his future success. In expressing his acknowledgments, Dr. Anderson assured them that he should always look back with pleasure to the time he had spent amongst them. He was aware of his shortcomings, for which he had always experienced their kind indulgence, and for which he most heartily thanked them. With regard to his late colleague, Mr. Bracey, he could assure them that whatever amount of order had prevailed in the hospital was mainly due to that gentleman, who had been a warm and zealous friend, and in the highest sense of the word had proved himself an amiable and honourable gentleman. In conclusion he thanked them most heartily for their present, and bade them a kind, hearty, friendly, and a most reluctant farewell. Mr. Read, a student of Sydenham College, then presented Mr. Charles J. Bracey with a marble timepiece and a pair of side ornaments, tazzas. This timepiece bore the following inscription:—"Presented to Charles James Bracey, M.B., by the students of the Birmingham General Hospital, upon his resignation of the office of House-Surgeon to that Institution. January 23rd, 1865." Mr. C. J. Bracey, in replying, said that his connection with the General Hospital and Sydenham College had been one of very long duration; it had been his pleasure—as he had felt it was his duty—to direct their attention to the principal cases under treatment, and he said that if he had been able to facilitate their comprehension of disease he was amply repaid; he thanked them for their very kind and handsome present. A vote of thanks was afterwards passed to the chairman, on the motion of Mr. Alfred Bracey, and the remainder of the evening was spent in a very harmonious manner.

ACTION FOR THE RECOVERY OF FEES. TAMPLIN v. COSENS AND ANOTHER. This was an action against the executors of a gentleman of the bar to recover the fees in respect of attendance upon his daughter. The young lady had laboured under double lateral curvature of the spine; and in November 1861, her father took her to the plaintiff, and placed her under his care. Mr. Cosens paid him the usual fee of a guinea, and nothing was then or at any time said as to fees. The plaintiff, however, intimated that his process of cure would probably take a considerable time—at least six months, if not longer. This was in November 1861; and he continued to attend the lady until July 1863, when her father died, and the claim in the present action, of course, could not extend beyond that date; though, in point of fact, the plaintiff continued to attend her, and in the result succeeded in effecting a cure, so that she had perfectly recovered, and, indeed, had since married. The total number of visits came to 218, for which he charged at the rate of one guinea for each visit; and thus the amount of his claim, up to the father's death, came to the sum of £228.11. The executors, however, conceived that the deceased gentleman, whose income, it appeared, was limited, could not have intended to pay so much; and they, therefore,

only acknowledged the claim to the amount of £129.13. Surgeons were called for the plaintiff, and stated that one guinea a visit was the usual rate of charge; and he himself positively stated that he never charged less, although, in cases of poverty, he would sometimes, out of charity, remit his fees, and charge only for alternate visits. And although he was pressed as to whether it was usual to let the fees run on so long, he stated that it was not usual to ask for the fees so long as the case continued. The Solicitor-General said he did not think that, after this evidence, it would be becoming in him to keep the case up longer. The Lord Chief Justice said he quite concurred in that course. The case started with the payment of a fee of a guinea, and nothing had been said as to a reduction or abatement. In such a case, the medical attendant being a gentleman of high eminence, it could not be doubted that the charge was as stated, and if there were any reason, on account of the length of the case and the circumstances of the patient to ask some abatement, it was for the patient or the relatives to request it, and throw themselves upon the liberality of the medical man. A verdict was then taken for the plaintiff for £99.

Virchow and the Cellular Pathology. A correspondent from Berlin writes:—"Perhaps the most important thing I have to tell you is as to a recent change in Virchow's opinion regarding the cell theory. This change has been caused by the discoveries of Recklinghausen (Virchow's *Archives*, about a year ago) in the cornea. He has shown that the corneal cells have not special cell-walls, but are merely spaces between masses of intercellular substances. The nuclei in the angles he therefore considers *free*; and he says that many of them can move along the canaliculi from one angle to another. Moreover, he says that the interior of these canals is continuous with that of the lymphatics; you can inject the lymphatics from them; so that, according to him, the origin of the lymphatics is to be found in the canaliculi of the so-called connective-tissue corpuscles. Then he says that the corpuscles of tendon and connective tissue are merely spaces with contained nuclei—a view which, of course, is *not new* to an Edinburgh man. Virchow admits all this; he admits that the corneal corpuscles are not cells. He seems rather reluctant to admit that those of tendon and connective tissue are the same, but he does not deny it; and he told me personally that he *now did not regard a cell-wall as an "essential part of the cell,"* as stated in *Cellular Pathology*; but that a nucleus surrounded by a molecular blastema was sufficient to constitute a cell: then he says that the outer part of this cell-blastema consolidates and forms a cell-wall, as Beale has shown; and that this takes place in the amoeba when placed in fresh water. This, of course, is a great triumph for Goodsir, who long ago was cautious enough not to say that the cell-wall is always present. (*Edin. Med. Jour.*)

MEETING OF MEDICAL PRACTITIONERS IN THE EAST OF LONDON. In pursuance of a requisition, a meeting of medical practitioners was held at the Beaumont Institution on Thursday, the 2nd instant, for the purpose of considering the subjects of medical evidence at coroners' inquests and the appointment of medical coroners, and the necessity of establishing a fund for defraying the expenses of legal assistance in defending proceedings arising out of the profession.—Dr. Rose, of Mile End, was called to the chair.—After some preliminary discussion, a resolution was proposed, to the effect of condemning the present mode of taking medical evidence at inquests followed by the coroner for East Middlesex. The Chairman and several other gentlemen supported the

resolution, and complained that the coroner was in the habit of putting leading questions to witnesses in such a way as to prejudice the medical practitioners. It was also averred that he was supported in this by three well known members of the profession—Dr. James Edmunds, Mr. Gant, and Mr. Gay.—Dr. Edmunds denied the accuracy of the statement which had been made in respect to himself. He had certainly been referred to as an independent witness by the coroner in several important cases; but he challenged any one to mention a single instance where he had allowed his professional character or the just interests of his professional brother to suffer.—After a somewhat stormy discussion, Dr. Edmunds proposed the following amendment: "That any medical practitioner who may be instructed to make a *post mortem* examination in a case where another practitioner has attended at the time of death shall always do the best he can to give such practitioner an opportunity of being present." This was carried unanimously. Allusion having been made to a case in which Dr. Edmunds was said to have disregarded the principle laid down in his amendment, he explained that the deceased person had not been attended before death by the practitioners mentioned; but only for a short time by a homeopath, to whom he would not feel bound to extend professional courtesies. He did not think that gentlemen who had not seen the case during life, and who had made a *post mortem* examination without a coroner's order, had any right to expect a second examination to be deferred until they had been communicated with. He was willing, however, to forego his own personal opinion if the meeting should so decide. A resolution was next proposed for the purpose of establishing an East End Defence Fund, to provide standing counsel and a solicitor to watch over the interests of practitioners. This was warmly supported by the previous speakers.—Dr. Edmunds thought that a resolution of this sort should not be set forth without due consideration by a meeting purporting to represent a large section of the metropolitan profession. He questioned the policy both of the object itself and of the local and practical mode in which the meeting would be able to carry it out. His arguments against the existence of the fund itself are, curiously enough, almost precisely anticipated in last week's JOURNAL; and with respect to the mode of carrying it out, he showed that if such a fund were formed by the meeting, it would only assist and be assisted by a small section of the profession, and that the cost of organising it and investing the funds would be very considerable in proportion. He communicated to the meeting the organisation of the British Medical Association, consisting of nearly 3000 members in all ranks of the profession and all parts of the empire, who were placed in weekly communication by their JOURNAL, which was sent post-free for one guinea annually, while the membership of the local Branches cost only half-a-crown. He suggested that, if the meeting determined to establish a defence fund, it should put itself into communication with the Association, and affiliate itself thereto. Dr. Edmunds thought that a Medico-Ethical Association was what was really wanted. If such an association existed, the misunderstandings which arise between practitioners and patients would be adjusted according to the general voice of the profession; and any one who should afterwards revive them would be discountenanced by his professional brethren. For the purpose of taking the sense of the meeting upon these points, he moved the following amendment: "That a committee be appointed to consider these subjects and report thereon.—The amendment was carried unanimously; and Dr. Miller,

Dr. Rose, Mr. Thompson, Dr. D'Olier, Mr. Stevenson, Mr. Reilly, Dr. Swyer, Dr. Edmunds, and another gentleman, were appointed members of the committee. The meeting, notwithstanding that there had been a good deal of warm discussion, broke up in harmony.

ARTIFICIAL LIMBS. The present sanguinary war has proved a powerful stimulus to inventive talent; and in nothing more than that of artificial substitutes for mutilated limbs. We have noticed from year to year the gradual improvements introduced into this department of surgical appliance; and, while most of them are far superior to either French or English productions, yet one could not but feel there remained great room for more simplicity in the mechanism. We have recently witnessed the working properties of the artificial limbs of Messrs. Kimball and Lawrence. They are constructed from a material (vulcanised rubber) which is comparatively unaffected by either heat or cold. In the arm, the contrivance for communicating the required movements is exceedingly simple, durable, and effective, admitting of such a variety, freedom, and facility of motion, as to wonderfully approximate the functions of the natural extremity. A party present, who was wearing one of these limbs, played, with no small degree of skill, on the violin; tossed up his handkerchief, catching it as it fell; and exhibiting several other equally difficult feats. In the lower limb, there is the same simplicity observed in its construction. The articulation at the knee is at once original and ingenious, combining the properties of precise movement with durability in so eminent a degree that it would appear impossible for it to become disarranged. (*Phil. Med. and Surg. Rep.*)

SMALL-POX. Dr. Corrigan, on the 23rd ult., delivered a lecture at the Richmond Hospital, in which he made some statements with reference to the present prevalence of small-pox in Dublin. "I do not, in my whole hospital experience, remember that this terrible disease (small-pox) at any time prevailed to the extent which it does at present, for about one-fourth of our whole hospital accommodation in the Hardwicke Fever Hospital is occupied by cases of small-pox. We have at present in the hospital thirteen or fourteen cases. I perceive by the week's register that three deaths from small-pox have occurred within the city within the week—exactly the same number of deaths that occurred from fever. But this number of deaths gives us no indication whatever of the extent of the disease, and this is one of the defects in the Registry of Deaths Act, which I hope will be amended. When this Act was passing through the Houses of Parliament, the College of Physicians drew attention to this defect in the Act—a defect existing in England as well as here—namely, that the death register gives no idea whatever of the sanitary state of a country or a district. In the common fever of the country it is different. If there be ten deaths from fever, we may, without committing any error, infer that there are 100 cases of fever at the time, because the mortality in the ordinary fever is generally ten per cent. But in the disease before us there may be for three deaths 500 cases of small-pox. The evil we have now to dread, the spread of small-pox both in England and Ireland, is like a fire that is smouldering beneath us. Now, I don't wish to be an alarmist, but at the same time I should be wanting in my duty to the public, and to my position here, if I were not to look fairly in the face the fact that the disease is now spreading around us. It is, in my opinion, an epidemic far more to be dreaded than cholera. Its mortality is nearly as great. The mortality of small-pox is about 30 per cent.; the mortality of cholera is

about 40 per cent. The mortality in cholera terminates the whole mischief; those who recover, recover perfectly: those who die are gone. But in small-pox it is not so; the blood is poisoned, scrofula is generated, consumption follows, and an amazing number of cases of blindness are the result in small-pox of the pustule settling on the eyes; and last, though not least, is the disfigurement produced by it. So that, as regards the epidemic, small-pox is more to be dreaded even than the epidemic of cholera. The poor-law authorities are doing all in their power to meet it. They are doing all they can under the present Vaccination Act for Ireland, but the Vaccination Act is by no means sufficient to meet the evil."

POISONING FROM DIGITALIS. At Quebec three gentlemen, Messrs. Murney, Rankin, and Scott, lately at the drug store of Messrs. Sturton and Co., ordered a stimulating drink. Mr. Sturton, who is reputed one of the best chemists in the province, was absent; but his son made up the potions as ordered. Unfortunately, he mistook one bottle for another, and gave his patients a draught of digitalis instead of gentian. The party had no sooner left the store than the effect of the poison began to manifest itself. Each of them complained, on leaving the store, that their fingers and the extremities of their toes were affected alike; that a burning sensation, as if pierced by needles, was troubling them, but did not suspect for a moment that they had been poisoned. Although the distance from Mr. Sturton's to Russell's Hotel is scarcely one hundred yards, yet the deadly draught had such an effect that Mr. Murney fell twice from exhaustion, and immediately after entering the hotel his companion, Mr. Rankin, fell senseless on the table in the reading-room. They were immediately conveyed to their respective rooms and medical aid called in. Dr. Marsden and other physicians were in immediate attendance, and the stomach-pump with a free application of antidotes were used, yet they were found of no avail. Mr. Murney, after suffering for an hour and a half, expired, while his friends, Mr. Rankin and Mr. Scott, lay in a very low condition, their medical attendant, Dr. Marsden, remaining with them all night. Mr. Scott and Mr. Rankin are now out of danger. The coroner's inquest has resulted in a verdict of "Manslaughter" against Mr. Sturton, jun. (*Quebec Daily News*.)

NON-COMBATANT (?) SURGEONS. The medical staff is making for itself an imperishable record by its intelligence, endurance, and patriotism. Instances are not wanting where medical men have entirely laid aside their profession, and taken up that of active combatants. Thus the surgeon stationed at Fort Sumter, at the outbreak of the war, is now a brigadier-general in active service, and has been a prisoner in the hands of the enemy. A prominent physician of West Virginia was recently killed in an engagement in the Shenandoah Valley campaign, while acting as commanding officer of a regiment. We have heard of instances in severe battles, where the loss of officers has been great, of medical officers taking their place and leading troops in the charge. Some have lost their lives, and others have been wounded while attending to their duties in collecting and caring for the wounded on the battle-field. The duty often devolves upon us to record the fact that surgeons have been killed or wounded in battle. Another way in which surgeons have shown their heroism and earnest and patriotic devotion to duty has been by remaining with the wounded on the battle-field when the fortunes of the battle have been against their friends. A marked instance of this kind of heroism on the part of our surgeons occurred during the Seven Days' Battles before Richmond in 1862, when Dr.

Swinburne of New York, and a number of other surgeons, remained with the large field-hospital of wounded troops at Savage's Station after it had fallen within the enemy's lines, and were taken prisoners. Bravery on the part of army and navy surgeons, whether in or out of the line of strict duty, is the more commendable, as it has not the stimulus of hope of advancement. There is not a private in the army who may not by personal courage win for himself some substantial acknowledgment of appreciation from the government. Not so the surgeon. No matter what heroism he displays, his status is fixed; his promotion is not influenced thereby. It is right that it should be so, perhaps, as his office is not one in which personal bravery on the battle-field is expected, or even proper. His reward must consist in the consciousness of duty well performed; and his hope for promotion must be founded on a faithful, intelligent, and conscientious discharge of that duty. (*Phil. Med. and Surg. Rep.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."
TUESDAY. Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Dr. Morell Mackenzie, "On Inhalation of Atomised Liquid in Chronic Disease of the Lungs"; Mr. J. W. Hulke, "Ichthyosis of the Tongue"; Dr. Hillier, "On Congenital Hydronephrosis."—Anthropological Society of London, 8 P.M.
WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8.50 P.M. Mr. Henry Smith, Lettsomian Lectures on the Surgery of the Rectum. Lecture 11, "On Stricture, Cancer, and Polypus of the Rectum."
THURSDAY. Harveian Society of London, 8 P.M. Mr. J. Z. Lawrence, "On Certain Functional Diseases of the Retina"; and discussion continued on Dr. Drysdale's paper on Phthisis.
FRIDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

COMMUNICATIONS have been received from:—Mr. FURNEAUX JORDAN; Mr. R. W. COE; Dr. DURRANT; Mr. STONE; Dr. JOHN THOMPSON; Mr. J. W. IRVINE; Mr. W. J. TUBBS; Mr. REDFERN DAVIES; Dr. J. G. PARSONS; Mr. WM. PARKER; Mr. D. KENT JONES; Dr. MAYO; Dr. BRUSH; Mr. THOMAS MARTIN; Dr. JAMES RUSSELL; Mr. A. B. STEELE; Dr. H. D. SCHOLFIELD; Mr. HENRY LEE; Dr. CARR; Dr. J. Y. SIMPSON; THE HON. SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. GEORGE JOHNSON; Mr. J. W. BLACK; Dr. THORBURN; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY; Dr. WATERS; Mr. JOHN H. WOLSTENHOLME; Dr. BEIGEL; Mr. J. GLOVER; Mr. AUGUSTIN PRICHARD; Dr. W. H. COLBORNE; Dr. W. MARSHALL; COLONEL WALMSLEY; and THE SECRETARY OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Clinical Records.

XIV.

CASES OF RESECTION OF JOINTS: WITH OBSERVATIONS.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO ST. GEORGE'S HOSPITAL.

THE detailed notes of the following cases were furnished by Mr. Thomas Pick, the Surgical Registrar of St. George's Hospital. A few years ago, all the patients whose cases are here given would probably have suffered amputation of the affected parts; but they have all up to the present time, under the treatment adopted, preserved their limbs.

One of the cases affords an example of primary resection, of which there are very few cases upon record. The patient, in this instance, recovered with wonderfully slight disturbance, either local or general; and the parts around were left so little thickened, that the part was more moveable after his recovery than was desirable.

The director used in the fourth case is an instrument little known in England. It was lent to me by Mr. Samuel Wood of Shrewsbury, who, I believe, obtained it from Paris. It consists of a shaft slightly curved and grooved on its convex side (somewhat like an ordinary grooved staff), with a handle which may be bent towards the concave side of the instrument. It is passed behind the part which is to be sawn through, with its concave side next to the bone. It is then turned half round, so that the groove is brought in contact with the bone; the handle is then bent down out of the way, and the bone is divided upon the groove. Great security is thus afforded against wounding any of the soft structures round the joint by the saw, and the bone may, in consequence, be more rapidly sawn through. In ordinary cases, where the bones are disarticulated before they are divided, no such instrument is required. But, in cases where the bones cannot be easily separated, the operation is very much more easily performed by the aid of an instrument such as is now described.

In the fourth of the following cases, the bones were removed without being detached from each other, and their extremities were found united together by fibrous bands. Had an attempt been made, in this instance, to disarticulate the bones, the operation would have been rendered more tedious and difficult. The use of the instrument described rendered this stage of the operation unnecessary.

CASE I. Resection of Knee. Benjamin Bennett, aged 8, was admitted on April 14th, 1863, into Fitzwilliam Ward.

History. Three years previously, he fell out of a small hand-cart and struck his knee. He did not suffer in consequence for some weeks; but then began to complain of pain, which was after a time accompanied by swelling. He became an out-patient at the hospital; and in the spring of 1862 was sent down to the Convalescent Institution at Margate.

Whilst there, an abscess formed above the knee, which continued discharging ever since. He had suffered lately from starting and jumping of the limb at night. He had had no other scrofulous symptoms, and had no cough.

On admission, the left knee was much swollen, and had assumed a somewhat globular form, so that the various prominences of bone could hardly be distinguished; the ends of the bones appeared, however, to be thickened, more especially the internal condyle of the femur and the inner side of the head of the tibia. The swelling had a soft semi-elastic feel, except just below and to the inner side of the patella, where there was evident fluctuation. The knee was maintained in a semi-flexed position; and could not be straightened. On the outer side of the thigh, some inches above the joint, were the remains of an old sinus, from which thin sero-purulent fluid exuded. The two bones could be moved on each other from side to side, producing partial dislocation.

Operation. April 23rd. The patient having been put under the influence of chloroform, a transverse incision was made just below the patella, extending from one condyle to the other; the knee was then forcibly flexed and the patella dissected out; a section of bone was then removed from both the femur and the tibia, not, however, so much as to remove the whole epiphyses. The bone which was left appeared healthy. There was little hæmorrhage, no vessel requiring a ligature. The wound was brought together with silk sutures, and the leg put up in a Macintyre's splint, with a long side splint, and swung in a Salter's cradle.

On examining the parts removed, the synovial membrane was found to be thickened and the crucial ligaments destroyed; the cartilage covering the external condyle was completely gone; that over the internal condyle was eroded in patches; the cartilages of the patella and tibia were also somewhat ulcerated. There was a small collection of pus in the internal condyle; and the bones throughout were somewhat softened and infiltrated with red pulpy fluid.

Vespere. He was very restless, and complained of considerable pain. Pulse 90. No sickness. There was oozing from the wound. He was ordered to have ten minims of laudanum immediately.

April 24th. He slept well during the night, and did not appear in so much pain this morning. The tongue was covered with white fur. His bowels had not acted. Pulse 100, soft, and easily compressible. The wound looked remarkably quiet; the edges were in nice apposition; a little thin serum exuded from the wound. There was some swelling, but no redness; pain was produced by pressure. He was ordered to have beef-tea, eggs, and arrowroot.

April 25th. He had passed a very quiet night, and this morning seemed free from pain. Pulse 98, quiet; tongue clean. The bowels had not acted. Skin hot; appetite improved. The wound looked remarkably quiet; there was no inflammation, and the edges were in nice apposition.

April 26th. He did not sleep so well, and seemed restless. The tongue was furred white. Pulse 90. The wound looked quiet. There was a little pus escaping from one extremity of the wound. Two of the sutures were removed. He was ordered half a roast slice, and half a pint of porter; and three grains of compound rhubarb pill at night, if necessary.

April 28th. He seemed much better. Tongue clean; pulse quiet; bowels open; wound quiet. Two more of the sutures were removed.

May 1st. The wound was very quiet; a little laudable pus exuding from one or two points. Pulse quiet; tongue white. The digestive functions were rather disturbed; he had slight nausea and sickness.

May 3rd. The last suture was removed to-day. The boy appeared to suffer no pain, and the whole appearance of the part was healthy; there was a little healthy discharge.

May 16th. A large abscess had formed in the upper part of the thigh. This was opened. The original wound looked healthy; there was a little discharge from one or two points.

July 1st. There was a perfect union, and very little shortening. The wound was quite healed. He was discharged.

Dec. 22nd. He came to the hospital to show himself. He could walk and run with facility. The knee was ankylosed and slightly bent; the leg was about one inch shorter than the opposite one.

CASE II. *Resection of Elbow.* Kate Wood, aged 15, a dressmaker's assistant, was admitted May 15th, 1863, into Princes Ward.

History. Three months before admission, without assignable cause, she found she was unable to bend the elbow. At this time, there was little pain, but swelling soon supervened; and for the last fortnight there had been starting and jumping at night.

On admission, there was considerable swelling, the joint being of a conical form, the base directed upwards and corresponding with the joint, so that the swelling was principally connected with the bones of the forearm. There was evident fluctuation just below the internal condyle. It was the right elbow. She was a scrofulous looking girl. A free incision was made.

June 27th. Another abscess formed. There was pain on pressing the articular surfaces together. Her general health was worse. The abscess was opened. Quinine and acid, and wine, were ordered.

July 8th. She appeared weaker. She had considerable cough, was restless at night, and complained much of giddiness.

July 11th. The cough had increased, with frothy expectoration. Sonorous *râles* were heard over both lungs.

July 16th. There was less fever and cough.

July 21st. Almost all the chest-symptoms had disappeared. The arm was quieter. There was less swelling.

August 6th. Her general health was very much better. She complained of great pain in the arm; and there was considerable discharge.

August 27th. The patient having been put under the influence of chloroform, an *H*-incision was made down the back of the arm, and the ends of the bones removed. This was somewhat difficult owing to the immense infiltration and thickening around. The arm was put upon a short angular splint, and the edges brought together. On examining the parts removed, the synovial membrane covering the end of the humerus was found to be thick and pulpy. On the ulna, the cartilage was absorbed, and a small portion of the cancellous tissue exposed, on squeezing which a small quantity of pus exuded. There was a deposit of crude tubercle, of the size of a bean, in the cancellous tissue of the ulna, which had been cut through in the operation. The articular cartilage of the radius was gone, and the joint filled with pulpy semi-organised lymph.

August 28th. She had been very sick and feverish all night. Skin hot; tongue furred. There was no hæmorrhage.

Sept. 1st. The inner flap of skin had sloughed. There was immense purulent discharge.

Sept. 4th. The wound was rapidly filling up, all sloughing having stopped. The granulations were healthy, but pale. An abscess had formed, and burst on the outer side of the arm. Her face was pale;

tongue clean. She felt stronger since the operation. Pulse 132, weak. Red wash was applied.

Sept. 6th. Pulse 112, weak. She felt better, and slept well. She suffered much less pain. The discharge was less than it had been.

Sept. 10th. She seemed weak and thin, but her spirits were much better; she slept well, and enjoyed her food. The wound was filling in rapidly; at its bottom could be seen a portion of the lower end of the humerus, black and necrosed; in all other parts, the wound was covered with healthy granulations. The discharge was thin, but healthy.

Sept. 18th. The arm was now in good position, and the wound was filling in rapidly. There was still, however, a large hole to be filled up. Her general health was good, and she went out daily.

Sept. 28th. The arm continued to improve, and granulated freely. She had no pain.

Oct. 7th. Two or three spiculæ of bone had come away.

Oct. 13th. The splint was left off to-day. There appeared to be some amount of union and power in the limb. It could be raised to the mouth.

Oct. 19th. A fresh sinus had formed on the inner side of the arm.

Oct. 24th. The wound had all but filled up; there were two ulcers of about the size of florins, and there was still considerable thickening and two sinuses. She could raise her arm to the mouth, and place it behind the back. There was some loss of sensation in the parts supplied by the ulnar nerve. She was sent into the country.

Oct. 29th, 1864. She had free motion in every direction and very considerable power. There was one little sinus which was still discharging.

Jan. 1865. She can extend her arm to very nearly a right line, and put it to her mouth without difficulty. From its appearance when her elbow is covered, no one would know that any disease had existed. The discharge from the sinuses around the joint had now ceased.

CASE III. *Primary Resection of Elbow.* Thomas Offer, aged 13, schoolboy, was admitted on September 20th, 1864, into Fitzwilliam Ward.

History. He was standing by a gentleman who was shooting, when the gun burst, and a piece of the barrel struck him on the arm.

On admission, there was a lacerated wound passing transversely across the outer side of the elbow-joint, and leading into it. There was a fracture of the radius just below the tubercle, the fracture communicating with the wound, through which the head of the radius could be seen. There was considerable bruising of the muscles.

Operation. A longitudinal incision was made down the back of the joint, and the ends of the bone were dissected out and removed, as well as some of the bruised muscle. Three vessels required ligature. The wound was brought together with silver sutures, and the arm put at an obtuse angle on a splint. On examining the portion of the radius which was removed, it was found to be comminuted, and the periosteum torn off; the cartilage covering the ends of the bones was bruised and chipped off in places.

Sept. 21st. He slept well. Tongue clean; pulse 104, quiet; skin cool; no bleeding.

Sept. 23rd. There was a good deal of swelling of the arm, which looked red. One of the stitches was removed. He was ordered to have two ounces of port wine.

Sept. 24th. There was less swelling, and more discharge. Tongue clean; bowels open.

Sept. 26th. The swelling was subsiding. He had very little pain. There was a healthy discharge from the wound.

Sept. 23th. The wound looked very quiet. He had no pain.

Oct. 1st. The wound looked rather sloughy in one part; there was no pain. Tongue clean; pulse quiet.

Oct. 5th. The wound was quite clean, except at one sloughing spot.

Oct. 9th. The slough had all separated, and the wound was cicatrising. The granulations were exuberant; there was no pain; and his appetite was good.

Oct. 15th. The wound was very healthy; the granulations were still very high. There was no pain. Heath's splint was applied, and he was ordered to get up.

Oct. 23rd. The wound was closing rapidly. The limb had already considerable motion, without pain in the joint.

Nov. 5th. The wound was all but healed; there was very free motion.

Nov. 9th. The wound was quite healed. He could flex and extend the forearm; there was slight pronation and supination, but this caused pain. He was discharged.

CASE IV. Resection of Elbow. Walter Walder, aged 36, a draper's assistant, was admitted on August 17th, into Fitzwilliam Ward.

History. Two years and a half ago, an abscess formed on the right elbow, in consequence of his having struck it against a piece of wood. He had, however, been able to continue his ordinary occupation till eight months before admission. He was an in-patient in the spring; and after he went out, various abscesses formed, and one small piece of bone came away.

On admission, there was some fulness of the right elbow-joint, especially on the outer side over the head of the radius; on the inner side, there was a swelling, soft and fluctuating, apparently communicating with the joint. The motion of the joint was limited. There were numerous sinuses around the joint, principally on the outer side over the radius. On probing, they appeared to pass through the joint and to lead down to exposed bone. He suffered little pain. There was very great discharge.

Oct. 6th. *Operation.* A longitudinal incision four inches in length was made over the outer side of the arm, and a corresponding one over the inner side. These were joined by a transverse one over the olecranon. The upper flap was dissected back, and a curved director on a handle was passed round the humerus and the saw applied; the bones were then separated from the surrounding parts, and the ulna and radius sawn through. The wound was put up with silk sutures, and the arm placed on a turned splint.

On examination of the portions which were removed, there was found to be much gelatinous thickening of all the tissues around the joint, and the parts were filled with sinuses, one of which passed through the joint. The cartilages of the joint were eroded; that covering the anterior surface of the humerus was entirely gone, and the articular end of the bone was eroded; the cartilage covering the humerus was also gone, and the bone softened. The extremities of the bones were in some parts connected together by newly formed fibrous tissue.

Oct. 7th. He was very restless all night; there was no bleeding. Pulse 104; tongue furred.

Oct. 8th. He was very restless all night, from pain in the back; no pain in the arm. Pulse 100; tongue clean. The wound looked quiet.

Oct. 9th. He slept better. There was less pain in the back; and not much pain in the arm. The wound was gaping; a number of clots were breaking

down, and there was redness and swelling around. Pulse 112; tongue clean. He enjoyed his food.

Oct. 11th. The wound looked very much quieter and cleaner; all the clots had disappeared, and there were less swelling and redness around. He had no pain. Pulse 96.

From this time, he continued to improve. In a month, the wound had completely filled up and all but healed, and there was free motion in the joint.

On Nov. 30th, the wound was healed. He could flex and extend the joint to a certain extent without assistance. There was union between the ends of the bone; and he had a strong grasp. He was now discharged.

CASE V. Resection of Knee. Patrick Rekeil, aged 24, a groom, was admitted November 9th into Fitzwilliam Ward.

History. Four years previously a horse which he rode was constantly in the habit of lying down on his knee, which caused numbness in it for a time. A year afterwards shooting pains set in, and it gradually became weaker and he lost flesh. He had constantly been under medical treatment, and had the knee blistered and otherwise treated. He was an in-patient in July, when there was considerable thickening of all the tissues around the knee, but more especially over the inner tuberosity of the tibia; just above this, and to the lower and inner side of the patella, there was a hard, small, moveable substance to be felt. There appeared to be partial dislocation of the tibia, backwards and slightly outwards. There was pain on moving the joint and starting at night. After he went out, the pain and starting became much worse.

On re-admission, he was very much thinner, and seemed lower and weaker than he was in the summer. He had a slight cough, and there was slight dulness at the apex of the left lung, with tubular breathing. The joint was very much larger, from effusion both within and around it. The head of the tibia was also enlarged. Pain was very much increased; and he suffered very much from starting of the limb at night, which kept him constantly awake.

Operation. November 24th. A transverse incision was made over the front of the patella, and this bone first dissected out. The condyles of the femur were then separated from their attachments and removed. This was not done in the usual manner, but an oblique section was first made, removing the anterior part; a transverse one was then made, removing the under part; and lastly, a second oblique, removing the posterior part. The tibia was then exposed at its upper part, and a section made; this cut through an abscess surrounded by scrofulous matter in the head of the bone. In this abscess was a considerable portion of necrosed bone, detached from any surrounding structure. The sides of the cavity lined by scrofulous matter were carefully gouged out. The knee-joint was full of pus, which communicated with the abscess in the head of the tibia. Several small vessels required ligature. The bones were adapted and the incision brought together with silk sutures. The limb was put up in a MacIntyre's splint, with a long extension splint on the outside, and swung in a Salter's cradle. On examining the extremities of the bones, they were found to be entirely denuded of cartilage, and to be so much softened that they could be cut with a knife.

Nov. 23rd. *Vespere.* There had been slight oozing of blood. Skin hot; pulse 104; tongue white.

Nov. 24th. He had a good night; there was not much pain, but jumping of the limb. Tongue clean; skin cool; pulse 112. The wound was quite quiet: there was no more oozing.

Nov. 27th. He slept well, and had very little pain. Tongue clean; pulse quiet; skin cool. There was not the slightest tinge of redness about the wound. A little pus was oozing from one corner. Two sutures were removed.

Nov. 28th. He was seized with a severe attack of rheumatism, which continued for above a fortnight. There was very considerable discharge from the wound throughout the time that this continued, and for some time afterwards. He still remains under treatment (January 1865).

Original Communications.

FIVE CASES ILLUSTRATING THE ADVANCES OF MR. BARNARD HOLT'S PLAN OF TREATMENT IN STRICTURE OF THE URETHRA.

By WILLIAM NEWMAN, M.D. Lond., St. Martin's, Stamford.

CASE I. F. H., aged 53, had had stricture upwards of thirty years. He had been treated by dilatation up to Nos. 6 and 7 on more than one occasion; but the condition had always returned. For the past four or five years nothing had been done; and the symptoms were daily becoming more urgent. He passed urine in a twisted corkscrew stream, and with a good deal of forcing. He could rarely retain it in the day for more than two hours at a time; and had for years been obliged to rise and pass urine two or three times every night. Always, after micturition, he had the feeling that the bladder was not emptied.

Nov. 16th, 1863, 10 A.M. It was with some difficulty that I passed a No. 2 silver catheter into the bladder. On withdrawing this, I passed Mr. Holt's instrument through one long stricture anterior to the bulb, and then through a second, even more tight, further on in the canal. Urine at once came, *quittim*, through the hollow guide; and I split both strictures by passing down a No. 9 tube on the guide. This required some very positive force. There was very little bleeding. I introduced a No. 8 silver catheter easily enough, and drew off about six ounces of urine, and then sent the patient to bed.

He was ordered to have every four hours, a draught containing two grains of quinine with ten minims of tincture of opium.

1 P.M. There was a little smarting; no rigor. He had no wish as yet to pass urine.

2 P.M. He passed six ounces of urine with some blood, and two or three small moulded clots; there was some smarting.

8 P.M. He had passed urine twice again, and was quite comfortable.

Nov. 17th. He was very fairly well; was up twice last night. He had no need to pass urine oftener than once in four hours. I passed a No. 8 catheter with some little difficulty; the operation was followed by a little bleed.

Nov. 19th. He was very well; had lost the sense of weight and discomfort about the lower part of the abdomen, and felt now that the bladder was emptied by each act of micturition. I passed No. 8 very easily.

Nov. 21st. The patient maintained that the anterior stricture had not been thoroughly split. There was some distinct resistance to the stream of urine about three or four inches from the orifice; so, at his own request, I again passed the dilator and ran down

a No. 10 tube; it was followed by some little bleeding. I drew off six ounces or more of urine at once by No. 8 catheter.

Nov. 23rd. There had been no discomfort or trouble; and the stream of urine was decidedly improved. A No. 10 catheter passed very well. He was told to pass a No. 10 steel sound about twice a week.

Dec. 15th. He was not at all disturbed in the night; passed urine three or four times in the day without straining, and with thorough sensation of relief. He could pass No. 10 without difficulty. There was sometimes a little resistance at the seat of the front stricture.

Four months afterwards, this patient remained quite well.

CASE II. E. W., aged 45, nail-maker, had had stricture for the past ten years, consequent on gonorrhoea. He had been once under surgical care for some months, and a No. 10 catheter was reached after very many introductions; but the condition returned, and he was now as bad as ever. He was obliged to get up three or four times every night, and had much straining to get rid even of a small quantity of urine. He was obliged to make water every two or three hours through the day.

Jan. 5th, 1864. I could not succeed, even after employing the warm bath and giving some opium, in passing No. 2 silver catheter through the stricture. The urethra was riddled with false passages; and into one of these and for some distance, rather on the left side, the point of the catheter constantly slipped.

Jan. 6th. After some little time I managed to pass the dilator through one stricture anterior to the bulb; and by this the instrument was so closely gripped that I could not move it onwards, and had difficulty in even partially withdrawing it. Under these circumstances, and guided by a case recorded in Mr. Holt's book *On Immediate Treatment of Stricture of the Urethra* (2nd Edition, Pp. 108-109), I did not hesitate to split the stricture by passing down on the guide No. 9 tube; but not even then could I carry on the dilator in the bladder through a second very evident and tight stricture. I sent the man to bed, and gave him some quinine and opium.

Jan. 7th. He declared himself to be in some measure relieved by the operation. He was not up once in the night to pass urine; this had not been the case before for years.

Jan. 11th. Yesterday and to-day, I was able to pass a No. 2 solid steel sound fairly over the site of the first, and also through the second stricture, into the bladder. The calls to pass urine were not so frequent; and the stream was rather larger than he had lately found it to be. He had had no rigors, nor local suffering.

Jan. 13th. I passed No. 3 catheter, and on its withdrawal, No. 4 steel sound, fairly into the bladder.

Jan. 14th. I introduced Mr. Holt's instrument, and split both strictures thoroughly by running down between the blades a No. 10 tube. I withdrew the dilator, and then passed No. 8 silver catheter; but the eye was soon blocked with clot, and urine would not flow through it. When the catheter was removed, the patient, unable to restrain the desire, passed *immediately* about three ounces of urine with some quantity of blood; and about twenty minutes later (after I had left the room), he passed eight ounces more. He was ordered to take the quinine and opium as usual.

Jan. 15th. He said he was very well; had not had any rigor, and did not pass urine very frequently. He was not disturbed once in the night.

Jan. 16th. I passed readily into the bladder a No. 8 steel sound.

Jan. 19th. He passed urine about three times a

day in very fair stream—clear of his person; and was not disturbed in the night. I passed No. 10 catheter readily enough.

Jan. 23rd. He went home; and was ordered to pass No. 10 catheter twice a week.

Feb. 22nd. I had this report by letter:—"I never was better in my life; make a large stream of water, and can keep it all night without disturbing me at all. I make water three or four times a day, and can pass the instrument as often as I want it."

In August, I heard that he was and had remained thoroughly well.

CASE III. J. C., a shoemaker, aged 42, had gonorrhoea nearly twenty years ago, twice over. For the last six years he had had excessive trouble in micturition; was obliged to get out of bed three or four times every night, and passed urine almost every hour throughout the day. The urine dribbled away in a very small stream. He was a worn, thin, haggard man. No instrument had ever been passed fairly into the bladder.

Jan. 13th, 1864. After some trouble I passed No. 1 solid sound into the bladder, through one long and tight stricture beyond the bulb.

Jan. 15th. A No. 3 solid sound was passed through the stricture.

Jan. 16th. He passed urine an hour before I saw him. I succeeded in passing No. 3 silver catheter into the bladder, and drew off fully twelve ounces of turbid and high coloured urine. Having tied the catheter in, I left him for the night.

Jan. 17th, 4 A.M. The catheter slipped out, and thereupon he passed a quantity of urine in a larger stream than he had done for years.

9 A.M. I introduced the catheter again, and tied it in more securely.

9 P.M. I withdrew the catheter, and passed easily enough Mr. Holt's instrument, splitting the stricture thoroughly with No. 10 tube; there was rather free hæmorrhage afterwards. I emptied the bladder by passing No. 8 catheter. He was ordered to take quinine and opium.

Jan. 19th. He slept without waking from 10 P.M. to 6 A.M. this morning. He had not had so long a sleep for years. There was no pain, and no shivering. On waking, he passed urine in some quantity, and with little smarting.

Jan. 20th. I passed No. 9 steel sound; some little hæmorrhage followed its withdrawal. No subsequent trouble occurred, and on February 25th, I had this report from a surgeon near his home:—"J. C. passes No. 9 easily. He does not need to make water more frequently than other people."

In the summer I saw him again; he was looking far better; had gained a stone in weight, and had no trouble whatever in making water. The instrument (No. 9) was passed at intervals by himself very easily.

CASE IV. J. L., aged 40, had had stricture for eight or ten years back, but the symptoms had not until lately been very urgent; he had had once or twice almost complete retention of urine, and on these occasions ordinary means with the warm bath, etc., had relieved him. No instrument could then be passed into the bladder.

I first saw him in September 1864, and in some few days succeeded in passing a No. 2 catheter into the bladder, and emptying it of six or eight ounces of residual urine. There was a tight stricture anterior to the bulb, and through this in the first instance, I could only succeed in passing a very fine rather long probe. A very smart attack of stricture-fever and general constitutional disturbance followed the introduction of the catheter, so for some days he was left quite alone.

Oct. 10th. I succeeded in passing No. 2 catheter through the stricture; but, warned by prior disturbance, I did not carry it on into the bladder.

Oct. 12th, 9 A.M. The instrument (Mr. Holt's) was passed after a little trouble through the stricture; urine flowed through the canal of the guide, so I split the stricture at once with No. 10 tube. To do this effectually a good deal of force was needed. Ten ounces of clear urine were withdrawn at once by the No. 8 silver catheter. Quinine was given as usual.

1 P.M. He felt very well; had no shivering. I passed No. 8 catheter; six ounces of urine were withdrawn.

8 P.M. I passed No. 8 catheter. He was very well.

Oct. 13th, 8 A.M. He had slept very fairly well; he had no great desire to pass urine. I passed No. 8 catheter. He passed urine afterwards twice during the day in a very fair stream, and with very little smarting.

Oct. 16th. I passed No. 9 solid steel sound very readily; and he could also pass it for himself. He went home to-day, with full directions as to the use of the sound.

Nov. 4th. He came to see me, and reported himself quite well.

Jan. 7th, 1865. I met him accidentally; he had had no trouble whatever; passed urine as well as ever, and continued to introduce the instrument for himself once a week.

CASE V. *Stricture of Urethra Twenty Years; Absolute Retention; Puncture of Bladder per Rectum; Subsequent Splitting of Stricture.* H. S., aged 40, looking much older, thin and haggard, came to me with great trouble in micturition on October 11th, 1864. He had had stricture for twenty years; it was treated eight years ago, and for a time successfully, by dilatation; but he was now constantly wanting to pass urine. He was often up in the night, and could only void urine in a very irregular small stream or *guttatim*.

For the next week, I made several attempts to introduce an instrument (No. 1) through a very tight stricture in the membranous part of the urethra, and could not succeed. Then suddenly, after two nights of hard work and exposure at a cattle-fair, he found himself quite unable to pass urine.

Nov. 18th. I could not, with or without chloroform, introduce an instrument into the bladder. Opium in full doses and warm baths were of no avail; and the bladder was distended up to the umbilicus.

At 9 P.M., after consultation with a surgical friend, I punctured the bladder *per rectum* with the usual long trocar and cannula. More than three pints of urine were caught, and some escaped into the bed. I then tied the cannula in.

Nov. 19th, 11 A.M. Pulse 84. He was very comfortable; had had some sleep. Urine ran away very well. He had had no pain; there was no constitutional disturbance.

9 P.M. He was very well; was rather cramped from lying on his back, but had no pain. A good quantity of urine had come away. Pulse 70; no feverishness; no headache.

Nov. 20th. He complained sadly of being wet; and the skin of the back and hips was beginning to look red from soaking with urine; I therefore contrived this plan. I plugged the cannula with a piece of a No. 8 gum-elastic catheter, and on this drew the end of some small bore (one-sixth of an inch) India-rubber tubing, so that through the tubing, two feet or more long, all the urine was carried into a basin placed on the floor at the side of the bed; then, to prevent the flattening of the tube as it ran under the left thigh, I got a common brick circular drain-tile, wrapped this in flannel, and placed it under the left thigh,

which was just slightly bent. Through the canal of the drain-tile, I then carried the piece of India-rubber tubing to the receptacle on the floor.

Nov. 21st. The arrangement answered admirably. The man was very well; he slept, took food, and had no complaint.

Nov. 22nd, 4 P.M. He complained to-day of soreness about the abdomen. There was resonance down to the upper edge of the os pubis, but pressure made him flinch; so I thought it best to withdraw the cannula (it had been in the bladder now four days less five hours), and left him without attempting to pass any instrument *per urethram*.

Nov. 23rd. I failed in an attempt to pass a Thompson's probe-pointed catheter through the stricture. About eight ounces of urine had run away in drops, or in a small stream, *per urethram*; and there was more than a suspicion, almost a certainty, of some leakage *per rectum*. The bladder was slightly distended; there was a line of dulness above the pubes. He felt very well in health.

Through the next week, he remained much in the same condition. Most of the urine, I feel sure, escaped through the fistulous opening into the rectum, there collecting until he was obliged to empty the bowel. Some urine, however, ran through the urethra; but, whether from actual paralysis of the bladder, or from the feeling that it would escape *per rectum* if any effort was made, he was not able to use any force in passing urine.

Dec. 1st. I succeeded in passing a probe-pointed catheter (No. 1) fairly into the bladder, and tied it in for the night.

Dec. 2nd, 4 P.M. I removed the catheter, and substituted Mr. Holt's instrument, splitting the stricture thoroughly with No. 10 tube. I emptied the bladder with a No. 8 silver catheter. Four ounces of urine were contained therein.

9.30 P.M. I drew off sixteen ounces of urine with a No. 8 catheter.

Dec. 3rd. I emptied the bladder twice in the day; there was no escape *per rectum* as yet. He had no shivering; no trouble.

Dec. 4th, 7.30 A.M. He tried to pass urine *per urethram*, and could not do so; but more than ten ounces at once escaped *per rectum* (this I verified by personal observation of the urine passed). Some hours afterwards, therefore, I emptied the bladder by a gum-elastic catheter, and tied it in; and, so as to ensure, if possible, the thorough healing of the recto-vesical fistula, I directed him to empty the bladder every two or three hours.

It is not necessary to weary the reader with further daily reports. The gum-elastic catheter was retained in the bladder (daily changed and washed) for eight or ten days. The man remained quite comfortable; but the loss of power over the muscular coat of the bladder was made evident by his complete inability to influence or accelerate the stream through the catheter.

I then taught him to pass the catheter three times daily for himself; and found that to ensure his doing this easily, it was only necessary to give the catheter rather a large curve, so as to keep it along the smooth and newly formed bottom of the canal, instead of allowing the point to catch on some still existing roughnesses on the upper part or roof of the urethra. I had personally no trouble in passing No. 10 or No. 11 steel sound; the passage was not perfectly smooth or normal, but still the instrument travelled very well.

An attack of orchitis (left side), due apparently to exposure, delayed the patient's discharge; but he recovered from this, and will soon go to work.

Jan. 24th. I saw him to-day. He was very com-

fortable and very grateful; said that he was slowly regaining a little power over the bladder; and that three times each day, morning, noon, and night, he was able to pass unaided from three to four ounces of urine. Then, also, three times a day, and directly after his own effort, he passed a catheter and emptied the bladder thoroughly. There was no leakage *per rectum*; and no discomfort whatever. The man looked well, and had gained weight.

REMARKS. I have thus given the salient points in the successful treatment of five cases of urethral stricture by the use of Mr. Holt's instrument; and I shall be very glad if the publication may conduce in the slightest degree to a more extended employment of means at once so simple and so satisfactory.

The first four cases speak for themselves. Not one manifested any unfavourable symptom; and the relief in all has been so far complete. Rigors were not noted in any one instance—not even in Case II, where, from the first, the patient passed urine *sponte* over the freshly torn surfaces. Still I believe that plan to be the best, which has dictated the removal of the urine by the catheter for the first twelve hours after the operation. All contact of urine with the recent wound is thus for a certain time prevented; and the surfaces will probably have acquired an efficient coating of plastic material before the highly irritating fluid can pass over them.

It may not, wilfully to misapply the term, be very far from the truth to assert that the absence of ill results, after the splitting has been fairly accomplished, is due to the operation being *practically subcutaneous*. To the wounded tissues no access of external air is possible. Their ordinary distance, at least some inches from the external outlet; the pendulous condition of the organ; and the constant apposition of the walls of the urethral canal—all favour this condition, and lend some reason to a proffered explanation.

I believe it a manifest advantage, that the dilator should not be employed to examine the canal in the first instance. It would seem better that solid steel sounds up to No. 3 or No. 4 should be employed to open up a channel through the strictured part, and so to pave the way for the larger instrument. They are to be preferred, I think, on several grounds, to hollow catheters, though rather more time is needed in the preparatory treatment when solid instruments are used.

Not improbably, however, it may be found, as I experienced in Case v, that Mr. Thompson's probe-pointed catheter will aid in the earlier stages. It may be used where No. 2, and often where No. 1, ordinary catheter can pass; and, once introduced, some twelve hours' retention will so far dilate the strictured part as to favour the easier passage of Mr. Holt's instrument.

Case v is exceptional in several points. It affords a fair illustration of the ease with which the bladder may be punctured *per rectum*, and of the relief so to be obtained. Very probably some of my readers may believe that a catheter ought to have been passed into the bladder; and I willingly concede that, in abler hands, this might have been successfully done; yet

"Non cuius homini contingit adire Corinthum."

And the puncture of his bladder certainly saved the patient from an impending and not very distant death. The cannula was retained between three or four days with no local discomfort worth mention, and with not more than the suspicion of vesical irritation. The subsequent escape of urine *per rectum* was decided; but the expedient of keeping the bladder almost empty allowed thorough rest, and consequent

repair of the punctured wound. In any similar case, I believe that the adoption of my plan of conducting the urine away from the person would add materially to the comfort of the patient.

I have suggested to Mr. Coxeter of Grafton Street that, for this purpose, it would be well to prolong the cannula one-half or three-quarters of an inch beyond the shield; and upon this projecting part, clear of all possible interference with tapes or fastenings, the India-rubber tubing might readily be slipped after the cannula has been secured in the bladder.

It would seem very doubtful if this poor fellow will ever recover power over his bladder so as to dispense with his catheter. The stretching of the viscus from excessive distension must have been very great. He has taken, as yet with little absolute good, muriate of iron, strychnine, etc. Yet, with reference especially to the heading of my paper, I may be allowed to compare this man's present condition with the state in which he was three or four months ago. He has now, it is true, to pass a catheter three times a day; but this is a small evil, compared with his continual and painful attempts at micturition, disturbed nights, constant abdominal discomfort, and the chance of absolute retention daily hanging over him—to say nothing of the ultimate organic changes which would almost certainly have followed in the bladder and kidneys.

The operation of splitting urethral stricture is even yet *sub judice*; but as a simple and facile mode of ensuring a permanent benefit, at a minimum risk to the patient, I believe it deserving of more extended trial.

The instrument would, in my opinion, be made even more useful, if its stem were graduated in inches and half-inches. Valuable information as to the seat and length of the strictured part might thus be readily obtained by the operating surgeon.

REMARKS ON VENESECTION IN INFLAMMATION.

By WILLIAM MARSHALL, M.D., Mortlake.

IN the JOURNAL of February 4th, is a report of a most excellent clinical lecture by Dr. Markham, shewing the great and immediate beneficial effects of venesection in two cases of inflammatory diseases of the lungs. In my hands, in two or three similar cases, the same unmistakable and immediate benefit has resulted from it; and I am satisfied that this benefit is due in a great measure "to the freedom of action; the relief given by it to the play of the other (the uninflamed) parts of the lungs and the engorged heart; of the organs or parts, in fact, which have become secondarily engorged—i.e., impeded in action in consequence of the inflammation."

But has bleeding no other action upon inflammation? Does it never "arrest, nor directly alter, the condition of the inflammatory process? I think it does; and would submit the following cases as evidence in favour of such an action.

CASE I. J. S., a strong, robust man, aged 59, a night watchman at a railway-station, was found, at 2 o'clock A.M., insensible, lying on the railway below a bridge, from which he had evidently fallen, and alighted on his head. His head and face were swollen and bruised to a great extent; so much so, that it was impossible to ascertain accurately whether the skull were fractured or not. He was semi-comatose. About 10 A.M., he became restless, throwing himself about and muttering. Ice was applied to the scalp, and active purgatives administered. Towards the afternoon, phrenitis had unmistakeably set in. He

was violently delirious; the pupils were contracted; the eyes were intolerant of light and the ears of sound; the skin was hot; and the pulse was rapid, full, and bounding. Leeches were applied to the scalp, and he was bled from the arm; to what extent I cannot say, as the violence of his struggles rendered it impossible to measure the quantity; blood, however, was allowed to flow until he showed symptoms of fainting. The change for the better was most marked and immediate. He became comparatively quiet; the intolerance of light and sound were greatly diminished; and the pulse, though still rapid, was soft. Towards evening, the delirium returned, and the pulse rose. I removed the bandages from the arm, and allowed eight ounces of blood to flow away, with the same happy result. Next day, he was greatly better; the heat of the skin and the intolerance of light and sound were gone; the pulse was but little affected; and there was scarcely any delirium. From this time, the patient gradually recovered; but was for months subject to hallucinations. As the swelling went down, an extensive fracture of the skull was found, extending from the outer angle of the right eye obliquely across the top of the head, ending about three inches behind the left ear. One edge of the fracture could be distinctly felt and even seen to be raised above the other; and his head had a curiously twisted appearance.

CASE II. A. M., a strong healthy woman, aged 24, was struck violently with a hoe over the junction of the left parietal and frontal bones; the result was a compound depressed fracture. The depressed bone was raised. The membranes seemed uninjured. Everything apparently went on well for forty-eight hours. Symptoms of phrenitis then showed themselves, and rapidly increased in intensity. The skin became hot, the pulse full and bounding; delirium was constant and violent; intolerance of light and sound were most marked. Leeches were applied to the head, and twenty-five ounces of blood abstracted, within even more marked benefit than in the previous case; for within an hour the bad symptoms diminished, and rapidly disappeared. The patient recovered.

Here, then, are two cases in which "I think a man must be sceptical indeed, beyond all bounds of reason and common sense (if we may invoke that sense here), who refuses to connect effect with causation, the consequence with the antecedent, the cure of the disease with the venesection." And to go on quoting from Dr. Markham's lecture, "What other remedy do we know of under the sun which is capable of producing off-hand, then and there, such great results in such formidable disease." And yet phrenitis is not an inflammatory disease, "in the course of, or out of which, arise impediments to the play of the heart and lungs." I think we must admit, that the bleeding had an immediate, and probably a direct, effect on the inflammation in these two cases. What, then, is probably this direct effect?

Dr. Markham writes: "If venesection be of service in internal, it should equally be of service in external inflammations—i.e., in those inflammations whose progress we can see with our eyes. But in what records of 'bleeding' times will you find any satisfactory proof that it ever was of service in such inflammations?" I would, however, direct attention to what we can see of the beneficial effects of local bleeding in external inflammations.

Now, to an eye affected with strumous ophthalmia apply two leeches, and watch the effect. As the blood is withdrawn, it will be seen that the redness diminishes—becomes paler. Repeat the leeching at subsequent periods, and the same result always follows: the redness—this visible sign of inflammation

—immediately diminishes,* and does not return when the bleeding has ceased. What has caused this paleness? It is not simply that the leeching has partially emptied the engorged vessels, and thus relieved tension (which in this case, I think, is analogous to impeded action of the lungs when inflamed); because the very small quantity of blood that two leeches have abstracted can have produced little or no effect on the strength of the general circulation; and blood would be immediately forced, on the cessation of the bleeding, into the vessels, and the inflammation return as previously. But it does not. The paleness always remains for hours—sometimes is permanent. Evidently, some other and a more direct effect on the inflammation than the mere abstraction of the superabundant blood, thus affording relief to tension—to impeded circulation—has taken place. What is it?

Into a forearm, affected with severe inflammation of the cellular tissue and skin, before pus has been formed, make free incisions. Tension is at once relieved. But observe the change in the redness as the blood flows from the wounds. Immediately around the incisions a white margin appears; then pale spots here and there through the bright red; these rapidly enlarge, coalesce, and transform the brilliant into a pale dingy red. What had been severely inflamed one minute before is so no longer. Introduce lint into the wounds, so as to stop the bleeding effectually: the bright redness does not return, as it would do if the engorged vessels had been simply relieved of their superabundant blood. Manifestly, some other effect on the inflammation has taken place. What is it?

The explanation of the cause of the paleness given by Mr. Lister is, I believe, the correct one. The blood-vessels in the immediate vicinity of the incisions contract, as it were in defence of the loss of blood; this contraction by nervous influence spreads rapidly to the smaller arteries around; and the supply of blood to the inflamed parts becomes almost as effectually cut off as if pressure had been applied to the main artery of the limb. The parts now have the benefit of *rest*, and, before the contraction of the arteries yields, have so far recovered that they do not in many cases again inflame. But does general blood-letting act in the same manner in internal inflammations—viz., by affording *rest* in some degree to the inflamed parts? I think it does. When a man with an inflamed brain is bled till he is faint, the first effects must be to relieve the brain in some degree of its superabundant blood, and thus diminish tension; and the second, to induce general pallor, then syncope; *i. e.*, to cause contraction of the arteries of the body in general, including those supplying blood to the brain, and thus diminish the quantity of blood sent to the inflamed parts, and afford them *rest*. When a patient suffering from rheumatic ophthalmia is bled freely, we can absolutely see that the inflamed parts participate in the general contraction of the arteries of the body—in the general pallor. And if this be the case with the eye, surely it must be so with the brain, lungs, heart, or any other inflamed organ.

* If Dr. Marshall will refer to the BRITISH MEDICAL JOURNAL of April 2nd, 9th, 16th, 23rd, 30th, and May 7th, 1864, he will find that Dr. Markham has, in his Lectures delivered before the Royal College of Physicians, referred to the excellent effects of the local abstraction of blood from inflamed parts, and has explained it in part by reference to its local action over the vaso-motor nerves. Dr. Markham has there shown, or endeavoured to show, that venesection and the local abstraction of blood are remedies totally different in their effects as regards inflammation; that to bleed a man for inflammation of the conjunctiva, for example, and to draw blood immediately from the conjunctiva by leeches, are to perform two distinct and essentially different operations—to use two distinct and essentially different remedies. EDITOR.

The facts, then, concerning blood-letting are: that it does in many cases produce a most marked, immediate, beneficial effect upon some inflammations; that it relieves tension—impeded circulation—impeded action—by causing diminution of the quantity of the circulating fluid, by enfeebling the heart's action; that, when used locally, it causes an immediate paling of the redness, which does not return when the bleeding is stopped. When used generally, it causes universal pallor and syncope. The inference naturally is, in the first, that it has caused contraction of the arteries supplying blood to the inflamed parts; and in the second, that it has caused contraction generally of the arteries of the body.

The theory of its action I deduce from the above facts and inferences is, that by diminishing tension, and cutting off in a great measure the supply of blood, it gives the inflamed parts *physiological rest*—that most powerful of all remedial agents.

ON THE PHYSICS OF DISEASE, AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By BENJAMIN W. RICHARDSON, M.A., M.D., Senior
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of the Chest.

CHAPTER III.

*Conditions which Modify Oxidation of Blood (continued).
Further Researches on Ozone.*

At the close of my last chapter, I adverted to the effect of ozone, or active oxygen, on carnivorous as distinct from herbivorous animals. The remarks there made, I will ask the reader kindly to bear in mind as the subject progresses.

In the year 1852, I constructed an apparatus by which freshly made oxygen could be passed in current over animals confined in chambers properly constructed so as to allow them freedom of motion, and at the same time prevent them from receiving any air save that which was specially supplied to them. By sending oxygen through the chamber in free quantities, perfect ventilation was sustained, and no accumulation of carbonic acid could take place. The oxygen, as it was used, was in the active state; but the quantity of ozone present was small. Arrangements were made by which the animals subjected to the oxygen could be supplied both with liquid and with solid food.

A cat was first placed in the oxygen chamber; no attempt was made to save the gas; and the current of gas was sustained so steadily, that at any time a partly extinguished taper could be re-lighted at the escape-tube. For an hour and a half the animal breathed the gas, the temperature being 65° Fahr., without signs of derangement. Then the breathing became quickened and harsh; and thirst was a prominent symptom. After breathing the oxygen seven hours, there was slight convulsive movement; the animal was, therefore, set at liberty in the open air, but it continued to sink, and died at the end of three hours. On examination, the lungs were found to be intensely red in colour, but no organ had undergone structural change. The cause of death was separation of fibrine in the right side of the heart; the right auricle was choked with a firm fibrinous mass, which was of a pure white colour, and adhered closely to the muscular wall.

In another experiment, results of a like kind were produced in a guinea-pig. In a pigeon exposed for nine hours to the gas, symptoms resembling those of croup were induced; the animal breathing with a

distinct croupy inspiration. In this animal, the blood was found firmly coagulated in the cavities of the heart; and in the upper and the lower segments of the trachea there was distinct fibrinous exudation.

From these experiments, it seemed to me conclusive that oxygen administered in the manner I have described was generally destructive of animal life by increasing waste and causing separation of fibrine in the blood. The inference was not just, as the following experiments will show.

On July 9th, a rabbit was placed in the same chamber in which a number of the experiments, described above, had been performed. The oxygen was made in the same way, and transferred in the same way. At first the animal seemed excited, and often thirsty; but it also ate voraciously of green food. During nine days it was kept in the stream of gas; and no material change followed. It was now removed from the oxygen. It weighed four ounces less than before the commencement of the experiment; but otherwise it was unaltered.

After the lapse of a week the rabbit was replaced in the chamber, and the administration of the gas recommenced. This time the exhibition was kept up for twenty-one days, without any indication of dying or even of suffering on the part of the subject. Once more the animal was placed in the common air, and it lived many months. It continued always thinner than it was before being submitted to the action of the gas; but that was all.

One or two special changes which occurred during the inhalation of oxygen, should not escape notice. There was often a brilliant vermilion tint of the ears; and when the creature wanted food, the breathing was more hurried, varying from fifty to even one hundred respirations a minute. On two or three occasions it became oppressed, and the *alæ* of the nose worked rapidly. Then the current of gas was supplied a little more swiftly, and at once the animal became as alert as before.

I witnessed in this experiment the results obtained by Lavoisier, and by that section of observers who have considered that the inhalation of oxygen is not attended with danger, even though sustained for long periods of time. What was more, whenever I repeated these experiments on the same kind of animals, I obtained the same results to the letter. Dogs, cats, pigeons, and Guinea-pigs died; but rabbits lived on. The fact, so often repeated, led me to think that the differences arose from the animal employed. To settle this point, I made the following experiments.

I constructed a chamber of a cubic capacity of two feet. I made a perforated false bottom as before, and put beneath this potash for taking up carbonic acid. I arranged so that I could change the potash at pleasure. The chamber was then divided into stalls by perforated zinc; and a neat and effective plan was made for introducing food into each division. Eighty gallons of oxygen gas were then made in two reservoirs; and the chamber was tubed for a current as in the one already described.

There were now placed in the chamber in the different stalls, a dog, a kitten, a rabbit, a pigeon, and three frogs; and the oxygen-current was turned on. The pigeon began to suffer from rapid breathing in two hours, and its legs, previously pale, became vermilion red. The dog suffered more; the kitten less. At the end of twelve hours, the dog was nearly dead; the pigeon was drooping; and the kitten was suffering considerable excitement. The rabbit was as well as ever. The frogs were also uninfluenced. On removing the animals, the dog died almost immediately. The other animals slowly recovered.

On a succeeding day I repeated this experiment on

other animals of the same kind, continuing it for thirteen hours. The result was the death of the pigeon and of the kitten; great prostration of the dog, which, however, recovered on removal into the air; and entire escape of the rabbits and the frogs. The temperature in all these experiments was from 60° to 65° Fahr.

We gather from these experiments the fact, that in carnivorous animals and in birds ozonized oxygen, at ordinary temperatures, produces what would be called pathologically a general inflammatory condition, with death from separation of fibrine, as is common in inflammatory diseases. We see also that in one experiment local inflammatory mischief was induced in the trachea. In rabbits, the circulation is quickened by the same process, and waste of tissue results, but the animals are enabled to live. In a succeeding chapter, I shall show the effects on similar animals of common air charged with ozone.

TINCTURE OF DIGITALIS IN DELIRIUM TREMENS.

By JAMES POLLARD, Esq., Torquay.

J. M., aged 46, a strong muscular man, much addicted to drinking, was kicked by a horse in the leg, which became inflamed, and confined him to his bed. On being sent for on Friday evening, January 6th, I found him very restless, tossing about in bed, fancying that dogs were biting him, and other delusions. His wife informed me that he had not slept for the last two nights, and that she had had great difficulty in keeping him in bed. I at once gave him a strong glass of brandy and water, with half a grain of muriate of morphia.

Jan. 7th. He passed a troublesome night without any sleep. I prescribed for him two cathartic pills to be taken immediately; a saline mixture during the day; and in the evening, half a grain of morphia and half a drachm of tartar emetic wine every two hours, which was given regularly until 10 p.m. on the 8th without any good results.

About 2 a.m. the following morning, I was requested to see him immediately, as it took three men to keep him in bed; and on my arrival I found this to be the case. I then gave him four drachms of tincture of digitalis. He very soon afterwards became tranquil and slept for an hour.

At 4 a.m., three drachms more of the tincture were given (about half an hour afterwards he became very sick), which kept him quiet until 10 a.m., when, as he became again disturbed, the draught was repeated containing four drachms of the tincture. He did not sleep, though he was quiet till evening, when I again saw him, and found him as bad as ever. Four drachms more of the tincture were given, with the best results, as he slept the whole of the night and the greater part of the next day; and from that time he rapidly progressed.

I believe that, if I had given him the fourth dose at a shorter interval, a more satisfactory result would have been earlier produced.

THE IRISH MEDICAL MAN, says Dr. Mackesy, "is exposed to great risk from contagion. He has to combat fever in all situations and at all seasons. It is a startling fact that the mortality—the proportionate deaths of the medical officers of Irish charitable institutions, exceeded by more than one-half the proportionate deaths of the officers of the British army during the Peninsular war."

LEEDS GENERAL INFIRMARY.

STATISTICAL TABLES OF THE OPERATIONS PERFORMED FROM JANUARY TO JUNE, 1864, INCLUSIVE.

[Continued from page 116.]

Strangulated Hernia.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 15	Mr. S. Hey	Herniotomy.	3 days	Death from strangulation. Reduction <i>en masse</i> .(?) Sac opened.	This was a congenital right scrotal hernia as large as a hen's egg. Strangulation commenced eleven hours before the operation. The sac was opened, and found to contain bowel. A constricting band at the neck was divided, and without the exercise of much force the bowel was returned. Symptoms of strangulation continued until his death. At the <i>post mortem</i> examination it was found that the bowel had escaped through a rupture in the sac anterior to the strictured neck, and was lying between the peritoneum and the abdominal muscles.
2	M. 45	Mr. S. Hey	Herniotomy.	44 days	Recovery. Sac opened.	A left inguinal hernia, the size of an egg, strangulated five hours. In 1858, the same hernia had been reduced by operation; and in 1863, by taxis in warm bath. The sac was opened, and contained bowel only; very severe peritonitis followed; and subsequently a large abscess formed in the sac. For some time his life was in great jeopardy, but he ultimately made a good recovery.
3	F. 59	Mr. Wheelhouse	Herniotomy.	47 days	Recovery. [Sac opened.]	This patient had had a right femoral reducible hernia, of the size of a large walnut, for twelve years, and had never worn a truss. Strangulation had existed three days, and did not yield to taxis under chloroform. The sac was opened, and besides fluid, contained a knuckle of slightly inflamed intestine. The bowels were moved for the first time on the thirteenth day after the operation by a small enema. She recovered without a bad symptom.

Removal of Ovarian Tumours.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	F. 30	Mr. Nunneley	Ovariectomy.	2½ hrs.	Operation abandoned. Death.	The patient had had six children; the youngest was eleven weeks old. During her last pregnancy—before which her health had been in all respects good—she noticed that her body increased much more rapidly than usual, and during the whole period she suffered excruciating pains in the abdomen and back. After her confinement, the body remained very greatly distended. She was, on admission, thin, pale, sallow, and apparently worn down by great suffering. Eight days before the operation, a trocar was thrust into the tumour, but no fluid escaped. An incision, seven inches long, was made down to the sac, and universal adhesions to the abdominal wall separated by the introduced hand; the sac was now tapped, but in consequence of the thick flaky contents blocking up the cannula, very little fluid escaped; a free incision was then made into the sac, and its contents turned out by the hand; several smaller cysts were emptied into the larger one. On further examination, the adhesions were found to be universal, involving liver and bowels to such an extent as to render separation of the cyst impracticable. The operation was therefore abandoned; the opening in the cyst was closed by continuous suture, and that in the abdominal wall in the usual way. At the <i>post mortem</i> examination, the universality of the adhesions was proved, and the impossibility of removing the cyst placed beyond all question.

Cure of Stricture, etc., by Perineal Section.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 48	Mr. S. Hey	Perineal section.	34 days	Recovery.	There was extravasation of urine into perineum, scrotum, and penis, with retention, caused by a gonorrhoeal stricture of thirty years' standing. Deep incisions were made into the infiltrated tissues, and one in the median raphe of the perineum, laying open the urethra. When all had become quiet, the stricture was treated by dilatation with bougies; and at the time of his discharge, all the wounds had closed, and a full-sized instrument could be readily passed.
2	M. 33	Mr. Nunneley	Perineal section.	2 days	Death from pelvic infiltration.	In this case there were an impassable stricture, four perineal fistulae, through which a considerable proportion of urine passed, and a large abscess distending the perineum. The stricture had resulted from two attacks of gonorrhoea, which he had acquired twelve and ten years ago respectively. In the operation, a grooved staff was made use of as a director.
3	M. 31	Mr. S. Hey	Perineal incision.	42 days	Recovery.	On the day before his admission, he fell astride the edge of a plank. There were complete retention of urine, with distended bladder, and infiltration of urine into the perineum, scrotum, penis, and groins. A deep incision was made in the raphe of the perineum, laying open the urethra, and at once giving free exit to the retained urine; others were made in the scrotum and penis. No sloughing of the parts followed. Seventeen days afterwards, a No. 9 catheter was introduced, and fastened in the bladder, where it was allowed to remain during eighteen days; after which, all the urine was passed <i>per urethram</i> —the perineal and other wounds having quite closed.

Operations for Stone.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 31	Mr. Teale	Lateral lithectasy.*	20 days	Death from exhaustion.	He was subject to attacks of acute mania, one of which came on just prior to the operation; and, persisting afterwards, caused his death by exhaustion. The stone was composed of oxalate of lime, and weighed 1½ drachms. No bad symptom occurred consequent upon the operation, nor was any lesion found on <i>post mortem</i> examination.
2	M. 4	Mr. P. Teale	Lateral lithectasy.	22 days	Recovery.	The calculus, coated with lithates, weighed two scruples. Urine ceased to flow by the wound on the thirteenth day. He recovered without an untoward symptom.
3	M. 40	Mr. Wheelhouse	Lateral lithectasy.	74 days	Recovery.	The calculus—a round mulberry, covered with very large projecting cones, weighing an ounce and a half—was extracted with considerable difficulty, owing to its peculiar formation, and to the fact that it was lodged above the pubes. Attacks of severe peritonitis several times endangered his life, and very much retarded his recovery. Some of the urine was passed by the wound up to a fortnight before his discharge from the hospital. He has since quite recovered.
4	M. 58	Mr. Wheelhouse	Lithotrity.	41 days	Recovery.	The stone was crushed on five occasions, an interval of about a week being allowed between the operations. On examining the fragments, composed of phosphates, of which a very small proportion (3ij) only could be collected, several were observed to contain vegetable fibre, which, on microscopic examination, was found to be hay. The patient acknowledged that, thirty years before, he had passed a stem of hay (flower foremost) down the urethra, and that his symptoms dated from that time.
5	M. 7	Mr. Nunneley	Lateral lithotomy.	48 days	Recovery.	An oval mulberry calculus, weighing nearly three drachms, was readily extracted through a free opening. The urine ceased to flow by the wound on the sixteenth day. No bad symptom arose throughout.
6	M. 46	Mr. Nunneley	Lateral lithotomy.	57 days	Recovery.	The calculus was flat and circular, weighed four drachms, was composed of lithic acid, and, being lodged above the pubes, was with some difficulty extracted by means of curved forceps. The patient was stout, very nervous and dejected, and had a deep perinæum. From the time of the operation, some of the urine passed <i>per urethram</i> , and on the fifteenth day ceased to flow by the wound. He recovered without a bad symptom; but on his discharge from the hospital, the wound had not quite closed.

* In "lateral lithectasy", the usual lateral incision is made, and the operation is completed by dilatation after Allarton's method.

Operations for the Reduction of Dislocated Hip.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 31	Mr. S. Hey	Reduction by manipulation under chloroform.	27 days	Recovery, with perfect limb.	The left femur was dislocated upon the dorsum ilii by a fall from a height of thirty feet. Having put him under chloroform, the leg was completely flexed upon the thigh, and the thigh upon the body, so as to form with it an acute angle; the whole limb was then forcibly rotated outwards, and on drawing the leg down, in order to ascertain its position, the head was felt, and heard to slip into the acetabulum.
2	M. 71	Mr. Nunneley	Reduction by manipulation under chloroform.	16 days	Perfect recovery.	This old man was knocked down and run over by a horse, whereby he sustained a dislocation of the right femur upon the dorsum. The signs were well marked. The limb was put through the usual movements; and, when drawn down, was found to be in its natural position, although no sound nor feeling of reduction had been manifested.
3	M. 20	Mr. S. Hey	Reduction by manipulation under chloroform.	13 days	Perfect recovery.	Dislocation of the right femur upon the dorsum alone was found to have resulted from a large fall of earth, which for a time completely buried him. The limb was reduced by one series of movements only, which occupied but a few seconds.
4	M. 30	Mr. P. Teale	Reduction by manipulation under chloroform.	19 days	Perfect recovery.	This patient had also been buried as high as the waist by a fall of earth, and thereby sustained a dislocation of the head of the femur into the left sciatic notch. A little difficulty was experienced in the reduction, in consequence, as was afterwards proved, of the rotation outwards having been made whilst the thigh was flexed at too acute an angle with the body.
5	M. 13	Mr. P. Teale	Reduction by manipulation under chloroform.	42 days	Good recovery.	Whilst working in a coal-pit, he was knocked down, and pushed for a distance of several yards before the wheels of a laden wagon. Dislocation of the right femur upon the dorsum, and fracture of the shaft of the left femur, resulted. One series of manipulations sufficed for the reduction.

In July, a sixth case, in a child two years and a half old, was reduced also by manipulation under chloroform, with a perfect result.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

ACTION OF IODINE AND IODIDE OF POTASSIUM ON THE NERVOUS SYSTEM. Dr. M. Benedikt, having observed that the injection of tincture of iodine suddenly produced paralysis of respiration and circulation, has been led to investigate the action of iodine on the nervous system. His experiments, seventy in number, have been made on frogs. The solution of iodide of potassium used contained one part in four of water; the tincture of iodine had a strength of one part to three or six. He has found that iodine and iodide of potassium, especially the latter, immediately affect respiration; that sensation is diminished and finally disappears; that the heart is paralysed more quickly by iodine than by the iodide of potassium; and that muscular contractility is lost sooner than that of the heart when small doses are employed. The application of iodine or of iodide of potassium to the central extremity of the spinal cord arrests respiration, circulation, and muscular contractility, much more rapidly than when the poison is introduced into the circulation. The symptoms of poisoning are more slow in appearing when the poison is applied to the peripheric extremity of the cord. Introduced into the circulatory current, iodine and iodide of potassium attack the central extremity of the cord, and excite or paralyse the organs of respiration and circulation, and the sensory and motor nerve-fibres. (*Medizin. Jahrbücher*; and *Gaz. Méd. de Paris*, 29 Oct., 1864.)

THE ORIGIN OF LYMPH. M. Ludwig of Vienna has combined the results of a series of researches made by himself and by Noll, Krause, Schwanda, and Tomsa. The lymphatic vessels, he says, do not commence in closed tubes, but in interstitial lacunæ traversed by blood-vessels. He has described and given figures of this arrangement in the testes, the intestinal mucous membrane, and several other organs; and concludes that it is universal. He attributes the production and the flow of lymph to the pressure of the blood. According to this theory, lymph is nothing but blood-serum filtered through the walls of the vessels. (*Medizin. Jahrbücher*; and *Gaz. Méd. de Paris*, 29 Oct., 1864.)

POSITION AND FUNCTION OF THE CILIARY PROCESSES. Dr. Otto Becker has studied, by the aid of the ophthalmoscope, the eyes of seven albinos. Four of them had the iris so transparent, that objects situated behind it could be seen perfectly. They were aged respectively three weeks, and 6, 14, and 28 years. Dr. Becker arrives at the following conclusions. 1. The ciliary processes are situated outside and in front of the edge of the crystalline lens. 2. Their length varies with the size of the pupil. When this is dilated, the ciliary processes become longer, and are shortened when the pupil contracts. 3. When the ciliary processes enlarge during the dilatation of the pupil, they glide forward in the posterior chamber of the eye between the peripheric portion of the iris and the anterior aspect of the lens; but they do not touch the latter either at its edge or in front. 4. The brilliant edge which the crystalline lens exhibits under direct light, and its dark edge when lighted from behind, are phenomena of reflexion. The size of this border depends on the width of the angle at which the two surfaces of the lens meet. As this angle is enlarged when the lens is thickened

in the direction of the visual axis, an increase in size of the border is a sign that the lens is becoming thickened, and in this way the change in the lens produced by accommodation can be directly observed. Dr. Becker concludes that the ciliary processes are never in contact with the lens, and recede further from it when the eye is accommodated to viewing objects at a distance. (*Medizin. Jahrbücher*; and *Gaz. Méd. de Paris*, 29 Oct., 1864.)

PATHOLOGICAL CHANGES IN THE KIDNEY IN ALBUMINURIA. M. Cornil, in a paper read before the Société de Biologie in Paris, gives the following conclusions. 1. Renal congestion is not sufficient for the production of albuminuria; there must also be an anatomical lesion of the epithelial cells of the uriferous tubules. 2. This lesion of the epithelial cells—which is constantly found in albuminuria, however slight or transient—consists in a tumefaction of the cells, which are filled with granules, first of protein substance, afterwards of fat. This state of the tubes is met with both in transient and in permanent albuminous nephritis. 3. Temporary albuminous nephritis (*nephritis catarrhalis* of Virchow and Rosenstein) occurs very frequently in typhoid fever, in typhus, cholera, puerperal fever, erysipelas, etc. 4. Persistent or parenchymatous albuminous nephritis comprehends three forms. (a) Simple albuminous nephritis may supervene on the temporary form already mentioned, and differs from it only in the gravity and extent of the morbid changes: it begins with an enlargement of the cells, and ends in their complete transformation into fat-granules. This is the most frequent of all the lesions of the kidney which produce albuminuria. (b) Albuminous nephritis may be accompanied by fatty degeneration of the vessels (arteries, vessels of the glomeruli, and capillary network). Although these lesions may co-exist with simple albuminous nephritis, there are generally found, at the same time, commencing atrophy of the kidney and granulations in the cortical substance of the organ, produced by atrophy of the surrounding tubules, while the tubules and the glomeruli preserve their normal dimensions within the nodule. For the production of these granulations, nothing is necessary beyond an excessive formation of the cellular tissue of the kidney. (c) Albuminous nephritis, with so-called amyloid degeneration of the vessels, presents two varieties, the altered parts simply becoming brown on the addition of iodine and sulphuric acid, or passing through all the colours of the prism. This form sometimes succeeds the form (a), of which it is only a complication. 5. Epithelial and hyaline cylinders are met with in large numbers in all cases of albuminuria; they may be found, but very rarely, in healthy urine. Hyaline cylinders, of waxy appearance and encrusted with fatty granules or covered with cells that are undergoing fatty degeneration, are only of value in the diagnosis of persistent or parenchymatous albuminous nephritis. 6. Fatty degeneration of the cells may be met with in the tubules, although there may be little or no albumen; this has been especially observed in cases of poisoning by phosphorus, and in severe icterus. (*Gazette Médicale de Paris*, 12 Nov., 1864.)

HYDATID CYSTS OF THE BRAIN. In a paper read before the Société de Biologie, Dr. Leven states that the symptoms produced by hydatid cysts on the cerebellum do not differ from those of other tumours in this region; but that this is not the case with cysts in the cerebrum. They do not give rise to inflammation of the brain-substance; they gradually increase in size, and always tend in the direction of the lateral

ventricles. Pressing on the floor of the ventricles, they produce atrophy of the parts constituting the lower floor. Tubercle and cancer produce phlegmasia of the periphery, and are attended by congestion, hæmorrhage, and softening. Dr. Leven divides hydatid cysts into two classes; those seated on the surface of the brain, and those in or near the lateral ventricles. He has collected the observations of thirty cases. With cysts at the surface of the brain, the principal symptoms were headache and epileptoid attack. When the cysts were at the level of the ventricles, the principal symptoms were those of disturbed motor power. In fifteen cases, there were tremblings, weakness of gait, difficulty in standing, frequent falling, and choreic movements. Hemiplegia was observed in ten cases, at an advanced stage of the disease. More or less complete loss of voice was met with in nine cases. Disturbances of sensibility were more rare, being found in seven cases only; disorders of the intellect were met with in thirteen instances. The functions of the organs of sense were frequently disturbed. Strabismus was not met with; but there was amaurosis, at first single, then double, in half of the cases; deafness occurred in four, and hallucinations of vision in two; fifteen patients had epileptoid attacks; vomiting occurred in six cases; eight of the patients died in a state of coma, and four suddenly. (*Gaz. Méd. de Paris*, 3 Dec., 1864.)

FUNCTION OF THE SPLEEN. MM. Estor and Saint-pierre, in a note presented to the Academy of Sciences, state that they have endeavoured to determine the amount of oxygen in the arterial and venous blood of the spleen of dogs, during digestion and during fasting. They found that, while the amount of oxygen in the arterial blood is constant, that in the venous blood is increased, and may be even doubled, in the fasting animal. Thus, in one animal, after finding 11.69 of oxygen in the blood of the splenic vein of a dog which had fasted twenty hours, they injected milk into the stomach, and found that the blood of the same vessel contained 7.26 of oxygen. From five experiments, they arrived at the following average: blood of the splenic artery, 14.38; of the splenic vein during digestion, 5.70; in fasting animals, 11.53. They hence conclude that the spleen alternates in function with the stomach. (*Gaz. Méd. de Paris*, 21 Janvier, 1865.)

THE CAUSE OF THE RESPIRATORY MURMUR. DR. A. T. H. Waters believes the air-sacs of the lungs to be the seat of the murmur. The air-sacs consist of somewhat elongated cavities, which communicate with a bronchial ramification by a circular opening, which is usually smaller than the cavity to which it leads, and has sometimes the appearance of a circular hole in a diaphragm, or as if it had been punched out of a membrane which had closed the entrance to the sac. It is obvious that a condition of this kind must have an influence on the passage of the air into the air-sac; that, to a certain extent, it must produce an impediment to the current of air, and thus would give rise to a sound. As the air is moved along the bronchial tubes it meets with no obstruction to its passage; but at the commencement of the air-sacs an opening exists, which is smaller than the cavities between which it is placed. As the air-sacs expand with each inspiration, air must pass through the constricted opening. Dr. Waters believes that, in the passage of air through this opening, the main element of the respiratory murmur consists. The following facts appear to him to afford arguments in favour of the view advanced. The respiratory murmur is loud and well marked in infancy and childhood; it becomes modified in adult age; and in

old age it is frequently very feeble. In the infant, the membrane placed at the mouth of the air-sac is well marked and uninjured; the opening in it has a clearly defined and hard margin; and, moreover, it is smaller—not only absolutely, but, he believes, also relatively—than in after life. In the adult, the air-sacs have undergone enlargement, and the membrane at their entrance is more or less perfect according as the lung is in a more or less healthy state; whilst, in old age, the membrane has often, to a great extent, disappeared, apparently as the result of the wasting and absorption which so frequently occur in the lungs of those advanced in life. Further, the changes which take place in the character of the respiratory murmur in emphysema of the lungs afford an additional argument in support of this view. In this disease, in consequence of distension, rupture, and absorption, the air-sacs become much altered in character, and the membrane guarding the entrance to them entirely disappears as the disease progresses. The obstacle to the passage of air is therefore removed; and hence the reason of the extremely feeble respiratory murmur which characterises the affection. (*Brit. and For. Med.-Chir. Review*.)

Reviews and Notices.

LECTURES ON DISEASES OF THE STOMACH; with an Introduction on its Anatomy and Physiology. By WILLIAM BRINTON, M.D., F.R.S., Physician to St. Thomas's Hospital. Second Edition. Pp. 368. London: 1864.

IN this second edition of his work, Dr. BRINTON has made such revisions and additions as his extended observation has shewn to be necessary in the lectures formerly published; and he has also added two new lectures, viz., on Gastric Phthisis, and on "Gout in the Stomach."

In the lecture on Gastric Phthisis, Dr. Brinton, noticing the frequency with which phthisis is accompanied by digestive disturbance, observes that it is impossible to determine absolutely the causal relation of the two affections to each other.

"In some instances, it is fair to infer that the dyspepsia causes the phthisis; which, in point of time, it certainly precedes and ushers in. In other cases, perhaps more numerous, the thoracic lesion and the gastric disturbance seem to be twin effects of a common cause—a bad or cachectic state of the constitution. Far oftener, I believe, the dyspepsia, as well as the various appearances which we sum up by the word cachexia (so far as the word has any exact meaning) is itself the result of the injurious action of tuberculous deposits—dying, dead, or decomposing—in the tissues of the body or the system at large." (P. 340.)

These forms of dyspepsia attending consumption, Dr. Brinton thinks, may be arranged for consideration into a class of cases which he proposes to denominate *gastric phthisis*—a condition which, while its symptoms merge into those of ordinary dyspepsia by almost imperceptible gradations, yet presents sufficiently well-defined characters. The following is his account of a typical case.

"The patient, usually under thirty-five years of age, feels the first approach of the malady as an 'indigestion,' an epithet which, on inquiry, resolves itself into a pain beginning between the first and second hours after food, and going off gradually. At

first such a pain often follows but one of the daily meals; perhaps oftener a full morning repast. It rarely brings with it any flatulence; and is still more rarely relieved by eructation. As the malady advances, the pain becomes more frequent, and follows all the meals; only distinguishing by attacks of unusual severity, those in which the food is more copious in quantity, or more solid and indigestible in quality. By and by, the sickening depression which has gradually been recognised as an element of the increasing pain diverges into distinct nausea; and this again soon provokes retching; which, in its turn, sometimes gradually deepens into vomiting. Often, however, the latter symptom remains long or permanently absent. If present, it is only rarely, or after long persistence, that it brings back from the stomach any of its alimentary contents; and even then scarcely ever unloads the organ, much less relieves the pain by which it is preceded. By longer continuance, the pain and retching become more severe, and more easily provoked; and therefore continually approach the period of taking food, so as not only to follow it by a shorter interval, but at length to limit the meal to little more than painful and unavailing attempts to take food, the suffering which immediately follows its deglutition becoming almost unbearable. The climax of gastric disturbance thus attained is, in rare instances, itself the chief cause and immediate forerunner of death. But it much more commonly either inaugurates a rapid infiltration of the lungs with tuberculous deposit, or is displaced by the thoracic symptoms of tubercle already deposited; to alternate (it may be) with such symptoms during the brief remainder of life. In other cases, the dyspepsia amends spontaneously, or is vanquished by appropriate treatment; and the patient, slowly recovering flesh and strength, advances towards that imperfect health which, in so many instances, is associated with the retardation or arrest of the progress of tuberculosis; perhaps until the infirmities of declining years, mingled with the insidious symptoms of the malady, leave us in doubt to which of these two causes—natural decay or tubercular disease—we must chiefly refer the eventual death." (Pp. 342-3.)

Regarding this affection, Dr. Brinton finds that it is hereditary; but that there is less frequent evidence of this than in ordinary phthisis, so that Dr. Brinton has found the gastric disease in a considerable number of persons whose family history was free from suspicion of tubercle; and that various members of the same family may be affected, some with gastric phthisis and others with ordinary tuberculosis.

The relation of the chest-symptoms to the gastric lesion is at first sight paradoxical; inasmuch as it is indicated sometimes by the presence of thoracic symptoms, sometimes by their absence. That is to say, while the presence of large or advanced lesions of the lungs suggest that any present gastric disturbance is of phthisical origin, Dr. Brinton has, on the other hand, rarely or never found the typical gastric phthisis which he has described to be attended by signs "indicative of the presence of even moderate aggregations of tubercle in the lungs, much less of their disintegration and removal."

As further characteristics of gastric phthisis, Dr. Brinton points out that the febrile reaction is in excess of that met with in cases of ordinary dyspepsia or even of gastric ulcer; that the pain varies in intensity and in situation, rarely or never, however, becoming what patients call "spasm"; and that the relation of the pain to food is comparatively

capricious and uncertain. Vomiting sometimes occurs so rapidly after food as to supersede pain; and in such cases it is difficult often to determine its cause. Hæmorrhage is absent; and this Dr. Brinton thinks, indicates a bloodless rather than a congested state of the stomach. Constipation is the most frequent intestinal disturbance; but the bowels are often unaffected. Diarrhœa is also sometimes met with.

In regard to its pathology, Dr. Brinton considers gastric phthisis to be "a kind of neuralgia of the pneumogastric and sympathetic nerves"; and he draws an analogy between the phenomena which it exhibits and those of facial neuralgia.

The treatment of the disease in many features approaches that of ulcer of the stomach, which it often closely simulates. It is very amenable to systematic treatment, and its worst symptoms often yield very promptly; but amendment is liable to be interrupted, and the interruption requires decided measures to prevent serious relapses. As medicines, opium and other strong sedatives are generally objectionable; alkaline carbonates, either free or in effervescing draught, and small doses of iodine, are most useful. Bismuth is often advantageously added; and the above mentioned remedies may be given in some light bitter infusion, such as *calumba*. Blisters are of doubtful utility; all mercurials must be carefully avoided. The simplest purgatives alone should be given; and, if there be suspicion of accumulation in the colon, a gruel enema, with olive- and castor-oil, should be administered. Preparations of iron, which may be combined with iodide of potassium in small doses, are often of great service. The diet should at first consist of small and frequent doses of milk, or meat-broth, with farinaceous food; and should be increased gradually as the patient can bear it. A moderate quantity of alcoholic stimulant is generally beneficial from the first.

On the subject of "Gout in the Stomach", Dr. Brinton is sceptical; although he does not deny that there may be such a disease. He believes, first, that "any sufficiently sharp or sudden dyspepsia occurring in persons known or suspected to be gouty, is apt to be dignified by this term"; and he endorses the facetious hint of Dr. Watson that the word "gout" should sometimes be substituted for gout. Other cases of "gout in the stomach", he believes to be in reality cases of biliary colic; others are connected with disease of the kidneys; while others, again, are referrible to disease of the heart.

These various affections being removed, Dr. Brinton can only say that he knows of no case of "gout of the stomach"; that he has never seen one; and that he has never been able to obtain trustworthy evidence of one. But he does not deny the possibility of its existence.

Dr. Brinton has put before the profession some important matter for consideration in those additional lectures; and has increased the value of his instructive work.

DONATION. At the meeting of the Committee of King's College Hospital, an old friend of the charity, who requested that his name should not be mentioned, attended and handed to the chairman the munificent sum of £504, being 16 new life governor's donations of 30 guineas each, in aid of the current expenses of the hospital.

WE beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 18TH, 1865.

SYPHILISATION.

THE subject matter of a correspondence between Mr. Henry Lee and Professor Simpson, which has lately appeared in the JOURNAL, is worthy of attention in several respects. Whoever has read the same will have wished good luck to any one, or to any Commissioners, who will tell us what is syphilis, and what is its proper treatment. A few weeks ago, we gave a summary of a paper by Dr. Simpson—a son of the Professor—in the *Edinburgh Monthly Journal*, containing details of two cases of syphilis which had been treated by syphilisation by Professor Boeck. Assuredly these cases were very remarkable. They were cases of very severe constitutional syphilis, which had defied all the ordinarily employed curative means in this country, but had, under Professor Boeck, readily yielded to syphilisation—were completely cured. (See BRITISH MEDICAL JOURNAL, Jan. 28th, 1865, p. 89.)

Now, one of these cases reported by Dr. Simpson as completely cured in 1861, has, it appears, been under the hands of Mr. Henry Lee during the last eighteen months; and Mr. Lee writes and assures us that it was not a case of syphilis at all; but that the disease was softening of the bones—a family affection in this particular case. Surely Mr. Henry Lee ought to know a syphilitic affection when he sees it; and surely, one would think, he would not lightly, in such a case, declare that the symptoms and history negated the idea of syphilis unless the facts were very sure and satisfactory to his mind. But to him Professor Simpson (in the absence of his son) rejoins; and assuredly the statement he makes is not to be lightly explained away.

“Dr. Rynd of Dublin” (says Professor Simpson) “who attended the patient during the existence of the primary disease, declared the sore to be syphilitic; and Dr. Guthrie, Professor Miller, and Professor Boeck, who had him successively under their care after the tertiary symptoms broke out, never, I believe, had a single doubt as to the syphilitic character of his malady. I never saw a more distinct and marked case of tertiary syphilis.”

Thus, then, we have all this weight of positive evidence in favour of the syphilitic character of this disease. When fairly weighed, must it not be considered as of greater value than Mr. Henry Lee's

negative evidence? We leave others to answer the question; and will content ourselves with saying that it is very unfortunate to find great authorities so divergent in opinion as to what is, and what is not, syphilis.

But other points of great interest are involved in this little episode.

Mr. Henry Lee asserts that Professor Boeck must in this case have inoculated the patient with matter from a soft, a non-infecting, sore. Because, as he argues, and according to his creed, if the patient had been inoculated with matter from a hard, an infecting, chancre, he would have necessarily had syphilis inoculated into him, and, in fact, would have brought back from Copenhagen a disease which, according to Mr. Lee, he had not when he went there. Now, what shall we say, or rather what will Mr. Lee say, if Professor Boeck assure us that the gentleman was inoculated from a hard, an infecting, sore? But we will not further anticipate that difficulty; and will only add, under this head, what Dr. Simpson tells us; viz., that Professor Boeck now confines himself to inoculating with matter taken from indurated chancres; so that, in all probability, the gentleman in question was inoculated from an infecting sore.

Another point of great interest in the case is the fact of the wonderfully recovered health, recovered under the syphilisation. On this fact, at all events, we suppose, there can be no kind of doubt. The man had been in the hands of leading medical men in London and Edinburgh.

We wish, of course, to draw no forced connection between the cause and the effect; but the most sceptical as to the value of syphilisation as a cure of syphilis must opine that something *plus* the journey to Christiania may have had a beneficial action in the cases reported by Dr. Simpson. Both the patients were, we are told, in a desperate state. English doctors and English treatment availed them not. As a last hope, they were advised to go to Christiania. One was so reduced that he had to be carried on board the steamer bound for Norway; the other's condition was alarming. In three months, after a course of syphilisation, one patient returns and declares himself “almost as well as he had ever been in his life”; and in three months, the other patient is reported as returning home “perfectly cured”. Of the first case, Professor Simpson says in his letter that he “had lately seen the gentleman”, and that “he is in the enjoyment of the very best health”. The second case is the one lately under Mr. Lee's care. What effected the cure reported in these cases? Two gentlemen, apparently in desperate condition, incurable by Anglican or Scottish treatment, are, in a few weeks, by a sea-voyage to Christiania *plus* some 160 syphilitic ulcers artificially produced on their skin, “perfectly cured”. Was it the specificity of the inoculations which brought them from

the jaws of death to vigorous health; was it the sea-voyage, or was it the mere 160 ulcerations, emunctory or counter-irritant, on the surface of the body, which effected the cure? This question we will leave to the consideration of the Syphilitic Commission.

Another point, and perhaps the most important of all, in the affair, is the fact that Professor Simpson apparently gives in his adhesion to the practice of syphilisation: regards it, in proper cases of course, as an appropriate remedy. Surely, therefore, we may surmise, that it will not be long before the practice is put on its trial in this country: and surely, therefore, we are justified in sifting very carefully the value of the data upon which men consider they are justified in resorting to the practice. There is, we need hardly say, something in the character of the remedy which is, *à priori*, revolting to our moral sense, and which gives to the trial of it a much more serious responsibility than attaches to the trial of an ordinary remedy. Syphilisation bears with it consequences which do not end with the mere passing and temporary application of it. It is not like a remedy which purges, or sweats, or vomits a man. Clearly, therefore, and without entering into any judgment of its merits, we have a right to ask of any man who practises it, or recommends its practice, that he shall give clear, and explicit, and reasonable grounds for doing so. We read the cases of Dr. Simpson (detailed in the *Edinburgh Monthly Journal*); we read his high praises of the excellence of syphilisation; and we ventured to think that his facts did not satisfactorily bear out his praises. Dr. Simpson has also, we believe, seen Professor Boeck's practice, and no doubt his opinion has been much guided by what he has seen; but then he gives no details of what he saw. He describes the two cases above referred to; but we think more evidence is required than they afford to decide the value of syphilisation.

THE HUNTERIAN ORATION.

ON Tuesday last, the Hunterian Oration was delivered at the College of Surgeons by Mr. Partridge. The orator expressed the difficulty which he felt in performing the task. In the many orations already delivered, the subject had been exhausted. Mr. Partridge gave a short summary of the well known details of Hunter's life; the want of care in his early education; his happy introduction to the great men of science and of medicine of the day in London; his connexion with St. George's Hospital; and his comparatively early death. Mr. Partridge then spoke of the peculiarity of the man—his indefatigable earnestness in work, his devotion to scientific labour, his genius, and his warmth of imagination.

In the rest of the oration, Mr. Partridge referred to incidents of the lives of distinguished Fellows of the College who had lately died. He also gave some

interesting details of improvements made and making in the Museum of the College; and he wound up his discourse with a few words of reprobation to those "querulous and carping" spirits who are not contented with the rewards accorded to them as professional men, but who would step out of their proper sphere of scientific culture, and have medicine, for example, occupying a high place in the senate of the country. Medical men, he said, have no business with politics; and, in illustration of his position, quoted Sir Benjamin Brodie, who, he said, had declared that he regarded the Presidency of the Royal Society as a far greater honour than any peerage would have been to him. In all this part of his discourse, Mr. Partridge was, in our opinion, most unfortunate. Sir B. Brodie never had a peerage offered to him. In our opinion, also, one of the very greatest disadvantages under which our profession labours is, that it has no spokesman in Parliament. Not only does our profession, but the whole community, suffer through want of properly instructed men of medicine in the legislature, to advise and instruct. We side decidedly with the "carping, querulous" individuals rebuked by Mr. Partridge, who desire to see worthy and capable members of their profession sitting amongst the legislators of our country. If, in other days, there had been a doctor in the House of Commons, Mr. Partridge would probably not have had, in his oration, to refer to the ignorance and niggardness of the government in regard to Hunter's Museum.

Mr. Partridge, in his discursive remarks, also referred to the Venereal Diseases Commission; and, in doing so, we note that he repeated the views concerning it which have already been uttered in these pages. It is not likely, he hinted, that a Commission can tell us anything more than we already know about the disease and its treatment; and, if it does anything, it must be in recommending a prophylactic treatment. But, added Mr. Partridge, it is not very likely that Parliament will sanction the introduction of the continental system of governmental supervision of prostitution into this country. Mr. Partridge seems to be unaware of the fact that Parliament has already sanctioned an Act which gives powers far beyond anything which is to be met with in any regulations of continental countries in the matter of prostitution. Mr. Partridge, however, said that he had no doubt the Commission would do a good work; but then, as he was satisfied it would not be allowed by Parliament to do the only good thing which it was capable of doing—viz., registering and regulating by Police Acts prostitution—it is difficult to imagine what good it is likely to produce! Mr. Partridge lamented the loss to medical science resulting from the general neglect, in London as well as in provincial hospitals, of duly recording and registering the cases.

Mr. Partridge's oration was, speaking generally, of a discursive character. No doubt, he dreaded repeating what might have been an oft-repeated tale of Hunter and his doings; and, for this reason, said so little of the great man, and of his works, and of the impress which he has left in the world of science.

But has all yet been said that may be said of him? Are we to conclude, that the proper well of matter for an Hunterian Oration is dried up? Is the time arrived that the oration must cease to be Hunterian? We can hardly think so. Our own belief is, that many of the very latest additions to our physiological and pathological knowledge serve to illustrate the wonderful sagacity, or genius rather, of the man; that modern discovery, in fact, coincides with and explains many of those statements of his which have been to us hitherto obscure. A striking example of this may be found in the correctness of some of the views which he held concerning the condition of the capillaries in inflammation, and in the practical conclusions thence deduced by him; Claude Bernard's and other discoveries of the action of the vaso-motor nerves over the smaller arteries were assuredly, in some sense, anticipated by him. If we might venture to suggest a way of dealing with the Hunterian Oration, we should say. Let a physiologist and a surgeon, who is thoroughly alive to advanced physiology and surgery, study Hunter's doings by such light, and then show us how and in what a wonderful measure that genius was in advance of his age. We believe that he who would undertake the task, and is capable of performing it, would thereby erect a higher monument to the fame of Hunter than yet exists. If, as Mr. Partridge tells us, and as so many others have told us, Hunter's genius gave him a far glance into the future of science, how could an Hunterian orator be better employed than in now showing forth these fulminations of his genius?

M. GOSSELIN, of La Pitié, who may be regarded as one of the advanced and rising school of surgery in Paris, has lately expressed his opinion on the treatment of amputations. The main efforts of French surgery seem to be directed against the secondary evils, erysipelas, phlebitis, etc., which decimate their patients in hospital. One French surgeon of great note has almost entirely relinquished the use of the knife through dread of these evils—using the *écraseur* and other frightful proceedings even in large amputations. M. Gosselin considers three conditions as desirable in patients who undergo amputation: 1. They should be strong, and of good moral courage. They should not have the operation pressed upon them; but rather left to seek for it themselves, by inquiring of other patients around them, thus gradually reconciling themselves to it. 2. They should be placed under favourable condi-

tions, and especially as regards abundance of fresh uncontaminated air. The windows of the ward should be frequently opened. Nothing is so important as this; and upon this, he believes, depends mainly the success of operations at La Pitié. Then, again, consult the feelings of the patient as to the site of his bed. Is he too hot or too cold? Does he like his neighbours? Would he prefer another part of the ward? Has any patient near him a repulsive wound, erysipelas, etc.? 3. There is the proper surgical dealing with the case. In this particular case of amputation of the forearm, the patient was put under the influence of chemically pure ether.

"In this case, I was forced" (he said) "to do the flap operation; but, in general, I employ the circular, because it is less frequently followed by secondary hæmorrhage—a very serious accident. As regards dressing the wound, I may say, that the practice of all surgeons has for some years been greatly modified; for some time they attempted to procure immediate union. You know that I have long given up the practice; because, in this mode of proceeding, pressure and pulling is exercised on the borders of the wound; the stump is compressed, and the swelling attending its inflammation prevented; pain is excited, and putrid matters are retained on the surface of the wound. Moreover, experience has shown that union by the first intention is very rarely obtained in Paris in adults. Always, also, avoid giving pain; the greater the pain, the greater the chance of fever and purulent infection. I place the stump on a pillow covered with oil-silk, and cover it with a compress dipped in cold water; but only the anterior and lateral parts of it—so that the compress may be changed three or four times a day without moving the stump. When the inflammation and pain are gone, when all the mortified parts, etc., are removed, I attempt secondary union by bringing the edges of the wound together with diachylon. As to food, I feed the patient well. And as regards his *morale*, observe that I avoid in the dressing of his stump everything which may make him anxious or afraid. I enjoin the sister and nurses and patients around to trouble him in no kind of way; and I have removed from near him any patient whose life is in danger. Be well assured that all such precautions are of consequence and of a first necessity to all nervous patients; and never forget that, amongst the prime causes of traumatic fever and of purulent infection, must be placed physical and moral suffering."

DR. ROGER, in a clinical lecture on Infantile Syphilis, lays great stress (in the matter of diagnosis) on the time of the appearance of the first symptoms of the disease. Congenital syphilis is very rarely observed. The symptoms are almost always observed for the first time between the first and third months of extrauterine life.

M. Rayer has presented to the Academy of Sciences, in the name of Dr. Desormeaux, an instrument destined to aid in the introduction of light into the urinary passages—an instrument the first idea of which is due to M. Ségalas. Mr. Avery, our own countryman, was engaged in the making of such an instrument at least fifteen years ago.

THE LATE RICHARD D. GRAINGER,
ESQ., F.R.S.

RICHARD DUGARD GRAINGER was born in Birmingham in 1801; and was the son of Mr. Edward Grainger, a surgeon of that town. At first it was intended that he should enter the army; and for a time he studied at the Woolwich Military Academy. Circumstances and his inclination, however, led him to medicine; and, having joined his elder brother Edward, a surgeon of great promise, who had successfully established a private anatomical school at Webb Street in the Borough, he succeeded him, at the early age of 22, in the management of the school, in which he held the anatomical chair. During nearly twenty years he maintained the usefulness and popularity of the institution; until, in 1842, when the private schools were rapidly waning before those attached to hospitals, he amalgamated the Webb Street school with that of St. Thomas's Hospital, in which he became lecturer on Anatomy and Physiology—an office which he held until 1860. On his retirement, his friends and pupils were desirous of presenting him with a testimonial. This, however, he declined, desiring that the contributions might be applied to the formation of a physiological prize at the medical school of the hospital. An address, expressing the high estimation in which he was held, and the value entertained of his scientific labours, was presented to him.

Mr. Grainger was a zealous prosecutor of anatomical and physiological research. The nervous system was a principal object of his investigations; and, in 1837, he published a work on the *Structure and Functions of the Spinal Cord*, and soon afterwards obtained the Fellowship of the Royal Society. At the time when Dr. Marshall Hall was carrying on his researches on the nervous system, the independent labours of Mr. Grainger contributed much to the solution of some of the difficult problems that were raised. He also devoted considerable attention to the study of developmental anatomy.

When sanitary and social reforms began to be publicly advocated in this country, amid but cold encouragement, Mr. Grainger was one of the first to attach himself zealously to the good cause; and to it he held throughout his life. In 1841, on the appointment of the "Children's Employment Commission", he was nominated one of the inspectors; and the ability and discretion with which he discharged the duties of his office were testified to in 1862, when he was appointed one of the members of a second commission bearing the same name. In 1849, he was appointed, by the then existing Board of Health, one of the inspectors to inquire into the origin and spread of cholera; and in 1853 he was selected as one of the inspectors for carrying out the Burials Act. This latter office he held up to the time of his death. To him also is due the formation of a society for the protection and succour of young women employed in milliners' and dressmakers' establishments.

In 1845, Mr. Grainger was elected a member of the Council of the Royal College of Surgeons; and in 1848 he delivered the Hunterian Oration. His subject was, "The Cultivation of Organic Science"; and in his oration he dwelt chiefly on "the importance of recognising the triple combination of design, unity, and law" in all researches on structure or function.

In person, Mr. Grainger was tall and of spare form, with an habitual stoop; his forehead was high and expanded, and his eye bright and quick, showing a man of superior intellect and culture. In manner he was courteous, quiet, and retiring; but, having once entered on conversation, he was lively, energetic, and earnest, impressing his hearers with a feeling that he was thoroughly convinced of the truth of what he desired to teach. These characteristics marked also his lectures and public addresses, causing them indeed to appear somewhat slow and laboured, but at the same time imparting to them a degree of eloquence. He was an ardent admirer of natural science, in the prosecution of which he was constantly ready to find proofs of the wisdom and goodness of the Creator. Of decided opinions and deep convictions, he was charitable and tolerant towards those who differed from him; but towards the untruthful and selfish he did not spare his expressions of indignation and scorn. In the discussion of scientific or philanthropic questions, he was ever ready to acknowledge merit in the humblest fellow-worker; and his liberality to the destitute and struggling among his profession was bounded only by his means. Helpless misery and woe called forth his deepest sympathy, and gave him unfeigned pain.

He was not only a searcher after scientific truth, but devoted much of his time to the study of the Bible. On the teachings of Christianity his character was founded; and the convictions at which he had arrived were truly and eloquently expressed in his peroration to the Hunterian address:—"We must turn to the sacred volume of revelation, wherein we shall discover laws as perfect and principles as fixed, for the guidance of the spiritual nature of man, as those which rule the phenomena of the material world—where, in fine, aided by the Divine grace, and prepared by a fitting humility, each and every one of us may hope to come to that 'true light which lighteth every man that cometh into the world.'" He took an active interest in the Christian Medical Association, before which he delivered several simple but earnest addresses. He was anxious that those who are entering on the study of medicine should feel that the claims of revealed truth, though superior, are not antagonistic to those of scientific truth.

Mr. Grainger's health was never very robust; and five years ago, on his consulting his friend Dr. Risdon Bennett on account of dyspeptic symptoms, it was found that he was suffering from renal disease and albuminuria. The disorder for a time appeared to make but little progress; and the interruptions caused by it were not sufficient altogether to prevent him from pursuing his avocations until a few months before his death. He died on February 1st, aged 63, and was buried at Eltham on the 7th. He leaves a widow, but no children.

[The preceding notes are abridged from a memoir which appeared in the *Medical Times and Gazette* of last week. **ERROR.**]

CARDINAL WISEMAN'S ILLNESS.

OUR readers have lately seen daily accounts in the papers of the illness of Cardinal Wiseman; and may be interested to know what was the nature of the disease which of late so gradually and almost imperceptibly carried him off. It is, we understand, a fact that at least twelve years ago the presence of sugar was discovered in his urine, and ever since then he has been the subject of diabetes. In 1860, his health seriously failed him, and he was seized with symptoms of great prostration and weakness of the heart. He also, at this time, was troubled with carbuncles; but, after a journey to Rome, was gradually restored to something of his previous state under the care of his ordinary medical adviser, Mr. Charles Hawkins. Shortly before last Christmas, he discovered two "blisters" on his foot. These blisters were, in fact, signs of his weak circulation; and, eventually, the surface of the skin where affected sloughed. The sloughs, under a nourishing diet, completely healed; but signs of general prostration supervened. He felt himself that he was very seriously ill; and for many hours during one particular night was insensible, and was restored apparently by the abundant administration of stimulants. His pulse was slow, and very weak; but no signs of any organic disease of any organ of his body could be diagnosed. His death, in truth, seemed to be brought about by a very slow failure of his weakened heart. Shortly before his death, he was again attacked by erysipelas of the head and face, followed by the formation of a carbuncle on the forehead.

The Cardinal died in his sixty-second year. It is curious to note that, when he was quite a young man, he was copiously bled in Rome for "consumption", as it was alleged; and that it is thought his life was then saved by his having been carried off from the hands of the Italian doctors by some English friends.

One interesting fact may be added, and it is this: that no attention has been paid by him to following out what may be called a diabetic diet. He has, we believe, all along lived as a person not affected with the disease. In his case, therefore, the advantages of a strict and painful diabetic diet are not illustrated.

No *post mortem* examination was made; but it was, we understand, distinctly ascertained by Mr. Charles Hawkins, Dr. Munk, and his other medical attendants, that, up to the very time of his death, neither his lungs nor any of the organs of his body showed any deviation from health, except in the way above spoken of.

DR. DEMMÉ, concerned in the Trumpy-Demmé tragedy, is Dr. Hermann Demmé the author of a work on military surgery, for which he collected the material during the late Italian war. He has, besides, written an essay on Osteomyelitis, part of which appeared in the columns of this journal, translated by Dr. Bauer, of Brooklyn. (*Phil. Med. and Sur. Rep.*)

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
NORTH WALES. [Intermediate.]	Dr. Roberts's, Hafod Elwy, St. Asaph.	Friday, February 24, 1 P.M.

MEDICAL PROVIDENT SOCIETY.

THE following contributions have been made towards the Auxiliary Fund.

	£.	s.	d.
Amount already announced	615	12	0
<i>Bedfordshire:</i>			
H. Veasey, Esq. (Woburn), additional	5	5	0
<i>Devonshire:</i>			
Plymouth Medical Society (per Dr. Cookworthy, Treasurer)	10	0	0
<i>Lancashire:</i>			
Dr. Desmond (Liverpool)	3	3	0
Dr. Dickinson (Liverpool)	5	0	0
T. Howitt, Esq. (Lancaster)	5	5	0
W. McCheane, Esq. (Liverpool)	1	1	0
W. H. Manifold, Esq. (Liverpool)	1	1	0
<i>Middlesex:</i>			
Dr. E. S. Willett (Isleworth)	1	1	0
<i>Shropshire:</i>			
Samuel Wood, Esq. (Shrewsbury)	5	0	0
<i>Suffolk:</i>			
W. E. Inage, Esq. (Bury St. Edmunds)	5	5	0
<i>Wales:</i>			
Dr. Dyster (Teuby)	10	10	0

Further contributions will be announced.

Gentlemen desirous of contributing to the Auxiliary Fund, will oblige by forwarding their names and the amount of their donations, either to the Chairman (Dr. Richardson, 12, Hinde Street, Manchester Square, W.); or to the Secretary (Dr. Henry, 15, George Street, Portman Square, W.)

B. W. RICHARDSON, M.D., *Chairman.*

ALEXANDER HENRY, M.D., *Secretary.*

London, 18th February, 1865.

BIRMINGHAM AND MIDLAND COUNTIES
BRANCH: ORDINARY MEETING.

An ordinary meeting of this Branch was held Feb. 9th; JAMES RUSSELL, M.D., President-elect, in the chair. Fifteen members were also present.

Paper. The following paper was read:

Two Cases of Obstructed Labour. By S. Berry, Esq. Mr. Clay, Dr. Earle, and Messrs. Yates and Downes, took part in the discussion.

New Members. The following gentlemen were elected members of the Branch: John Bassett, Esq., Hockley; J. D. Scurrah, M.D., Birmingham; T. Birt, M.D., Leamington; G. E. Hyde, Esq., Worcester.

THE LATE DUKE OF NORTHUMBERLAND was a Fellow of the Royal Society, of the Society of Antiquaries, of the Royal Geographical Society, and a member of the Royal Astronomical and other learned societies. He was also a munificent supporter of many of our charitable institutions; was president of the Westminster and Middlesex Hospitals, vice-patron of Charing Cross Hospital, president of the Seamen's Hospital Society, president of the Westminster General Dispensary, vice-president of the Royal Humane Society. His Grace was also president of the Royal United Service Institution, president of the Royal Institution of Great Britain, a director of the British Institution, and a trustee of the British Museum.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 24TH, 1865.

W. R. BASHAM, M.D., Vice-President, in the Chair.

CONTRIBUTION TO THE NATURAL HISTORY OF "WINTER COUGH." BY HORACE DOBELL, M.D.

THIS paper was an analysis of fifty-eight cases of "winter cough," the details of which were given in an appendix. The cases were arranged in four groups, according to the physical signs:—

1. Cases in which there were physical signs both of bronchitis and of emphysema.
2. Cases in which there were physical signs of bronchitis, but not of emphysema.
3. Cases in which there were physical signs of emphysema, but not of bronchitis, and in which there was no history of previous bronchitis.
4. Cases in which there were physical signs of emphysema and not of bronchitis, but in which there was a history of previous bronchitis.

Each case was reported in the form of answers to a set of forty-one questions relating to the short breath, the cough, the taking of colds, the past illnesses, the occupation, the dwelling, the food, the habits, and the family history of the patient, in addition to a concise statement of the personal condition at the time of examination. The number of facts thus collected was too numerous to admit of their being discussed within the limits of a paper; the author therefore restricted himself to an analysis of the cases under the several groups, and a comparison of some of the principal facts in a series of twenty tables, thus putting the materials into a convenient form for future use.

DR. SALTER questioned the appropriateness of the words "natural history" in the title of the paper. He thought nothing was gained by removing the ordinarily received landmarks of a vocabulary by taking up a word and transplanting it into a position not its own, and that nothing tended so much to weaken and impoverish the resources of a language as attempting to expand the use of words too far. By "natural history" was generally understood the history of organised beings, animal and vegetable. No doubt the study of disease was the study of a department of nature; but if the use of the expression "natural history" was defended on this ground, it would be as appropriate to speak of the natural history of astronomical or any other natural phenomena. The point on which the paper seemed to promise to throw some light was the causation of emphysema; but in this it had disappointed him. The only case that really bore on the subject was the single case in which emphysema was said to have existed without bronchitis; but he could not conceive that bronchitis really was absent in this case. Emphysema with cough and without bronchitis he could understand; but emphysema with *winter* cough and without bronchitis he could not understand: the bronchitis might be very feebly pronounced, but he did not believe in any non-bronchitic winter cough. While containing much that was interesting, and suggestive of many hints for future useful work, he thought the paper suffered a great disadvantage from being so entirely a paper of figures. And he thought, too, that it very well illustrated what had been often said of figures—that they could be made to prove anything. Take, for example, the fact stated by the author—that pa-

tients with emphysema had bad spirits, while those with bronchitis had good; and his explanation—that this difference depended on the presence of expectoration in the one case and its absence in the other. He (Dr. Salter) thought that this statistical evidence of the exhilarating tendency of expectoration was a strong proof of the omnipotence of figures. He differed from the author in the little importance he assigned to occupation in the causation of winter cough; he (Dr. Salter) found it the most potent of all circumstances in the production of the affection. By far the larger proportion of sufferers from it who came under his observation were those whose occupation exposed them to all weathers, and at the same time prevented their lying by—such as vendors of things in the streets, cabmen, porters in Covent Garden Market, etc. Indeed, the fact that the disease was due to climatic influences was itself a proof that those whose occupations the most exposed them to those influences must be the greatest sufferers. He quite agreed with the author as to the undefined use of the word "asthma"; that a great many cases of so-called asthma were simply chronic bronchitis; and that any chronic difficult breathing is commonly called asthma. At the same time, he thought that a carefully directed inquiry would generally detect whether such cases were truly asthmatic or not.

DR. DOBELL thanked the Society for listening so patiently to his very dry paper. He had hesitated to bring it before them because of the number of tables and calculations which it contained. He was much obliged to Dr. Salter for his suggestions about the term "natural history" used in the title; but he entirely disagreed with him. When treating of animals or plants, the term "natural history" was used to comprise a description of the "conditions of their existence"; the circumstances influencing their development, maintenance, growth, and reproduction; their habitats, habits, and the like. It was precisely this kind of information which he had collected with regard to "winter cough"; and he must, therefore, maintain that it was correct to call it "natural history." With regard to occupation, he entirely agreed with Dr. Salter that the influence of occupation on winter cough was of the greatest importance. Dr. Salter had simply misunderstood the words of the paper. It was there stated that, as there were only fifty-eight patients, and as they followed twenty-eight different sorts of occupation, no more than seven following any one of these, it would not be fair to draw any conclusion as to the influence of occupation on the disease from the tables, but that, as a correct record of facts, it would become valuable when added to others of a similar kind. With regard to the whole paper, he (Dr. Dobell) wished particularly to impress that, as it only treated of fifty-eight cases, broken up into four groups, and as each case necessarily differed to some extent from the rest, he did not consider that it ought to be taken as a safe basis for general conclusions respecting such an important and widely-spread class of diseases. He had scrupulously abstained from making such conclusions, and he hoped that others would do the same. The title described the paper as no more than a "contribution" towards a natural history, and he did not wish it to be considered as more than it assumed to be.

ON SEA-SICKNESS AS A FORM OF HYPERÆSTHESIA.

BY JULIUS ALTHAUS, M.D.

MOST writers on sea-sickness consider this affection to be due to hyperæmia of the brain and spinal cord, or to a morbid condition of the gastric nerves. The object of this paper was to show that sea-sickness was in reality, caused by anæmia of the brain and the

cervical portion of the spinal cord, arising from insufficient power of the heart, whereby a general increase of reflex excitability throughout the system was brought about. The first and most constant symptom of the disorder was not retching or vomiting, but vertigo, which was most severe in the standing posture, and at once relieved by a strictly horizontal position, and which was thus proved to arise from a deficient amount of blood in the nervous centres. The increase of reflex excitability was also shown by greater sensitiveness of the patient to light, sound, touch, etc.; and in some cases there were even reflected spasms in the lower extremities. It was, however, greatest in the stomach, as evidenced by retching and vomiting, the degree of which was dependent upon the posture of the patient, but not upon the full or empty condition of the stomach, or its greater or less vital power. This increase of excitability was after a time, generally followed by a considerable diminution of it, there being great torpor and profound indifference. The organ primarily disturbed, therefore, appeared to be the heart, which, in consequence of the ship's motions, became unable to propel the blood with sufficient power into the nervous centres. The blood was accumulated in the chest and the abdomen, where it produced a feeling of pressure and heat. Persons with a strong heart and a slow pulse generally suffered little from sea-sickness; while irritable people, with a quick pulse and a tendency to palpitations, were more liable to be affected. This explained to a certain extent the different liability to sea-sickness of the different nations; for, as a rule, the French and Italians, being of a more irritable temper, suffered most, the Germans less, and the English least, of the disorder.

The treatment of sea-sickness flowed directly from the pathology enunciated. Our task should be to facilitate the afflux of blood to the nervous centres, and to strengthen the heart's action. For this purpose a horizontal position should be enjoined, and a few tablespoonfuls of well-seasoned beef-tea, and small doses of brandy, should occasionally be given.

FEVER IN GREENOCK. A serious and fatal epidemic of fever has been of late present in Greenock. Its nature may be judged of from the fact that, since November, no less than four medical men have died from it there, and all of them young and in the prime of life.

DEATHS IN LONDON. During past week, in London, fourteen infants died from being overlaid or otherwise suffocated in bed. A man was killed by a cart. Mr. Yardley, Registrar of St. George's, Bloomsbury, who records eighteen deaths in the week, of which eight were in the Infant Home, 35, Great Coram Street, an institution for illegitimate children, states that the mortality in this house continues to be very great; and that Dr. Buchanan, the medical officer of St. Giles's district, having visited it, made suggestions to the principal of the establishment, which have been carried out, and, amongst others, that the resident medical officer of the Sick Children's Hospital should visit it daily, in addition to the visits of the regular surgeon of the Home, which are made three times a week; but the children are generally so weak and emaciated from want of nourishment and attention previously to admission, that the mortality of the inmates is inevitably high, and it is only by the greatest care that any considerable number of them can be saved. The rate of mortality was 27 per 1000 in London, 28 in Edinburgh, and 34 in Dublin; 45 Liverpool, 35 in Manchester, 35 in Salford, 26 in Birmingham, 34 in Leeds, 28 in Bristol, and 41 in Glasgow.

Correspondence.

SYPHILISATION.

LETTER FROM HENRY LEE, ESQ.

SIR,—Professor Simpson has, in a very friendly manner, furnished me with the means of identifying the case he mentions in your impression of last week as the same as the one to which I had previously referred.

It is now admitted that that patient had no constitutional symptoms for six years after the appearance of the supposed primary affection; and that he had at no time any eruption upon the skin. Professor Simpson has attempted to show that the case might nevertheless be one of syphilis, by quoting passages from Dr. Bumstead and Professor Gross, to the effect that sometimes "tertiary symptoms manifest themselves for the first time from twelve to eighteen years after the primary disease"; and, in the clever way in which Professor Simpson has put it, an ordinary reader might be led to suppose that the authors mentioned believed that constitutional symptoms, in real cases of syphilis, might not appear until after that lapse of time. A fallacy underlies Professor Simpson's whole argument.

It is true that Dr. Bumstead says we meet with some "instances in which syphilis appears to skip over its secondary, and manifest itself only in its primary and tertiary forms." But he also states that "the general symptoms of syphilis, in the absence of specific treatment, *always* appear within six months, and generally within three months, after infection."

Dr. Gross says very much the same thing; and Ricord has printed his opinion upon the subject in very large letters; namely, that, in the natural development of the disease, "*IL NE PASSE JAMAIS SIX MOIS SANS QU'IL SURVIENNE DES MANIFESTATIONS DE L'INTOXICATION SYPHILITIQUE.*" (*Lettres sur la Syphilis*, p. 300.) I must add, that the opinion here expressed agrees with my own experience.

It is then evident that, when authors mention the tertiary symptoms as appearing after the lapse of some years, the "tertiary" are put in opposition to the "secondary" symptoms, which have previously appeared at their natural time. Such a case I well recollect, where an eruption appeared after the lapse of twenty years; but in this, as in other similar cases, the secondary symptoms had first manifested themselves at their usual time.

There are other reasons, such as the absence of any history of an indurated chancre and of any chronic indolent enlargement of the glands, which induce me to believe that the disease under which the patient in question was suffering was not syphilitic. I was of that opinion when the patient was first sent to me for a written opinion on his case; I was of the same opinion when I read the case reported in the *BRITISH MEDICAL JOURNAL*; and I am of the same opinion now that I have read Professor Simpson's comments upon it.

If, on the contrary, Professor Simpson has indeed made out that constitutional symptoms may appear for the first time after a lapse of six years, it is he who has made a great "discovery". For myself, I must disclaim having maintained the "marvellous marvel", that softening of the bones could be cured by syphilisation, especially in the instance before us; seeing that it was the father who had the "softening of the bones", and the son who was (as it is termed) syphilised.

In the third paragraph of his letter, Professor Simpson implies that I am anxious to reject the case in question only because it was completely cured (?) by syphilisation. Whatever opinion I may now entertain with regard to the virtues of syphilisation, I certainly had no prejudice against it originally, and have published a plate in my work on *Syphilis*, illustrating the appearances of the inoculations in a case in which I had tried it.

Mr. friend Dr. Marston informs me that he has also lately carried it to the extent of some forty to sixty inoculations, but with no benefit to the disease for which it was tried, and with a certain amount of damage to the patient's constitution.

When these experiments are tried on those who are already syphilitic, and who are provided for in military hospitals, no great harm can probably follow. But, holding the views I do, your readers will not be surprised if I should exert what little influence I may have to prevent the young men of our country from leaving their homes to be syphylised with matter taken indiscriminately from hard and soft sores, where there is any chance of their having a disease communicated to them which they had not before.

I am, etc., HENRY LEE.

9, Savile Row, February 12th, 1865.

ADVICE GRATIS "AT HOME."

LETTER FROM HENRY LOWNDES, ESQ.

SIR,—On the question of the gratuitous services of hospital surgeons I am compelled sometimes to differ from you, as I think both the charities and the profession gain by the medical officers being an associate rather than a servant of the committee or governing body. But I had the greatest pleasure in reading your remarks on private gratuitous advice.

In this town this system is carried on to a considerable extent, and that even by gentlemen who profess, and I believe honestly, to have the welfare of the profession at heart. I believe—and I shall be glad to be put right if wrong—that at least five-sixths of these gratuitous patients bring as introductions notes from druggists who have been tampering, as far as they dare, with the case; and to these druggists they of course return with their prescriptions until such a change takes place as will either require a certificate or allow the patient to swallow the druggists' own prescriptions in comparative safety. Of course, respectable druggists do not do these things, but the very system of gratuitous advice has, I believe, led to the existence of a class of shops that could not be otherwise maintained.

Any one who knows not how easy it is to poison a child, but how difficult it is sometimes not to do so, can imagine how much of our excessive infant mortality this system may account for. Those who by keeping open house support this system, are not indeed perhaps morally guilty of murder, but they are accessory to this wholesale slaughter.

The injury the system inflicts on young and struggling medical men is manifest. Those who have got past their early struggles are often greatly annoyed by finding that their patients who could well afford, if necessary, a consultation fee, run off in secret to have a gratuitous interview with some great doctor who declares the oracles. I hope abler pens than mine will take this matter up, and that the profession will not rest until this system is at least reformed.

I am, etc.,

HENRY LOWNDES.

Liverpool, February 11th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on February 8th, 1865.

Clements, George, Brixham, Devon: diploma of membership dated January 21, 1865
 Dillon, Patrick William, Ennis, co. Clare: July 11, 1851
 Douglas, George Cox, Ware, Herts: May 24, 1864
 Dwelly, Henry James, Waudsworth: July 26, 1864
 Hatherly, Henry Reginald, Derby: November 16, 1864
 Hyde, Edward, Witney, Oxon: July 30, 1863
 Jones, William Owen, Bala, North Wales: August 1, 1861
 Purcell, Ferdinand Albert, Cork: January 26, 1865
 Roberts, John Coryton, Peckham: July 26, 1864
 Rogers, Charles Edward Heron, West Meon, Petersfield: July 27, 1864
 Smith, Edward Roberts, Dudley, Worcestershire: May 24, 1864
 Smith, Walter, Bognor, Sussex: May 11, 1864
 Stone, William Domett, Lincoln's Inn Fields: April 10, 1861
 Williams, Hutchins, Southampton: May 27, 1853

ROYAL COLLEGE OF SURGEONS, EDINBURGH. During the recent sittings of the examiners, the following gentlemen passed their final examinations, and obtained the diploma of the College.

Clendinnen, William Ellis, county Wicklow
 Higgins, Thomas James, Lisson
 Hoggan, Edward, Meerut, India
 Ingram, James, Orkney
 Jamieson, Alexander Wallace, Derbyshire
 Mason, James, Rutlandshire
 Thin, Robert, Kilconquhar

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Budge, John T., Caithness
 Coppinger, Albert W., Cork
 Goulden, James Henry Oswald, Stockport
 Leman, J., Montreal
 Mason, James Lindsay, Montreal
 Roche, Arthur, Cork
 Stewart, Robert, Edinburgh
 Thompson, William G. W., Ballymoney
 Witherspoon, John Thompson Richardson, Dumfriesshire

And the following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh.

Beresford, Robert, Dublin
 Dods, James, East Lothian
 Forbes, Daniel Mackay, Edinburgh
 Hague, Samuel, Ashton-under-Lyne
 Miller, Alexander Hunter, Edinburgh
 Turner, Robert, Antrim

APOTHECARIES' HALL. On February 9th, 1865, the following Licentiates were admitted:—

Boulton, Edward Farrington, Bath
 Mackenzie, George Weiland, Tiverton, Devon
 Mason, James, Barrowden, Rutlandshire
 Roberts, John, Festiniog, Merionethshire
 Rogers, Charles Edward Heron, West Meon, near Petersfield
 Tuck, Francis, Oxford
 Watta, Arthur John, Alfred Street, Harrow Road

At the same Court, the following passed the first examination:—

Barton, Frederick, University College Hospital
 Croft, Gilmore Winton, St. Thomas's Hospital
 Withers, Walter Owen, King's College Hospital

APPOINTMENTS.

DELL, Joseph, M.D., appointed Assistant-Surgeon in the Surgical Clinical Wards of the Royal Infirmary of Edinburgh.

ROYAL NAVY.

CLIFT, Samuel, Esq., Surgeon, to the *Rattlesnake*.
 JACKSON, Gordon, Esq., Surgeon (additional), to the *Asia*, for service in the *Enchantress*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CLARK, W. W., M.D., to be Honorary Assistant-Surgeon 7th Northamptonshire R.V.
HARRIS, C. M.D., to be Honorary Assistant-Surgeon 9th Cinque Ports R.V.

BIRTH.

MARTYN. On February 13th, at Clifton, the wife of *Samuel Martyn, M.D., of a daughter.

DEATHS.

ADAMS, George Hill, M.D., at Mall Terrace, Notting Hill, on Feb. 6.
BARLOW. On February 4th, at Writtle, Essex, Eleanor Stausfield, second daughter of William R. Barlow, Esq., Surgeon.
GRAINGER, Richard D., Esq., F.R.S., at Highgate, aged 63, on February 11.
GULL. On February 8, at 26, Brook Street, aged 3 years and 10 months, Mary Dacre, youngest child of W. W. Gull, M.D.
HALL. On January 14, in London, Eliza, youngest daughter of Thomas Hall, Esq., Surgeon.
LOWE, William, Esq., Surgeon, at Warboys, aged 60, on February 8.
MACMONT, Robert, M.D., at Bath, on February 8.
NICOLAS, Thomas, M.D., at Portland, aged 41, on January 27.
RALEIGH, Edward W. W., Esq., late Bengal Medical Service, aged 62, on January 22.
SCOT. At Farnborough, Hants, lately, aged 78, Helen Goldie, widow of William Scot, Esq., late Superintending Surgeon at Madras.
WALES. On February 14th, at Downham Market, aged 71, Mary, the wife of *Thomas Garneys Wales, Esq.
WAYELL, Robert M., M.D., at Newport, Isle of Wight, aged 66, on February 8.
WELCH. On February 14, at Taunton, aged 83, Mary, widow of the late Charles Welch, Esq., Surgeon.

CANDLER v. PEAT. One hundred pounds have been subscribed and given to Mr. Peat to help in defraying the expenses incurred by him in the action of Candler v. Peat.

SMALLPOX IN DUBLIN. The ages of the persons whose deaths from smallpox were registered during the past week in Dublin were respectively 9, 10, and 22 years; none of them had been protected by vaccination.

BEQUEST. By will George Dodd, Esq., late of Grosvenor Place, leaves the following charitable bequests: To the Royal Institution, the Artists' Benevolent Fund, St. George's Hospital, Middlesex Hospital, and Lock Hospital, each £100.

KNIGHTHOOD OF DR. A. TAYLOR. The Queen has been pleased to direct letters patent to be passed under the Great Seal granting the dignity of a Knight of the United Kingdom of Great Britain and Ireland unto Alexander Taylor, Esq., Doctor of Medicine.

MR. CHARLES HAWKINS has been unanimously elected (by ballot) treasurer of St. George's Hospital, in place of the late Sir A. Croft. This is, we believe, the first time that a medical man has been appointed to the post of honour; and is a sure indication of the high esteem felt for Mr. Hawkins by the governors of the hospital.

SUICIDE OF VICTOR TOWNLEY. Victor Townley, the murderer of Miss Goodwin, destroyed himself on Sunday afternoon by jumping over the staircase railings in Pentonville Prison, on his return from chapel. He received a concussion of the brain, and died in a state of unconsciousness at eight o'clock the same evening.

THE SANITARY CONDITION OF CALCUTTA. On Tuesday last, Mr. Vansittart asked the Secretary of State for India whether anything had been done to improve the sanitary state of Calcutta; if so, whether he had any objection to produce papers relating to the same? Sir C. Wood said that a sanitary commission was appointed and made a report, but he had not received a report of what had been done in consequence of that report.

SOMETHING LIKE AN APPETITE. The *Patria* of Naples states that there is at present in the Hospital of Incurables in that city an old woman who is suffering from a strange disease. She every day eats at least five portions of roast meat, seventy eggs, several loaves, and other food, of course including a good quantity of macaroni. When attempts are made to reduce her diet she raves like a mad woman. Professor Zamoglia has recently undertaken to cure the poor woman, but up to the present time her appetite remains unimpaired.

CHILDRED DIET. Before summing up these few remarks, says Dr. Patterson, let me add my humble testimony to the good effects of a more supporting diet after childbirth, as for a series of years past I have enjoined and ordered a pretty liberal diet, especially in great exhaustion from uterine hæmorrhage after severe labour; and instead of harm, much benefit was derived by the patient after delivery. I am convinced that by this means recoveries will be less tedious and far more satisfactory, than under the frugal bill of fare which in such cases is usually prescribed. (*Glasgow Medical Journal*.)

POOR-LAW UNION MEDICAL OFFICERS. In the House of Commons, on Tuesday, Mr. R. Long asked the President of the Poor-Law Board whether he proposed to reappoint the select committee on the poor laws, with the view of further inquiry into the position and the grievances of medical officers of poor-law unions. Mr. Villiers said it was not his intention to move the reappointment of a committee of inquiry on this subject. It was investigated by the committee referred to by the hon. gentleman who took into their consideration the evidence given before a committee of the house, and declined to call further evidence.

ANOTHER VICTIM TO THE POOR LAWS. It is with feelings of pain that we find ourselves called upon to announce the death of another member of the medical faculty, by fever contracted in the discharge of his professional duties. Dr. Cæsar, jun., has, like Mr. George Fitton, succumbed to fever. We understand that his death is indirectly traceable to the hardships he has had to encounter while acting as medical attendant at the Auxiliary Fever Hospital instituted by the Board of Guardians. While his attendance was required at the hospital throughout the whole day, he was not allowed even a chair to sit on. Although we have the information from reliable authority, we can scarcely believe it, and we hope it may be found to be exaggerated. We cannot, however, forget that it was sought by some of the guardians to require his attendance by night as well as by day, and that such a course would have been attempted but for the outspoken manner in which Dr. William Townsend showed the inhumanity of requiring more service than they had been receiving. The deceased took fever at the Auxiliary Fever Hospital, and was removed to the North Fever Hospital, where he died, after an illness of fifteen days. It cannot be expected that medical men, whose education costs a large sum of money, and requires the application of several years, will be got to put their lives in jeopardy for the miserable stipend of two guineas a week, which the guardians have been rather grudgingly paying. We cannot repress the thought that the parsimony of the guardians, respecting the management of the fever hospital, has been productive of loss of life, and we think the death of Dr. Cæsar an event for which they ought to show their sorrow by cringing, for the future, a more humane spirit towards the members of this very useful, but insufficiently appreciated profession. (*Cork Reporter*.)

THE ARMY ACTING ASSISTANT-SURGEONS. A recent number of the *London Gazette* contains the announcement that the undermentioned acting assistant-surgeons have ceased to do duty, there being no longer occasion for their services:—W. E. Bower, J. G. Campbell, P. Lee, J. Craven, F. P. Beamish, M.D., R. E. Hogan, T. Hunt, R. P. Gelston, W. Haynes, M.D., T. P. Tyrrell, J. T. B. Lawrie, M.D., R. Wallace, W. K. Brock, J. R. Roe, E. A. Keogh, M.D., J. B. Gaffney, W. Durrant, J. A. Gaven, R. FitzGerald, A. Mulcahy, W. F. Fenton, W. Adams. This list, we believe, comprises the whole of the recently appointed "acting assistant-surgeons."

A HOMEOPATHIC CONVERT. The *Jersey Times* of last week has the following:—"A Disagreeable Surprise. At a recent complimentary public dinner given by his professional brethren to Dr. Thomas, the eminent surgeon to the Staffordshire County Hospital at Wolverhampton, the recipient of this honour is reported to have stated in his acknowledgment of the toast of the evening that he had instituted a long and careful inquiry into the nature and value of homeopathy, and had found its principles and practice to be so unequivocally true and reliable, and, above all, so extremely effective in the treatment of disease, that he had firmly resolved to devote the remainder of his life to their propagation and support. Dr. Thomas is a graduate, with honours, at the University of London, a member of the College and Hall, and a gold medallist both in anatomy and medicine of London University, Longridge prizeman of University College also, and, prior to his appointment of surgeon to the Staffordshire County Hospital at Wolverhampton, was demonstrator of anatomy in the University College Medical School. (*Liverpool Weekly Mercury*, December 31st, 1864.)"

JOTTINGS FROM REGISTRARS' NOTES. The reports transmitted to the Registrar-General by the local registrars on the state of their districts during the last quarter of 1864 contain the following among other statements:—St. Martin's, Birmingham—"Smallpox has been very prevalent; vaccination is frequently disregarded; there is no local medical officer of health in the town." Worcester, West—"Small-pox is very prevalent; none of the persons who died were vaccinated." Scarborough—"43 deaths from small-pox; not one of the victims, so far as I can ascertain, had been vaccinated." Exeter, St. Sidwell—"Scarlatina and smallpox are very prevalent; not more than one-third of the children are vaccinated." St. Helen's—"Smallpox is most prevalent in that part of the town noted for its defective sanitary arrangements, and inhabited principally by the Irish; there is an entire absence, apparently, of all ideas of cleanliness." Yeovil—"Several deaths have occurred from typhoid fever; the drainage is in a very bad state." Blyth—"Nineteen deaths from typhoid fever, 11 of them occurring in Newsham and Forster Pit districts, which are deficient in sanitary arrangements and a proper supply of water." Oswaldtwistle, Lancashire—"Upwards of 300 persons have been attacked by typhoid fever during the quarter; the medical men attribute the great prevalence of the disease to bad drainage." Orsett, Essex—"Fever of a typhoid character has prevailed; cases of this kind were sent into the workhouse, and in spite of all precautions the disease spread." Wiveliscombe, Somerset—"The excess of deaths is caused by scarlatina existing as a wide-spread epidemic; medical men are rarely called to treat this disease in its early stages by the poor and middle class." Ely—"There were 23 deaths in town from scarlatina, and only one in the fens." Mutford, Lowestoft—"A woman died aged 104 years; her faculties appeared unimpaired until the last."

Acton—"Among the deaths is that of a child found dead in the Church Road, the sex of which is returned by the coroner's 'information' as being both male and female."

LEARNED LUNATICS. At a trial last month before the City Court of Brooklyn, New York, in which the plaintiff claimed a verdict and damages against her brother and nephew for taking her to Bloomingdale Lunatic Asylum, though she was (she alleged) really of sound mind, Dr. Brown, the principal physician of the asylum, was asked whether it was not possible that a person of insane mind could write such poems as this lady had written, one of which had become very popular. The doctor's answer was,—"Certainly. I suppose the best reply I can give to that question is to state that *Adler's German and English Dictionary*, which is used as a standard text-book in the principal colleges in the country, was written in the Bloomingdale Asylum by a person of insane mind. I might also mention a number of standard text-books which were written in that institution; and I will state as a conclusive fact that one of the leading newspapers in New York is principally edited in the Bloomingdale Lunatic Asylum, and the leading editorial is written three or four times a week by a person of unsound mind confined in that institution."

SUPERANNUATION OF MEDICAL OFFICERS. We would be glad that the superannuation fund of all workhouse officials were placed on the Consolidated Fund, as has been done with the officers of the civil service. We know of no learned profession so trying, and, at the same time, so inadequately rewarded, as that of the medical practitioner. He comes daily into contact with scenes of misery and suffering, and the wretchedness he sees must, if he be not possessed of a breast of stone, urge him, in many instances, to bestow more than he can, perhaps, afford to part with. The physician, in the exercise of his profession, becomes acquainted with want in its thousand and one forms. What other professional man endures so much? Putting out of consideration the expense of his education, and the extent of his acquirements, who, in the practice of his business, endures such hardships, and runs such risks. The soldier braves the battle-field; but, happily, wars are not contagious, and he is afforded ample leisure to "shoulder his crutch, and show how fields are won." The clergyman attends at the bedside of the sick to administer religious consolation. But his functions cease when consciousness is overwhelmed by contagious disease. The physician is called on to be most active and attentive, when all other relief is useless, and when danger is most formidable. He is a soldier—daily, hourly facing the cannon's mouth. He is a "ministering angel," when fond friends think more of the cure of the body than of the soul. And yet, how poor is his reward! The number of general practitioners who enjoy an income adequate to the mental wear and tear of their profession is small; while of those whose incomes are small and precarious the name is "legion." (*Southern Rep.*)

THE MARTIN EXHIBITIONS. The subscribers to the fund for establishing exhibitions in the Reigate Grammar School, in memory of the late Mr. Peter Martin, will be glad to learn that, not only have the requisite funds been collected and invested in the names of certain trustees, but that the first examination and distribution has already taken place. There were eight candidates; and on the 27th ultimo, the trustees attended at the school to distribute the awards of £20 and £10 respectively, in the presence of the scholars, to the successful candidates; viz., Gooch, jun., to whom the examiners had assigned the senior, and to Nash the junior exhibition. George Baker, Esq., expressed the great pleasure he had in

handing over to the successful competitors the exhibitions which had been established to the memory of their departed friend whose bust he now saw before him. Mr. Baker spoke of the many excellent qualities of Mr. Peter Martin, who had so greatly endeared himself to a large circle of friends by whom his virtues were cherished. The allusion of Mr. Baker was to a cast of the marble bust executed by the eminent sculptor, Mr. Weekes, R.A., of the late Mr. Peter Martin (presented to the trustees by Thos. Martin, Esq.), which, after the design of one of the trustees of the school, has been placed by Mr. Carruthers in an elegant niche in a conspicuous part of the school. Our readers will be glad to know that not only the profession, but also the public (from whom such subscriptions are highly gratifying) of Reigate and its neighbourhood, have done full justice to the memory of the late Mr. Peter Martin. Besides £1000 set apart for the Exhibition Fund, sufficient money was subscribed to secure a bust in duplicate by Weekes and a memorial window.

REGISTRATION OF BIRTHS AND DEATHS. London has hitherto been the only great city of the world in which the causes of all the deaths and the births have been inquired into, and published weekly. The bills were commenced in the reign of Elizabeth, when thousands of the people were swept away by zymotic diseases; and London was in truth periodically the city of the plague, containing within its walls and liberties a population of only 130,178 souls. The cause of nearly every death is certified by the medical attendants, and the certificates are copied by the 135 registrars, who forward abstracts of their registers weekly, which reach the General Register Office every Monday morning. The population of London was 2,803,989 in 1861. It is no longer decimated by the plague, and it is some years since cholera ravaged its parishes. But the causes of death are numerous, and their operation can only be arrested by a knowledge of the laws which govern death as they govern life. Our knowledge of these laws is likely to be increased by extending the area of observation; and in endeavouring to accomplish this object the Registrar-General has everywhere met with co-operation. The utility of weekly returns is admitted all over Europe. Vienna is at present one of the great medical schools of the age, and from that city the returns are punctually sent to this office every week by Dr. Glatter. Berlin will probably supply the same information. Baron Haussmann, whose efforts to improve Paris are well known, has been communicated with, and he will, with his admirable administrative organisation, have no difficulty in supplying science with the same information about the state of the public health of Paris as is furnished here respecting the health of London. The Registrar-General of Ireland publishes weekly tables for Dublin; and the Registrar-General of Scotland zealously co-operates by procuring returns for Edinburgh and Glasgow. Under these circumstances it has been thought right to procure returns from Liverpool, Manchester, Salford, Birmingham, Leeds, and Bristol, six of the greatest cities or boroughs of England. The returns are furnished by the local registrars, who have laudably aided in the work.

CRIMINAL LUNATICS. These are what they always call themselves, "her Majesty's pleasure people," that is, sentenced to imprisonment during her Majesty's pleasure. Some are reading, some are writing, some playing draughts, a few shambling to and fro in moody silence like caged animals, while some sit staring with blank intensity upon the opposite wall, from which they never move their eyes. Here comes one who was, when at large, more dangerous to her Majesty than Oxford himself, hopelessly

mad from a vain love of notoriety, which he thinks he has attained, as the grand strut with which he enters the room shows clearly enough. The once terrible Captain Johnston is here now, cured to a mild and inoffensive idiotcy; and here, too, is Macnaughten, as really mad as when he killed poor Mr. Drummond. Here is a non-commissioned officer, whose murder of his wife and family some years ago shocked all England. His only anxiety now is about his good conduct medal. Here, too, are several who had already been in asylums before for attempted murder, had been discharged as cured, and having then perpetrated murder outright, have been committed to stay here for evermore. As a rule, those reading are the half-cured, and these seldom speak or are spoken to. Those writing so intensely are generally preparing interminable memorials to the Home Secretary, or keeping the most insane of diaries to show the Commissioners in Lunacy as proofs of their cure and reasons for their discharge. The maddest of all these are those who beset the governors with endless arguments on the necessity for their being set at liberty at once. As a rule, all in this block are harmless, though the prefixes which come attached to their characters and dispositions are not at first sight calculated to convey this mild impression. Thus we find "T. M., murdered his wife and two children; quiet and very harmless. L. F., murdered his wife, sister, and child; obedient, quiet, and perfectly inoffensive." A few who are sane during the greater part of the year are subject to periodical returns of their dangerous maladies. But of the symptoms which precede these outbreaks Dr. Meyer is always a careful observer, and the patients are in good time removed to the "strong block," of which we shall have to speak presently.

ARMY MEDICAL SCHOOL. The following was the examination at the close of the ninth session of the Army Medical School, Netley, between January 30th and February 4th, 1865. The Examiners were Professors Parkes, M.D., Maclean, M.D., Longmore, and Aitken, M.D. *A. Written Questions.* *I. Military Hygiene.* 1. If you were called upon to give your opinion as to the desirability of a certain water-supply, which it was proposed to use for a garrison of five thousand men, what points would lead you to an opinion, firstly, as to the sufficiency of the supply; secondly, as to the purity of the water? 2. If an outbreak of diarrhoea affected suddenly a number of persons in a limited area, what would be the most probable causes? and how would you ascertain the existence of those causes? 3. What are the principal causes which produce movement of air in rooms? and at what rate does movement become perceptible? What are the regulations as regards cubic space per head at home and abroad? and what are the recommendations of the Barrack Commissioners in respect of the quantity of air which should be given per head per hour in barracks? 4. What are the chief diseases which at present cause mortality in the West Indies and the Mauritius? and what are the chief rules of prevention? *II. Military Medicine.* 1. Give as complete an account as you can of the causes which produce (a) typhus, (b) dysentery, and (c) phthisis, in armies. 2. Describe the general and special indications of the treatment in the typhus of armies. 3. Give the causes, symptoms, diagnosis, consequences, and treatment of enlarged spleen. *III. Military Surgery.* 1. Describe the treatment you would adopt on being called to a recent case of gunshot wound of the abdomen, under each of the following six conditions—(a) one opening, without direct evidence whether the projectile has or has not penetrated the cavity of the abdomen; (b) one opening, the cavity being evidently opened, but no complica-

tion being visible; (c) wound penetrating the cavity, complicated with hemorrhage externally; (d) wound with protrusion of the intestine, the intestine itself being unopened; (e) the same, but with intestine opened; and (f) two penetrating wounds, without visible complications. 2. Explain the way in which the eye is enabled to see objects at different distances, and the method by which the range between the nearest and the most distant points of distinct vision may be determined and expressed. Show also how, when presbyopia exists, its degree and the means of correcting it can be ascertained. 3. Give an outline of the surgical duties and of the general arrangements for the care of the sick and wounded under the ordinary circumstances of troops on the march in time of war. iv. *Pathology*. 1. Define what is understood by syphilis. Describe the characters, probable periods of incubation, duration, and consequences, of the various primary venereal sores; and state what kinds of eruptions or sores on the organs of generation may be confounded with venereal sores. 2. Define what is understood by pyæmia and hospital gangrene. Describe the circumstances which tend to induce and propagate the morbid states which these terms comprehend. 3. Describe and interpret the prominent lesions seen in the *post mortem* examination of * * *, who died, aged 23, of chronic dysentery, and was dissected on January 6th, 1865. The points to be attended to in your accounts are as follows: (a) What were the anatomical signs in the small intestine which pointed to the nature of the common continued fever which he was said to have had in Hongkong? State the name of the common continued fever it is probable he had. (b) What were the conditions of the colon and rectum, (c) of the liver, and (d) of the lungs. B. *Practical Examination*. i and ii. Examination, historical account, statement of diagnosis, prognosis, effects of proposed treatment, etc., of one surgical, and one medical case. iii. *Hygiene*. Examination of various specimens of water, for chloride of sodium, for organic matter, and for total hardness. Examination and analysis of specimens of milk and of beer. Microscopic examination of samples of coffee and flour. iv. *Pathology*. Demonstration of the urinary tubuli and cortical portion of a microscopic preparation of a kidney. Description of various preparations of morbid anatomy. Examination of secretions.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8.30 P.M. Mr. De Méric, "Clinical Experience in Syphilis."

TUESDAY. Pathological Society of London, 8 P.M.

WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8.30 P.M. Mr. Henry Smith, Lettsomian Lectures on the Surgery of the Rectum. Lecture III, "On the Treatment of Hemorrhoids, and Prolapsus of the Rectum."

FRIDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

COMMUNICATIONS have been received from:—Dr. WILLIAM NEWMAN, Dr. DURHAM; Dr. W. H. O. SANKKY; Mr. FURNEAUX JORDAN; Mr. STONE; Dr. MARTIN; THE HON. SECRETARIES OF THE MEDICAL SOCIETY OF LONDON; Mr. H. LOWNES; Dr. JOHN THOMPSON; Dr. S. W. D. WILLIAMS; Dr. BRUSH; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; COLONEL H. M. WALMSLEY; Dr. BEIGEL; Mr. E. BATTY; Mr. OLIVER PEMBERTON; Mr. H. TERRY, JUN.; Dr. SKINNER; Mr. T. PRIDON TRALE, JUN.; Dr. WOODFORD; Mr. BRODIE; Dr. HENRY LEE; Mr. E. BUSH; Dr. JACKSON; Dr. RADFORD; Dr. JAMES RUSSELL; Mr. T. D. JACKSON; Dr. J. BELL; Mr. T. G. WALES, JUN.; Dr. SNOW BECK; Dr. RICHARDSON; Dr. R. FOWLER; Mr. A. RANSOME; and Dr. N. D. MOORE.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

*. * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE INDIAN MEDICAL WARRANT. (OBSERVER).—We gave no credence to the report of the Indian Medical Warrant having been withdrawn, and therefore did not allude to it in the JOURNAL. Our correspondent has perhaps learnt that the same journal which spread the report has also authoritatively, in a later number, stated that the report was incorrect.

VENESECTION.—SIR: I cannot forbear offering Dr. Markham my need of sincere approbation for his lines on the subject of venesection. I am so far advanced in years as to see the immense changes in medical practice and surgery. The boldness of the latter is almost exceeding all belief in comparison with its former status. I congratulate Dr. Markham on hitting the more common sense view of treating disease, by a modification of the two extremes into which medical men have verged. Having been an old lecturer on midwifery, etc., I have constantly endeavoured to impress on the pupils that, whatever theories with their apparent degrees of success, they must maintain their opinions based on "common sense," and not be led away by the *ipse dixit* of any man who has not experience to guide him.
Liverpool. I am, etc., E. B.

THE WOODHALL AND ASHBY SPAS.—SIR: Can you furnish me with some account of the medicinal properties of the spas at Woodhall and Ashby-de-la-Zouch; or allow me to ask the same of some local M.D.; as well as the complaints in which they are said to be specially serviceable.
I am, etc.,

THOMAS DIXON JACKSON, M.R.C.S., etc.
Slaidburn, Clitheroe, February 14th, 1865.

ADVERTISEMENTS.

Weiss's Illustrated Catalogue, containing nearly 800 engravings of Surgeons' Instruments and Apparatus, classified for their various purposes. Price, 5s. 62, Strand, London.

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Lectures ON ORTHOPÆDIC SURGERY.

BY
BERNARD E. BRODHURST, F.R.C.S.,

OF ST. GEORGE'S HOSPITAL, AND THE ROYAL
ORTHOPÆDIC HOSPITAL, ETC.

LECTURE XVI.

ON CONGENITAL DISLOCATIONS.

THE dislocations which are for the most part found at birth, are those of the hip. Other dislocations exist however, though rarely; such as. of the shoulder, the elbow, the wrist, the knee, and the jaw; but these are almost always associated with monstrosity, or with paralysis and idiocy, or they are subluxations and not true luxations. Congenital dislocations of the shoulder, for instance, are partial displacements of the head of the humerus, simulating more or less true dislocations, with complete or partial paralysis of the muscles around the articulation; while those of the elbow and the wrist are always associated with malformation or monstrosity, and are produced by muscular retraction. Congenital dislocations of the knee are subluxations, which are to be treated by extension of the limb after subcutaneous section of the hamstring tendons. Thus, other forms of congenital dislocation occurring together with anomalies of organisation, or with paralysis, or being subluxations only, we may proceed, without further remark, to consider dislocations of the hip.

Congenital dislocations of the head of the femur occur in three directions; namely, upwards and outwards, directly upwards, and upwards and forwards. But although these three varieties of luxation occur, one alone demands serious attention—that, namely, upwards and outwards: the two last mentioned varieties having only been seen in foetal monstrosities.

Dislocations, then, of the head of the femur upwards and outwards, on to the dorsum of the ilium, occur generally as double luxations; and they are seen much more frequently in the female than in the male sex. In his lectures, Dupuytren mentions that he had seen twenty-six cases of congenital dislocation of the hip; and that these were double luxations, except only in two or three instances, where one limb alone was affected. Of these twenty-six cases, twenty-two were females and four were males. I have had twelve cases of this dislocation under my care, of which ten were instances of double luxation, and of these nine occurred in female children. Also, one of the single luxations occurred in a female child.

The causes of this dislocation have occasioned much difference of opinion. Some have supposed the affection to be hereditary; others have imagined that inflammation of the synovial membrane may have caused effusion within the capsule and disloca-

tion; while, again, arrest of development, defect in the organisation of the germ, spasm, and external violence, have each its supporters.

It will not be necessary here to enter into arguments for and against the theories which have been now recited. It is probable that congenital luxation of the head of the femur upwards and outwards, with perfect development of the head and the cotyloid cavity, is induced by sudden or violent traction at birth; some impediment having arisen to impede the completion of the birth. When the child is healthy and well developed, and the signs of disease which might have occasioned dislocation are wanting, the cause of luxation will not be found either in the articulation itself or more remotely hidden in the medulla or elsewhere; but the dislocation may probably be traced to undue violence at birth, either instrumental or direct. In the same manner, doubtless, the shoulder may be dislocated, as I have known it to be; but it is a rare accident.

Also, it is not improbable that spasm of the muscles about the hip may tend to displace the head of the femur—spasm, whether induced by external violence or by other cause. And when we find this lesion to co-exist with other spasmodic affections, such as varus for instance (and two such cases have come under my own notice), we cannot refuse to entertain the idea, that spasm may cause the head of the femur to pass from the acetabulum and lie upon its brim. The position of the foetus *in utero* is such that the head of the femur must press on the posterior and inferior portions of the capsules of the joints, the thighs being flexed upon the abdomen. A slight spasmodic action would probably be sufficient to displace the head of the bone and cause it to lie upon the brim of the acetabulum. But the head of the femur having passed the border of the cotyloid cavity, nothing more is required to displace the bone upon the dorsum ilii, than extension of the limb at birth. And, thus, the act of extension would complete the luxation by drawing the head of the femur into its ultimate position, the external iliac fossa.

The symptoms of this dislocation differ as the age at which the lesion is observed differs. At birth, it passes unobserved; there is then but little to attract attention to the displacement. When, however, luxation is suspected, and an examination is made with a view to its discovery, it is found that the motion at the hip is unusually free: that voluntary motion is diminished; and, especially, that the head of the bone occupies the external iliac fossa. The head of the bone, which is very slightly prominent while the child is lying down, may be distinctly felt on rotating the limb: and as the child grows and is able to stand, the heads of the femurs become prominent, and present visibly on the dorsum of the ilium above and behind the cotyloid cavity. When the dislocation is double, the pelvis is rendered very oblique—the pubes being carried backwards, and the sacrum in a corresponding degree being raised: so that the abdomen is rendered prominent and the lumbar region is curved forward in an abnormal degree—lordosis. The trochanters project unnaturally, and approach the crests of the ilia; and the heads of the femurs can be seen projecting on the ilia beneath the glutei. The muscles of the lower extremities, from insufficient use, are small and weak; and frequently there is produced genu valgum and

flat-foot. These several points are well shown in the accompanying engraving. (Fig. 51.)



Fig. 51.

The gait is very peculiar; and having once been seen, it can never again be mistaken: it is a rolling motion of the trunk, together with double lameness, and yet the movement is rapid and painless. There is much more deformity and lameness produced when the femur is dislocated on one side only: the toes only are then brought to the ground in walking, and the weight of the body is borne on them, the heel being raised; but the pelvis is less oblique than when both limbs are dislocated.

Morbid Anatomy. It has been already stated that one form only of congenital luxation of the hip occurs, except in cases of fetal monstrosity; namely, dislocation upwards and outwards. At birth, or soon after, the head of the femur, as well as the acetabulum, retain their normal forms; but changes rapidly take place, which result in the head of the bone being somewhat flattened in form, and the acetabulum being in part occupied with cellulo-osseous matter. At length, the head of the bone is deprived of its articular cartilage, and becomes atrophied and misshapen; and it may eventually escape through its capsule, and lie in close contact with the ilium. Then a false articulation is formed: first, the capsule commences to be formed; and afterwards, bone is thrown out around it and upon the ilium, which is

fashioned more or less into a cavity to receive the head of the femur.

The *treatment* of this affection is, in its early stage, much more hopeful than is generally supposed. If dislocation occur without other abnormality, the acetabulum and the head of the femur are usually perfect at birth. There should, then, be neither difficulty in reducing the dislocation, nor in retaining the head of the bone when reduced. The diagnosis would present the only difficulty. When, however, attention has been directed to the occurrence, a careful examination would speedily cause the various points now mentioned to be detected; and the dislocation being recognised, its reduction would be easily effected. Perhaps, if one point more than another were to be insisted on in the reduction, it would be that the replacement should be effected as gently as possible.

When the dislocation has been overlooked at birth, and attention is only directed to it after several years, changes will have occurred which may prevent the head of the bone being retained in the acetabulum. Partial absorption will have taken place, both of the head and of the cartilaginous margin of the acetabulum; and the cavity itself will probably be in part filled with new matter. It is in consequence of the changes which are here described that it has been supposed by some that the acetabulum has not been formed in the embryo.

When the luxation is single, the diagnosis is easy, and the lesion ought always to be discovered immediately after birth. Should it unfortunately be overlooked, and not discovered until the child exhibits lameness in walking, it may be necessary to use prolonged traction by means of weights and pulleys on the inclined plane. There is no difficulty, even after several years, in restoring the length of the limb, by drawing down the head of the femur to rest on a level with the acetabulum; but there is great difficulty in retaining it in that position. By retaining the bone for a long time in this position, and making pressure upon it, it may be hoped that eventually it may be permanently retained. Great patience and endurance, however, are required, and such nice adjustment as is not easily to be obtained; but since the luxation has been in some instances overcome, it is probable that the head of the bone may be reduced and retained in most of the cases, if not in every case, of congenital luxation, when it has occurred without other abnormality, and when no long time has elapsed before the attempt at reduction is made.*

* I am indebted to the publishers of Holmes's *System of Surgery* for permission to use the above engraving, as well as for much of the matter in the lecture. For more information with regard to these lesions, however, I must refer to vol. iv of the work itself.

QUACKERY IN PHILADELPHIA. Quacks are full of expedients. One of the latest is that adopted by one of the genus in this city, who prefixes "Rev." to his name and affixes "M.D." He rented one of the theatres and advertised sermons to be preached on "taking subjects" on Sabbath evenings, admittance five cents "to pay expenses—no change given!" In these sermons he spoke of a "physiological religion," and frequently wandered away into the fields of medical theory and practice, referring the curious hearer to "his office" for further information! It is needless to say that in this way he picked up many a patient and pocketed many a fee. (*Phil. Med. Press.*)

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

ENCEPHALOMA OF THE CEREBRUM.

Under the care of JAMES RUSSELL, M.D.

THE following case presents some points of considerable interest. We may remark how strikingly the cancerous nature of the tumour, characterised as such tumours are by quick increase, answered to the very rapid progress manifested by the principal symptoms, and especially by the blindness. Although the history does not afford us means of judging when the earliest symptoms made their appearance, there can be no question that the pain had only been severe for ten weeks, and that the patient lost his sight almost entirely in the course of two weeks. It may also be noted, that the symptoms attained their full severity at once, probably from the tumour having reached the organs situated at the base of the brain before it induced any great disturbance.

The symptoms were typical of a tumour within the skull, and there was much to lead us to refer its situation to the cerebellum. The pain affected the occipital region; and, although it extended also to the forehead and temples, such a position of the pain is also met with in cerebellar disease. In a case of my own (*Medical Times and Gazette*, vol. i, 1863, p. 534), of tumour in the middle lobe of the cerebellum, the pain was seated in the temples. Again, loss of vision is known to be of no infrequent occurrence in connexion with tumours in the cerebellum. Vertigo was also mentioned by the patient, and probably loss of the faculty of balancing the body.

The pain was paroxysmal; it was also distinguished by its great intensity. Severity is sometimes a striking quality of the pain attending tumour of the brain; the pain not infrequently amounts to agony. In the present instance, the size and density of the tumour would give it the power of producing pain by pressure alone; and the remarkable posture instinctively assumed by the patient seemed to intimate that he derived relief from throwing the weight of the tumour off the nerves at the base of the brain. In other cases, however, as in my own case quoted above, the smaller size and less dense nature of the tumour negative the supposition that its weight can have much share in producing the pain, which, therefore, must be referred to stretching of the cerebral fibres, rendered preternaturally sensitive by protracted irritation.

The blindness also deserves attention. As is well known, this is a symptom not infrequent in cases of tumour of the brain, especially when seated in the cerebellum. In the present case, its cause is very satisfactorily furnished; and I would especially note the peculiar disposition of the parts at the base of the brain, which rendered a tumour in one hemisphere, not transgressing the middle line, capable of producing blindness in both eyes. This symmetrical affection of the eyes was one of the chief circumstances which led me to refer the disease to the cerebellum.

I may refer to a very similar case under the care of Dr. Wilks (*Medical Times and Gazette*, vol. i, 1863, p. 535), in which a tumour of the posterior lobe of one hemisphere of the brain caused blindness by pressing

upon "the parts about the origin of the optic tracts". In this case, however, the tumour projected beyond the middle line, and the pressure was direct on both sides.

In many instances, however, we do not obtain the mechanical explanation of the blindness afforded by the present case, the optic tract and quadrigeminal bodies being found quite out of reach of the tumour; not to mention other cases in which blindness occurs in connexion with disease seated exclusively in the spinal cord. In such cases, other explanations, connected with the state of the blood-vessels of the optic organs, or with some more obscure cause affecting the nutrition of these organs through nervous influence, have been advanced.

I would also remark on the incomplete and varying ptosis, clearly due to slight and varying pressure exerted by the tumour on some of the closely adjoining fibres of the third nerve; and on the constant torpor, the dulness of apprehension, and slowness of recollection, evinced by the patient, resulting from the general pressure from which the entire cerebral mass must have suffered.

Fungoid Tumour of the Brain: Blindness: Compression and Atrophy of the Optic Tracts.

SECTIO CADAVERIS, thirty hours after death. *Head.* The veins of the dura mater and the longitudinal sinus were very full of dark blood; the cerebral substance also was much loaded with blood. The vessels at the base of the brain, and the entire substance of that organ and of the pons and medulla oblongata, were quite healthy.

A large firm tumour occupied the lower part of the middle lobe of the right hemisphere of the brain; it was very irregular in shape, nodulated, about three inches each way. It rested upon the middle fossa of the skull, where it was covered by a thin layer of cerebral tissue; it was also connected closely with the substance of the brain posteriorly; but in other parts its surface had little connexion with the surrounding tissue; at least, it was perfectly clean after the tumour had been removed. It projected into the right lateral ventricle; had pushed forward the hippocampus major, which curled over its surface; and had so greatly compressed the optic thalamus, and expanded it, that the ordinary shape of that body was quite obliterated. The corpus striatum was intact. At the base, the tumour, by its pressure, had given a twist to the central organs, depressing the corresponding crus, and throwing up that of the opposite side. The same twist was observed on the upper surface of the mesocephale, in the oblique position of the corpora quadrigemina. The tumour projected close upon the place where the right third nerve emerges; the trunk of the nerve was, however, entire. The optic nerves were healthy; but the right optic tract was compressed and completely flattened between the tumour and the crus, whilst the left crus was so much forced upwards as to cause a like pressure of the left tract between it and the middle lobe of the brain. In consequence of this distortion, the left tract was nearly as much flattened as the right. By a very careless accident, I destroyed the right optic tract; but the left tract, examined under the microscope, presented hardly any indication of its normal tissue; some short fragments floating around were nearly all that remained of its tubules. The anterior pyramids and the spinal cord, examined microscopically, were quite healthy.

All the other organs of the body were healthy, but were much loaded with blood. No secondary formation of cancer was discovered.

The tumour presented the usual appearance of encephaloma of a firm character; it exuded only a clear

fluid. It appeared composed mainly of caudate nuclei, with fine fibrous tissue. The nuclei varied in diameter from 1-750th of an inch downward, and each presented a long caudate appendage.

History. W. G., aged 28; married; labourer. We were, unfortunately, compelled to rely entirely on the patient for information; and his torpid condition rendered his history more scanty than could be desired. Eighteen months ago, he was stunned by a heavy blow on the back of the head. He kept his bed for a month afterwards, and it was three months before the wound healed. A small cicatrix over the apex of the occipital bone was, however, the sole remains of the injury, the bone being quite uninjured.

His present illness was only of ten weeks' duration. It began with severe frontal pain, which at once disabled him from work, and more than once kept him in bed for a day or two. A fortnight ago, his sight began to fail. It went a little at first, and only at times; but the blindness rapidly increased, and now is almost complete. He thought that his hearing had been impaired for a month. He had never had any sickness.

I did not see the patient for the first fortnight of his residence in hospital; but it is noted that, when admitted, he complained of severe pain in the frontal, temporal, and occipital regions. In the back of the head, the pain was more severe than it had ever been before; he had also much vertigo. He was very torpid.

The pain increased in severity, especially in the right temple; and when in greatest suffering, the patient placed himself on his hands and knees, with his head hanging low. The head was quite free from heat. The mental faculties became more dull. The pulse was 64.

On the twelfth day after admission, I found him heavy and sleepy, inclined to talk foolishly; but, when thoroughly roused, sufficiently intelligent. Nevertheless, apprehension was obviously slow. He spent his days mainly in sleeping, partly from the effects of opium required to ease the pain, and partly from extreme torpor. The pulse was 64, feeble; respirations 20. He was nearly blind, only just distinguishing the presence of any body between him and the light. The pupils were much and equally dilated. Hearing was perfect.

There was partial ptosis of the right eyelid, but subject to singular variation, diminishing to a very considerable extent when the patient was fully roused. With this exception, the function of all the cerebral nerves, and even of the right third pair, was perfectly normal, excepting that there was some convergence of the axes of the eye, probably consequent upon the loss of the guiding power of vision.

No evidence of paralysis in the limbs could be obtained, excepting only that the movements of the right lower extremity seemed rather formal; but he appeared unable to balance himself, and could not advance without some one at hand to steady him. I should, however, say that the patient's dulness, his obvious weakness, joined with the confusion consequent upon recent loss of vision, rendered the evidence on this point not perfectly conclusive.

A day or two afterwards, when more awake, he gave us with accuracy some details of his history; but the long pauses testified difficulty in arousing his memory.

He was admitted December 17th, and died on the 28th of the following January. He did not present any important change in the symptoms. Sometimes the pain was absent for some days; then it would return with severity, the patient assuming the peculiar posture noticed before, and moaning very much. The ptosis also retained its marked variability. His pulse

remained about 68. Towards the last he wandered somewhat, and then became so dull that it was impossible to rouse him; and finally he passed his evacuations involuntarily. Some dysphagia also presented itself at this period of his case.

His torpid condition quite precluded examination by the ophthalmoscope, though two attempts were made by my friend Mr. Bartleet.

LIVERPOOL NORTHERN HOSPITAL.

CASES OF ACUTE DISEASE OF THE CHEST.

Under the care of A. T. H. WATERS, M.D.,
Physician to the Hospital.

[Continued from page 606 of vol. i for 1864.]

CASE XXVIII. *Pneumonia: Recovery.* (Reported by F. T. ROBERTS, M.B., Junior House-Surgeon.) W. S., a labourer, 30 years of age, was admitted into the hospital on March 23rd, 1864. He said he had been much exposed to cold, and that, three days before admission, he was seized with pain in the right side. He did not, however, give up work till the following day—viz., March 21st. On admission, he complained of severe pain in the right side, cough, and dyspnoea. The pulse was 120; the respirations were 40 per minute. The skin was hot and dry, and the tongue furred. There was deficient movement of the right side of the chest, with crepitation all over the back of the right lung. He was ordered a quarter of a grain of antimony every four hours, a blister to the right side, and beef-tea.

On the 24th, the pulse was 116; the respirations were 32.

On the 25th, the pulse had fallen to 108; the respirations were 40. The pain in the side continued. He had expectorated some rust-coloured sputa. He was ordered a grain and a half of opium at bedtime, and five grains of carbonate of ammonia every four hours. Three ounces of port wine were given at night.

On the 26th, the pulse was 88; the respirations were 26. He had slept, the pain was less, and he was generally improved. There was dulness with crepitation over the front and side of the right lung; but there was no dulness at the base behind, and the breathing behind was good. The opium was repeated at bedtime; he was ordered four ounces of wine; and some ipecacuanha was added to the ammonia mixture.

On the 27th, the pulse was 68. He had slept well, and was decidedly better. The opium was repeated.

On the 29th, the pulse was 70. He complained of a good deal of pain in the chest, which was relieved by the application of croton-oil liniment.

He rapidly improved from this date. He continued the ipecacuanha mixture, and had six ounces of wine daily.

On April 1st, the breath-sounds were normal all over the right lung. He was discharged well.

CASE XXIX. *Pneumonia: Recovery.* (Reported by F. T. ROBERTS, M.B., Junior House-Surgeon.) Patrick F., a carter, 36 years of age, of spare body and somewhat intemperate habits was admitted into the hospital on August 8th, 1864. On the morning of admission, at an early hour, he was out in a shower of rain, got very wet, and did not change his clothes afterwards. In the course of two or three hours, he felt pains in his limbs, and had severe rigors. Soon after he was seized with severe pain in the left side.

When admitted into the hospital, about midday, he complained of a severe pain in the lower part of the left side, increased on inspiration. There were no febrile symptoms, and no abnormal physical signs about the chest. He was ordered a dose of chlorodyne,

and turpentine fomentations. In the evening, he was feverish; but the pain was somewhat less.

On the following morning, his condition was as follows: Pulse 120; respirations 32; skin very hot and dry. The tongue was coated with white fur. The pain in the side had increased, and there was tenderness on pressure. There was no cough; but a good deal of dyspnoea. There was good movement on both sides of the chest. *At the lower and back part of the left lung, the respiratory murmur was peculiarly loud and harsh; but there was no crepitation.* He was ordered a grain of opium three times a day, with a tenth of a grain of antimony every four hours; and for food, beef-tea and milk.

On the 10th, the pain had almost gone. The pulse was 104; the respirations were 28. The medicine had produced vomiting and purging. The physical signs were as follow: There was deficient movement of the left side, and dulness at the left base. There was crepitation over the lower half of the left lung. The mixture and pills were stopped, and the following was prescribed.

R Vin. ipecac. ʒij; tinct. opii ʒj; mistura camph. ʒvj. Cap. ʒj 4ta quaque hora.

On the 11th, the pulse was 106; the respirations were 26. The pain had returned in the night, and was again severe. He had expectorated a small quantity of tenacious mucus. There was less crepitation. The respiration was distinctly tubular at the base of the left lung, with strong bronchophony. A blister was ordered; and two drachms of antimonial wine were added to the mixture.

On the 12th, the pulse was 100; the respirations were 24.

On the 13th, the pulse was 96. There was slight dulness at the back of the left lung, with abundant moist crepitation. Six ounces of port wine daily, and a carbonate of ammonia mixture were ordered.

On the 15th, there was no dulness at the back of the left lung; but crepitation was audible.

On the 16th, the patient was quite convalescent, and able to take meat diet.

On the 17th, he was ordered quinine. He did not recover his strength very rapidly; but steadily improved under the influence of good diet and quinine and iron.

He was discharged well on September 7th.

[To be continued.]

THE HOLBORN UNION. Last week, at the meeting of the guardians of the Holborn united parishes, the letter of the Poor-Law Board, on the late inquiry on the death of Timothy Daly, came on for consideration. A desultory conversation arose on this letter, and on the recommendation of Dr. Carr, the medical officer who assisted Mr. Farnall; namely, that the drugs should be found by the parish, and that the medical officer's salary should be raised from a £100 a year to £150. It was stated this would be a double "rise," as the medical officer now has to find the drugs out of his salary of £100, and two or three of the guardians were of opinion that the salary of £100 was sufficient, as the surgeon had fees which amounted to upwards of £50 a year additional. After a long discussion, it was resolved to recommend the Board to reconsider the whole subject of the medical relief, both indoor and out. On the motion of Mr. Cullen, it was carried that the clerk should write to Mr. Norton and convey to him the censure of the Poor-Law Board, with the expression of a hope that in future he would attend to his duty in respect to keeping the books.

Original Communications.

ON THE PHYSICS OF DISEASE, AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By BENJAMIN W. RICHARDSON, M.A., M.D., Senior
Physician to the Royal Infirmary for Diseases
of the Chest.

Note on the Paper of Mr. Rhodes on Vital Force.

MR. RHODES, in the excellent paper which he published in the JOURNAL of February 4th, has done me the honour to refer to my views on "vital action." In making his remarks, Mr. Rhodes has evidently misunderstood my meaning on two points, and I would, therefore, offer a brief explanation.

1. In speaking of heat as the means of motion in the organism, I do not use the word as specific, but as indicating simply a form of motion; and I am quite ready to agree that the force that is absorbed or laid by in the nervous system is simple motion. At the same time, I feel that the motion produced or evolved in the body is due to the oxidation of carbon, and is primarily manifested or made tangible in the form of heat, or, more correctly speaking, caloric. In other words, the oxidation of carbon is sufficient to produce all the phenomena of animal motion.

2. I agree that the motion conveyed to the nervous system by the blood is communicated not to the nervous centres alone, but to the nervous periphery and to every part of the nervous system which the blood enters; and I would do away altogether with the term "current of nerve-force" as it is usually applied. In my Lettsomian lectures, delivered four years ago, I very carefully considered this point, and was, I believe, the first to point out the communication of motion to nerve at the periphery and in every part. Mr. Rhodes will find a full account of this view in the *Transactions of the Medical Society of London*; but I quote a passage or two in full.

"According to the view I hold, I should infer from all the phenomena observed, that the nervous system is in every part a producer of the peculiar force with which it is endowed; not that the brain or ganglia are special producers; not that a current from these centres, intermittent or continuous, is traversing the nerve-fibre; but that the nerve-structure, so long as it is supplied with blood, is producing the force wherever there is nervous filament. I look on the vast area of nerve-fibre in the peripheral surface; and I see in it a mass equal to that of the brain; I see this mass supplied with blood everywhere, and built always on the same plan. I assign to it everywhere the same purpose and labour.

"In this sense we may look on the muscular system as an entire independency, and on the nervous system also as an entire independency. The muscular system, nourished by blood and charged with caloric as caloric; the nervous system, nourished everywhere by blood, and charged also with caloric in its electrical modification; each are independent systems. We conjoin the systems, and the result of their equilibrium is a simple passive state, while the

result of a disturbance of their equilibrium is motion and sensation.

"Thus, as every portion of nerve down to the minutest branch possesses producing power, the mass of the force generated is so universally distributed, that interference in any part of the nervous communications is reflected to the whole nervous system. So when our distinguished brother, Dr. Brown-Séquard, produces artificial epilepsy, and induces the paroxysm by irritation of some particular external point of nerve, he does, in fact, in that irritation touch at one presenting point the universal fluid pervading the whole body of his subject, and excites, not by special transmission, but by general disturbance of the equilibrium of the forces, a convulsion through the whole muscular organism. So, when with the intermittent current I galvanise a portion of the nervous tract, I produce convulsion, because I induce an alternation of force; at one moment allowing the natural equilibrium to establish itself; at the next moment disturbing it. So, when I continue the current without intermission, I virtually cut off altogether the included nervous tract from its system and cause paralysis of will, because I have cut off also communication with the brain; but I can nevertheless call into play at pleasure the excitability of the nerve-trunks below, as long as they continue to summon into their service blood for their nourishment and force-producing faculty.

"If it were possible to entirely remove from the body every muscular fibre, and, leaving the nervous system entire, still to supply that system with blood and surround it with those conditions under which its blood could be applied; that nervous system would exist as a motionless intelligence. It might think, feel, and by virtue of its sensual organs appreciate and know the external world surrounding it; yet be incapable alike of act or of expression. On the other hand, if every particle of nerve-matter could be removed, the muscular system being left with its attachments to bone still secure, and its blood-current free; that muscular system would remain an unintelligent mechanism, having in itself its *vis insita*, but feeling incapable of exerting movement until brought into action and guided by the intelligent part of a more perfect animal.

"By the combination of the two systems in the perfect organism we obtain, so long as the necessary conditions for life are supplied, the doubly endowed and self-acting body. An excitation of light refracted on the nervous expanse of the retina touches the pervading force, and the animal sees; but this light must be presented to the nerve-expanse, or, in other words, to the force that pervades the expanse, in such way that the absolute physical picture shall be put upon it, or the picture will not be seen. It is not that the picture is to be carried to the brain, but that it is to be looked on at this point of the nervous expanse by the presiding force. A vibration is set up in a mere physical membrane, spread above another distribution of nerves, and the animal hears; it is not that anything is conveyed specially to the brain, but that the equilibrium of the pervading force is disturbed. An impression is made on the skin, and the animal feels; it is not that any current is conveyed to the brain, but that the impression disturbs the balance of the nerve-fluid throughout its universality. The impression made is slight, and it is pleasant, or not painful; it is severe, and it excites the whole animal body, so that the body writhes in agony, and may even die from the reflection of the impression upon the muscular fibre, and the resultant spasm."

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

DIGESTIVE SYSTEM. (Continued from p. 141.)

11. *Intestinal Worms.* The only varieties of intestinal worms that have presented in the last two years, are the *trichocephalus dispar* or long thread worm, the *ascaris vermicularis* or short thread worm, and the *tania solium* or common tape-worm. We have had occasional examples of the large round worm, the *ascaris lumbricoides*, but no case has occurred during the period to which these notes refer. The variety that has obtained most frequently, is the small thread-worm. These have existed in adults as well as in children.

In the treatment of ascarides, the use of injections will generally be successful; but in out-patient practice, the adoption of this measure is often attended with much inconvenience. I have generally depended upon calomel and scammony as a purgative, giving as medicine infusion of quassia with chloric ether. If this plan fail, which it has seldom done, the injection of common salt, or the infusion of quassia, with the tincture of the sesquichloride of iron, should be tried.

In the *tania* cases, I have been well satisfied with the employment of the oil of male-fern. I have usually ordered a full dose of castor-oil to be taken the morning previous to administering the specific remedy. The patient should be directed to limit the quantity of food taken during that day; and on the following morning one drachm or a drachm and a half of the fern oil is to be taken, suspended in mucilage, and on an empty stomach. This plan, repeated twice a week if necessary, for three or four doses, has effected the expulsion of the worm; which, either whole or in portions, is generally brought in triumph by the patient on the next visiting day.

Ether in large doses has lately been recommended by M. Lortet as a remedy for *tania*. His mode of giving it, and the dose, will be found in our JOURNAL for January 21st. With a view to prevent the recurrence of the worm, the patient should be directed to abstain from eating pork, or, if he take any, it should be of the best quality and thoroughly cooked. The raw hams, eaten so largely in Germany, are a fruitful source of *tania*. The tincture of sesquichloride of iron with quassia may be taken for a time with advantage, and if the slightest suspicion of the re-formation of the parasite exist, the oil of male-fern, preceded by castor-oil as before, should be at once administered. It may be sometimes noticed that tape-worm becomes, as it were, epidemic within a certain locality, and then disappears, not to be seen again perhaps for a lengthened period. This fact may be explained by the researches of Küchenmeister and Von Siebold, who have shewn that the *cysticercus cellulosæ* of the pig and sheep is the same parasite, in a different stage of development, as the *tania solium*. Hence, if the former have existed largely in the flesh of those animals in any particular spot, it is easy to understand the comparative frequency of tape-worm at one time, and its almost entire absence at another.

12. *Dysentery.* Only three well marked cases of dysentery have applied as out-patients in the past two years. In one of these, the disease was traceable to a residence in the West Indies. In a second, it first shewed itself during a sojourn in Canada. In the third, the exciting cause was, I believed, attributable to exposure to cold and moisture acting upon a

mucous membrane irritated by an accumulation of unhealthy secretions in the colon.

The first case occurred in a young sailor, and had advanced to a chronic stage. He was emaciated and anxious, and complained of griping pain in the abdomen, which was very tender on pressure, particularly over the ileo-cæcal valve. The evacuations were very frequent, and mixed with blood and mucus. He was directed to have the abdomen poulticed with linseed meal, and as there was much fermentative action in the bowels, I ordered him to take two minims of creasote with one grain of opium three times a day. This medicine acted very satisfactorily, and he recovered perfectly, requiring only cod-liver oil as a tonic.

The second case was taken into the hospital, and treated at first with opium and creasote, which, in this instance, did not check the discharges from the bowels. He was then ordered three grains of ipecacuanha, to be increased by a grain daily up to ten grains, three times a day. This medicine did not produce nausea, but it entirely cured the disease. Flatulent distension of the abdomen continued to give the patient some discomfort. This, however, was quite removed by the compound galbanum pill at night, with the tincture of sesquichloride of iron with chloric ether during the day.

The third case was also admitted as an in-patient, the treatment out of door having been ineffectual. This man had had from eight to sixteen evacuations daily, consisting of bloody mucus, with horribly foetid and unhealthy liquid faecal matter, and the abdomen felt doughy and resisting. The treatment was commenced by two or three doses of castor-oil guarded by laudanum. This had the effect of emptying the intestines of a considerable quantity of semi-solid faecal accumulation; and the inflammation, with its attendant purging, was subsequently quite cured by ipecacuanha in ten-grain doses.

Another rather severe case is now leaving the hospital, in which the same remedy, with poultices, has produced an equally favourable result; but, in consequence of sickness, this patient was unable to increase the dose beyond five grains.

On speaking upon the subject of dysentery as it occurs in India to a friend, an Inspector-General of Hospitals, who has spent the greater part of his life in that country, he states that no remedy is found to act so favourably upon the disease as ipecacuanha. He tells me that he has sometimes found it necessary to give as much as two drachms three times a day, and this with success, after the failure of opium in doses of four grains every four hours. This gentleman also stated that the sickness induced by ipecacuanha was best obviated by giving it combined with the extract of gentian.

13. *Colica Pictonum*. But one case of this affection has presented as an out-patient in the two years, and that by no means of a severe character. The blue line along the edge of the gums was well-marked, but there was no paralysis, and the symptoms were limited to colic with constipation. The disease yielded without difficulty to purgatives, followed by iodide of potassium. The malady in all its bearings has been so fully treated of in our JOURNAL of January 14th, by Dr. Fleming of Birmingham, that it will be unnecessary to enter further upon the subject in these notes.

URINARY SYSTEM.

1. *Albuminuria*. Until recently, the majority of cases of diseased kidney characterised by an albuminous condition of the urine, were included under the general term of granular degeneration or Bright's disease. Dr. George Johnson has done good service

by classifying the different forms of this affection according to the pathological changes upon which each variety depends.

The cases which have presented among our out-patients have been confined to the varieties designated by Dr. Johnson as acute and chronic desquamative nephritis. The two cases of acute renal dropsy both occurred in children, and could be traced to exposure to cold after an attack of scarlet-fever. This is a very common affection among the children of the poor, from the well known fact of acute dropsy supervening so much more frequently upon a mild than after a severe attack of scarlet-fever, rendering careless nursing and rash exposure such ripe causes of the disease. The vessels of the kidney becoming laden with the scarlet-fever poison, in consequence of the suppressed action of the skin, the organ is unable to perform its functions, and while the epithelium is being thrown off in large quantity, there is an escape of serum, and sometimes of blood-globules, into the uriniferous tubes, which, mixing with the urine, renders it albuminous.

Acute desquamative nephritis is not a disease that can be safely treated as an out-patient's malady, but in the cases of the two children, here referred to, the symptoms were not urgent, and by directing them to be kept in bed, and giving purgatives and diaphoretics, and subsequently iron, they both recovered, and the urine was restored to a healthy condition. The patient should in all cases be directed to wear flannel next the skin after an attack, however mild, of acute desquamative nephritis. The remaining cases which came under notice as out-patients, presented merely the phenomena of chronic renal dropsy uncomplicated by heart-disease. They were much benefited by treatment, but the condition of the kidney precluded its restoration to a healthy structure. A few words upon the chemical as well as the microscopical examination of the urine, and the import of the latter in reference to diagnosis, may not be out of place.

In examining the urine for albumen, I believe that a correct estimate of its amount and value as a diagnostic sign is often overlooked, from the hurried and imperfect manner in which its presence is sought. In testing for albumen, it is not sufficient to depend upon the result obtainable either by heat or nitric acid used separately. If, for instance, the urine be alkaline, heat will often fail to throw down albumen, even if it exist in large quantity. It is necessary, therefore, to make the urine first *decidedly* acid, and then apply heat, which will freely develop the precipitate. Again, heat used alone, without the addition of acid, may render the urine cloudy from an excess of earthy phosphates. On the other hand, nitric acid, if added singly, may deceive, by decomposing the acid salts of the urine, and thus form a deposit, which will be again dissolved by the application of heat.

It is unnecessary to boil the urine in order to obtain a precipitate, as a temperature of 180°, or even less, will suffice to coagulate the albumen.

Chronic desquamative nephritis, which is essentially a disease of mal-nutrition, may obtain as a sequel to the acute form, or it may originate as a blood-disease; and it may exist for some time without the occurrence of dropsy; or, if any be present, it is only evidenced by slight morning puffiness of the eyelids, or evening swelling of the ankles. Under these circumstances, we may have as symptoms only general *malaise*, with dyspepsia, and chronic rheumatic or myalgic pain. The patient often finds it necessary to empty his bladder more frequently than usual, especially at night; and the quantity of urine is sometimes considerably increased. On examining a deposit collected from the urine, we find it to con-

sist of granular masses of fibrine, with cylinders, and broken up epithelium which has been thrown off, and subsequently washed from the tubes by the urine.

In the acute disease, the epithelium is generally entire; while, in the chronic form, the cells are disintegrated and granular, and free from the blood-corpuscles which frequently obtain in the former variety.

There is another form, described by Dr. Johnson as the non-desquamative and fatty degeneration of the kidney. This may result from ulterior changes taking place in the desquamative varieties; or it may originate from exposure to any of the causes productive of depraved nutrition. In the fatty degeneration, the urine is more frequently diminished in quantity, highly albuminous, clear, and of very low specific gravity; and the resulting anasarca is a much more common and early attendant than in the desquamative form of the disease.

The microscope shows waxy casts, containing oil-globules, some adhering to the walls of the cast-off cells, and others scattered over the field of the instrument.

In reference to prognosis, Dr. Johnson states that "the quantity of disintegrated epithelium in the urine is a pretty accurate measure of the rate at which the disease is progressing." Again: "A very advanced state of disease is indicated by pale, almost colourless urine, rather small in quantity, more or less albuminous, with a scanty sediment containing large waxy casts."

In the treatment of chronic albuminuria, the facilities for benefiting the patient will be, of course, much enhanced if we can procure his admission within a hospital; and, indeed, if dropsy, or other secondary complications, be severe, treatment as an out-patient will be impracticable.

If much tenderness on pressure exist over the kidneys, the withdrawal of a few ounces of blood by cupping may sometimes be resorted to with advantage. Afterwards, repeated dry cupping, and the application of mustard plasters or a strong solution of iodine over the same spot, will be useful. The warm or hot air baths, when attainable, will be important adjuncts to the treatment.

For the removal of the anasarca, purgatives and diaphoretics will be found very valuable remedies. If the effusion be not very extensive, I have seen an excellent effect from one-eighth of a grain of calomel taken every night, followed by a drachm of the bitartrate of potash in three or four ounces of water the next morning. If the dropsy be extensive and distressing, the calomel may be increased to one-third of a grain and upwards, taken early in the morning, so as to insure copious watery evacuations. There is no better diaphoretic in this disease than the citrate or acetate of ammonia, with which I usually combine the spirit of nitrous ether and tincture of digitalis.

I have not myself seen reasons to fear the use of diuretics in the treatment of chronic albuminuria, especially if combined with an alkali, which renders the urine less acid and irritating to the denuded tissues over which it has to pass. The following is a formula which sometimes answers exceedingly well.

(*Phor. Lond.*) R. Ferri ammon.-citrat. ʒss ad ʒi; potasse bicarb. ʒiiss; potasse nitrat. ʒss; tinct. digitalis ʒi; spir. æther. nit. ʒij; mist. camph. ad ʒviij. M. A sixth part three times a day.

Having more or less drained off the serum, no remedy becomes so valuable as iron: and no preparation answers better than the tincture of the sesquichloride, with sulphate of magnesia and tincture of digitalis.

The cases of our out-patients did not present com-

plications requiring especial treatment for any secondary disorder besides the anasarca.

The removal of the poor to a more open and healthy residence is seldom attainable; but, if it can be effected, it is a measure tending to improve the deteriorated condition of the blood which accompanies this disease.

For the higher and wealthier classes, some well authenticated cases have been detailed, in which the most happy results have followed a long sea-voyage to a tropical climate. In the case of young persons suffering from the chronic desquamative form of the disease, the propriety of recommending such a step might become a matter for grave consideration and consultation.

[To be continued.]

REMARKS ON PHTHISICAL INSANITY.

By S. W. D. WILLIAMS, M.D., L.R.C.P. Lond., Acting Medical Superintendent of the Northampton General Lunatic Asylum.

THE learned Lecturer on Psychology in University College (Dr. Sankey), in his "Illustrations of the Different Forms of Insanity", in the *JOURNAL* for February 11th, seems to doubt whether there are symptoms of a peculiar and distinct type in "phthisical insanity", by which it can be detected from other forms of insanity. I hope he will not think me presumptuous if I take the liberty of differing from one who has had such extended experience as he has; but, both before and since the appearance of Dr. Clouston's paper in the *Journal of Mental Science*, I have paid special attention to such cases, and I cannot but agree with Dr. Clouston in his theory. I will go even further, and assert that I could diagnose incipient tuberculosis from a mere examination of the psychical condition of a patient suffering from this disease, and have certainly done so on many occasions.

In such patients, I should expect to find great excitability, irritability, and emotional exaltation; a tendency to fits of laughing and crying; delusion of a suspicious nature, and a most unpleasantly strong tendency to misconstrue the actions of their attendants; constant complainings of everybody and everything. Indeed, the more assiduously such patients are attended to and cared for, the more capricious, selfish, and unthankful they become. Nothing pleases them; and the least irregularity gives rise to delusions and hallucinations which torment and distress them beyond measure. There is a strange mixture of sense and nonsense, reality and delusion, pertinence and irrationality, in all they do and say. They will utter the most satirical and witty things one moment, and on the next wander into strange paths strewn with the most wild and chaotic vagaries and ideas. At rare intervals, they become quite calm, rational, and happy; and seem to revel in sweet recollections, whilst

"Their memory brightens o'er the past,
As when the sun, concealed
Behind some cloud that near us hangs,
Shines on a distant field."

It is impossible, within the compass of a short note, to accurately do justice to this subject; but such a collection of symptoms as even those run through above never, I submit, occur except in connexion with insanity combined with tuberculosis; and yet the faithfulness of my description will, I think, be allowed by all who have had any long connexion with mental alienation.

CASES OF ORTHOPÆDIC SURGERY.

By DR. BEREND, Director of the Orthopædic and Gymnastic Establishment at Berlin.

CASE I. *Permanent Restoration of the Functions of a stiff Elbow-joint (complete Ankylosis) by Resection of the Epiphyses.* The operation was executed five years ago; and, considering the amount of osseous ankylosis, it was indispensable. The result exceeded all expectation, inasmuch as the motion of the elbow-joint, which was quite impossible before, was perfectly restored. Of physiological interest is the circumstance, that the resected epiphyses of the upper arm and ulna grew into the shape of a real elbow-joint. This regeneration was not obtained by the preservation of the periosteum.

CASE II. *Spurious Ankylosis of the Elbow-joint; Oblique Fracture of the Epiphysis of the Humerus.* The fracture had passed through the internal condyle and trochlea without any luxation. The internal condyle was split into two fragments, the undermost of which was dislocated and united to the uppermost. The joint had become useless. From the nature of the injury, an operation in this case was not admissible; but the advantage obtained by gymnastic treatment appears the more evident.

CASE III. *Spastic Right-angled Fracture and Ankylosis of the Elbow after a Fall, cured merely by Gymnastic Exercise.* This observation belongs, perhaps, to those that are most rarely met with, and may be compared to a similar case of spasmodic knee-contraction caused by injury of the leg, the highly interesting cure of which is described by the author in the tenth account of his establishment (p. 19, Berlin, 1861, Hirschwald). The above patient suffered a fall, in consequence of which the elbow was at once permanently placed at a right angle. Neither the application of cold nor plaster bandage brought relief. Gymnastic treatment, carried on for three months, perfectly restored the functions of the joint.

CASE IV. *Fracture of the Forearm, Gangrenæ, Consecutive Contraction of the Forearm and of the Wrist, with Impossibility of using them. Section of the Palmaris Longus. Treatment by Orthopædic and Gymnastic Exercise. Restoration of the Normal Shape and of the Functions of the Forearm and of the Hand.* This observation proves the correctness of Dr. Berend's opinion, that, with a certain species of distortions of the fingers, the carpal flexors are principally concerned; and that the resection of them (in the above mentioned case, the resection of the palmaris longus) is sufficient, while tenotomy of the real flexors of the fingers is to be avoided. At the same time, the usefulness of a rational and varying gymnastic and orthopædic treatment, in which so often the whole mystery of orthopædy is comprised, is placed in the proper light.

CASE V. *Paralysis of the Right Lower Extremity in an Infant; Inclination of the Pelvis; Varus Paralyticus; Cure by an Operation, by Orthopædy, and Electricity. Amelioration of the Walking Movement by Application of an Orthopædic Apparatus. Restoration of the Normal Position of the Pelvis.* The indispensableness of orthopædy as a means of support with paralytic muscles, especially of the nether extremities which are short of the quadriceps, is shown by this observation. The quadriceps is replaced by propping the knee and transferring the whole power of bearing to the muscles of the hip, as the latter suffice to effect locomotion. The realisation of this principle (which, unfortunately, is by no means universally acknowledged) is repeatedly recommended

to the physicians, and the success obtained in the case just mentioned pointed out.

CASE VI. *Ankylosis of the Thigh at both Sides, with the highest Degree of Adduction, and nearly right-angled Pronation of the Trunk, in consequence of Rheumatism; Forceful Extension also in the Abductive Direction. Treatment by Orthopædy and Gymnastics; Essential Improvement.* This case is, in spite of Dr. Berend's long experience, especially in deformities of the hip, the only one of this kind that has ever occurred to him; and only a single deformity of the hip, although but of one side, has been described by the author in the tenth account of his establishment. The great value of a thorough diagnosis of this kind of diseases, which are so difficult to distinguish, appears as evident from this observation as the necessity of immediate forcible stretching of the hip in the highest degree of ankylotic juncture. In regard of the treatment after the operation executed, the advantage of gymnastics and orthopædy, in order to straighten that part of the body which had so long been in a perverse position, is to be put into consideration. The orthopædic apparatus invented by Dr. Berend for this purpose, which is inserted into the bed of extension, and at the same time a supporting apparatus, of which the author gives us a very fine picture, most evidently prove that it is not only the operation, but the proper treatment after it, from which a favourable result for the cure of deformities may be expected.

CASE VII. *Ankylosis of both Knees. Successful Treatment by Forceful Extension.* While the preceding case explains to us the importance of the highest degree of ankylosis of the hip, the latter presents us an inveterate ankylosis of the knee with a person of advanced age. Here we see improvement obtained in a man of fifty-eight years of age, suffering from arthritic nodosis, after he had with difficulty dragged himself along by means of crutches. Here, too, the brisement force was the only expedient, which in a few months effected an upright carriage. The latter two observations, being most unmistakably illustrated by instructive pictures, will preserve a lasting value for the pathology of deformities.

[Dr. Berend's cases are interesting; but he does not tell us that which practitioners would most desire to know: viz., the nature of the gymnastic and orthopædic treatment which he employs. Ed.]

BEQUEST. By will, the Hon. Gertrude Florinda Tollemache has bequeathed to the Middlesex Hospital all her linen and under-clothing; and plain pocket-handkerchiefs without borders or lace.

SMOKEY AIR. The Registrar-General makes the following opportune remarks on the atmosphere and thoroughfares of London:—"If coal were cheap, the greater command which the poor would have over that commodity would materially help to reduce the winter rate of mortality; and if smoke were abated at domestic fires, as well as at bakers' ovens and public furnaces, by more thorough combustion of fuel, the carbonaceous particles which they emit would not darken the air and pollute whatever they touch, nor, by forcing a passage into the throat and lungs, aggravate or excite fatal pulmonary complaints in human beings. Given a broad river, with a temperature at the time above that of the air; let there be another vast moisture exhaling the surface on its banks 60 or more square miles in extent, and this area covered with houses which pour smoke from a million of chimneys into a still atmosphere, and the result is that almost impervious fuliginous mass called 'a London fog.'"

Reviews and Notices.

ON THE DIAGNOSIS AND TREATMENT OF CANCER AND THE TUMOURS ANALOGOUS TO IT. By MAIRIE HENRY COLLIS, M.B. Univ. Dub., F.R.C.S.L., Surgeon to the Meath Hospital and County Dublin Infirmary, etc. Pp. 317. London, John Churchill and Sons: 1864.

THE eighteen chapters into which this book is divided have as titles: 1. Various Forms of Cell-growth; 2. General Remarks on the Clinical Aspect of Tumours; 3. Encephaloid Cancer; 4. Scirrhus; 5. Atrophic Scirrhus; 6. Lardaceous Scirrhus; 7 and 8. Treatment of Scirrhus; 9. Canceroid Tumours; 10. Fibro-plastic and Myeloid Tumours; 11. Recurrent Fibroid and Fibro-nucleated Tumours; 12. Fibrinous or Hemorrhagic Tumours; 13. Colloid Tumours; 14. Fibrous Tumours; 15. Epithelioma; 16. Cystic Tumours; 17. Adenoid Tumours; 18. Melanosis.

In the first chapter, Dr. COLLIS describes the characters of various forms of cells, and expresses his opinion that all these, benign and malignant, are not separate entities, but variations of the healthy lymph-cells; between which and the special cells of cancer and of fibrinous and fibrous and fibro-plastic tumours, all gradations are to be met with. He points out, and endeavours to formulate, that the observation of the resemblance of the cells of a tumour to the healthy lymph-cell, or of their divergence therefrom, is of practical clinical utility.

"The nearer the constituent cells of a tumour approach to the healthy lymph-cell in form and power of development, the more clinically benign is the tumour; the farther they are removed in these two particulars from the healthy type, the more destructive or malignant is the growth. To this I would add the further observation, that tumours of rapid growth, and with a tendency to recur, have round or oval cells, which are rapidly reproduced, and have small powers of development in the direction of fibres, while the more chronic tumours, as a rule, are composed of cells which have more or less tendency to form fibre. By a combined use of these formulae or laws, a correct conclusion may generally be deduced as to the rate of growth of any given tumour, and its tendency to return, even when its clinical history and features are unknown to us. It is not, however, expedient to get the habit of examining tumours microscopically, without as accurate an acquaintance as possible with their clinical aspect." (Pp. 4-5.)

In the second chapter, the author gives a classification of tumours founded on their structure. He divides them into two classes: viz., those tumours which are mainly composed of cells, including encephaloid and scirrhus cancer, fibro-plastic, fibroid or recurrent, and fibrous tumours, and epithelioma; and tumours in which the cellular element is not of primary importance, including cystic and fatty tumours, enchondromata, and bony tumours.

In his remarks on Epithelioma, Dr. Collis gives reasons for not considering the affections as cancerous or canceroid. It is not, he says, originally an infiltrating growth; and "its superficial origin, its slow progress, its indisposition to infiltrate the deeper structures or to contaminate the glands, the certainty of cure which follows its timely removal, and the

different appearance of cancer when occupying similar localities, are of sufficient importance to outweigh the points of resemblance which it undoubtedly bears to cancer in its advanced and secondary stages."

The author of this work has ably combined the observations of recent writers on the pathology and treatment of tumours with his own. The utility of the book is increased by the record of cases, and by the introduction of numerous well executed coloured plates and woodcuts.

ESSAYS AND REPORTS ON OPERATIVE AND CONSERVATIVE SURGERY. By RICHARD G. H. BUTCHER, Surgeon and Lecturer on Clinical Surgery to Mercer's Hospital, Dublin. Illustrated by Lithographic Plates (coloured and plain) and Engravings on Wood. Pp. 933. Dublin: 1865.

THE readers of the *Dublin Quarterly Journal of Medical Science* will be familiar with many of the surgical essays contained in this volume. These are now revised and reprinted, together with abundant new matter: the whole constituting a remarkable display of the energy and ability of one man, and a not less distinguished record of actual experience in almost every branch of practical surgery.

As might be expected, the foremost place in the book is accorded to the subject of Excision of the Knee-joint. Commencing with Mr. Fergusson's revival of the operation in 1850, Mr. BUTCHER supplies his readers with everything necessary to be known concerning the proceeding down to his last recorded case in September 1863. The high appreciation which his views have already met with from the profession on this particular question, does away with the necessity of our following him step by step over the ground he has so cautiously trodden. We give, therefore, a summary of those rules which, according to his latest experience, ought to guide the surgeon when the operation is had recourse to. These are:

1. The bones must not be diseased far beyond their articular surfaces.

2. The H-incision should be preferred.

3. "The patella should be taken away in all cases, whether diseased or not."

4, 5, and 6. Have regard to the prevention of "intermediary hæmorrhage"; the adjustment of the limb on the operating-table, and its final security, being assured by the box-splint.

7, 8, and 9. Enjoin the non-disturbance of the limb for several days. Drainage-tubes are to be used in case of abscesses, and the "free administration of stimulants and sedatives" are "imperatively demanded in all cases of excision, regulated, to a certain extent, by age, sex, temperament, and habit."

The further discussion of one point, and one point only, seems avoided by Mr. Butcher: Is not the growth of the limb checked by excision of the joint in childhood? We believe that the answer to this must yet be in the affirmative, in the absence of evidence of the contrary being established. As to whether the little limb is better than a wooden one, as maintained, *per fas et nefas*, by Professor Fergusson, in his last year's lectures before the Royal College of Surgeons, when commenting on the published observations on this "want of growth" of Dr. Humphry and Mr. Pemberton, this is matter on

essay of Professor Zenker to our readers as an important contribution to the knowledge of typhus fever and zymotic diseases in general.

There has also appeared the concluding portion of the second volume of the *Anatomy of Man*, by Hubert Luschka, the Professor of Anatomy at the University of Tübingen. This part is a stately volume, and treats of the pelvis and the organs contained in it. It is adorned with sixty-two beautifully executed wood-cuts, which, by their originality and clearness, remind us of the copper-plates of Camper and Smellie. The text is a masterpiece of arrangement and style; and accomplishes an apparently impossible task—namely, to make the study of anatomy from a book an interesting pastime or an useful effort. We cannot give any higher praise to this work, than that it has enticed us to read many chapters right through, merely for the purpose of enjoying a piece of natural history at the hands of one of its most accomplished teachers. We can conscientiously say, that physicians and surgeons cannot get a better book of reference than Luschka's *Anatomy*. The book has another advantage, in that here and there heavy matter is seasoned with the salt of Latin and Greek quotations. These efforts have succeeded more to our liking than those of Hyrtl.

A monograph by Dr. W. Erb, assistant-physician in the Medical Klinik at Heidelberg, treats of the Physiological and Therapeutical Effects of Picric Acid. The author gave picric acid mostly combined with alkalis; so that his results and his doses must be understood to refer to picrates. He found that, when taken by the stomach, it dyed nearly all the tissues of the body, and was excreted with the urine. When larger quantities were absorbed into the blood, many red corpuscles became destroyed; the white ones, on the contrary, were augmented, and a kind of artificial leucocythæmia was the result. The author also speaks of a kind of artificial icterus caused by the picrates; but it is not clear whether he designates thereby the yellow coloration due to the imbibition of the picrates, or a coloration caused by colouring matter of bile. While small doses of picrates can be borne for a long time, large doses produce symptoms of inanition and death. Fifteen grains of picrate of potash or soda is a moderate dose for an adult. But children and feeble persons require very small doses, and those must be administered with great caution. The only tangible effects of picrates are of an anthelmintic nature. They are most strongly pronounced against the *tænia serrata* of the dog. The *tænia solium* of man is also expelled by its use with tolerable certainty; of the *tænia saginata*, pieces only, and never heads, come away after its use. It is excellent against the *ascaris lumbricoides*; less powerful, but still effective, particularly in the form of clysters, against the *oxyuris vermicularis*. *Trichinae* and *cysticerci* are not affected by it. Inter-mittent fever is in no way altered by its use. [Erb evidently was not aware of the use which London cow-keepers make of picric acid. They use it, in combination with turmeric powder dissolved in old ale, as

a purgative drink for cows ("tamrie and icy piecie drink.")]

The Report of the Sixth Annual Meeting of the Central Society of German Dentists (*Germanische*, "tooth-physicians"), which was held at Munich on Aug. 1st, 2nd, and 3rd, 1864, has been published. The scientific meetings were held in the apartments of the Academy of Sciences. The first discussion concerned anæsthetics and their use in dentistry. The suboxide of nitrogen (*pulgo*, laughing-gas) came in for a large share of attention. After much discussion, Snærsen of Berlin read a paper on the Preparation for Stopping of Teeth in which the Pulp is Bare. After several subjects of great practical value had been discussed, Schrott of Mühlhausen communicated his system of obtaining the most certain impressions and the most accurate articulation. The Report is full of matter which must be of great interest to dentists. In its last meeting, the assembly awarded two prizes—one to the author of a competitive popular essay on the Hygienic Treatment of the Teeth; the other to Schrott of Mühlhausen, for his paper and demonstration.

Aniline and aniline dyes have now become articles of wholesale manufacture, on the continent as well as in England. In West Prussia, many cases of poisoning occurred round places where these articles were manufactured. It was found that they arose from careless manipulation of the arsenical residues obtained in the manufacture of the dyes. The work of Dr. Sonnenkalb, *On Aniline and Aniline Dyes, from a Toxicological and Hygienic Point of View*, contains all the information on this subject which can at present be obtained.

Bärensprung's work on *Hereditary Syphilis* has been published after the death of its accomplished author. He completed the manuscript during a lucid interval in the mental derangement with which he had lately been seized; the insanity returning, he put an end to his life by drowning. The book he has left gives evidence of his great power of observation, and the extensive range of his practice. The work is accompanied with seven plates.

The *Preussische Medicinal-zeitung* has ceased to exist; and its staff and connection are merged in the *Berliner Klinische Wochenschrift*.

Even in Germany, the quarterly publications are becoming too slow for the impatient and impetuous pioneers of science; and the monthlies are consequently in the ascendant. But the greatest success is the *Berliner Klinische*, which comes out weekly; and mostly contains good and interesting matter, and sometimes well written essays.

The *Pharmaceutische Zeitung* gives a series of articles on the affairs of the apothecaries in Prussia. That kingdom, containing 18,500,000 inhabitants, has 1580 apothecaries' shops, all privileged and under supervision; there is, consequently, one shop for every 12,000 inhabitants. The population buys medicines at these places at the rate of one shilling ($\frac{1}{3}$ of a dollar) per head per year. There are about 7500 practitioners of medicine in Prussia; and their aggregate

income now may be calculated at 5,000,000 dollars *per annum*. It will be remembered that the apothecaries in Germany are not permitted to practise, in any sense, as curers of disease; but must confine themselves strictly to the dispensing of prescriptions written by medical men. These arrangements are now imitated very closely in the empire of Russia.

Professor Griesinger of Zurich has been called to fill a newly created chair for psychiatrics at Berlin, and to take charge of the klinik for mental diseases.

It is rumoured at Berlin, that Leyden, the author of a work on Progressive Paralysis from Disease of the Spinal Marrow, will be called to the clinical chair at the University of Königsberg.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	York House, Bath.	Thurs., March 2, 7.30 P.M.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

DECEMBER 15, 1864.

Alopecia Areata, followed by Universal Loss of Hair. By T. BALMAN, M.D. It was remarkable that a disease which had received so much attention, and had not been very inaccurately described by many of the older writers, should still have to be classed among the most obscure, and least understood, of the whole group of cutaneous maladies.* Very contradictory opinions were held regarding the appearances presented by the disease. Willan, Good, Hutchinson, Bazin, Burgess, and Turner, distinctly asserted that the bald circular patches, one of its characteristic features, were, for the most part, smooth, white, and shining, and never exhibited any indications of redness, pustules, or scurf; whilst Todd, Anderson, Devergie, and others, considered that the skin from which the hair falls was almost always changed both in structure and appearance: being red and inflamed, often puffy and oedematous. Dermatologists were equally at issue regarding its causes. Robin, Gruby, Bazin, Küchenmeister, and Anderson, believed the disease to be one of parasitic origin; whilst the great majority of English observers, including Wilson, Hutchinson, Startin, and Jenner, appear not to have discovered nor to believe in the existence of the fungus first described by Gruby in 1843, and named by him the *microsporon Andouini*. Its contagious character was admitted by one party, denied by the other. Those who believed the little parasite to be the cause of all the mischief had no difficulty in adducing evidence of its spread, by contact or otherwise, among members of the same family. The English school, with one or two exceptions, stood alone in denying that the disease was ever communicated in this way.

The records of medicine supply but a very few examples of the complete loss of hair, whether resulting from alopecia or from other causes.

* Alopecia, porrigo decalvans of Willan and Bateman, is mentioned by Asclepiades, Archigenus, Galen, and Celsus.

A case is given by Hardy occurring in a child. (*Leçons sur les Maladies de la Peau*, par le Docteur Hardy.) Devergie, with his great experience at St. Louis, appears to have met with only one rather doubtful case of this kind. (*Traité Pratique des Maladies de la Peau*, par Alphonse Devergie.) J. P. Frank saw it in a young man; and instances of its sudden occurrence are mentioned by Paulini and Heister. (See also *Journal de Physique*, t. xiv; *Berlin Méd. Trans.*, vol. iii, p. 372; *Journal de Progrès*, t. xiv, p. 244; and Otto's *Pathology*, by South, p. 120.)

The following lately came under Dr. BALMAN's own observation; and its history clearly showed, that it commenced with well defined patches of baldness, and was unquestionably, at its commencement at all events, a case of true alopecia.

R. H., aged 33, a man of about the middle stature, and in robust health, stated that he was a cabinet-maker by trade, unmarried, and a native of Scotland, having resided in England only a few months. His family had generally been reputed healthy, and for the most part had lived to a ripe old age. In July 1861, his attention was first accidentally drawn to a small bald circular spot, of about the size of a sixpence, on the back part of his head, a few inches from the left ear. Other spots of a similar kind soon showed themselves below, and subsequently on the opposite side of the head; they never coalesced, nor, to the best of his recollection, did they ever exceed the diameter of a two-shilling piece. Some months later, he observed, for the first time, that his hair was gradually becoming thinner, more particularly from the vertex downwards; and on looking at his brush and comb one morning, he noticed that they were covered with an unusual quantity of loose hair, and very shortly afterwards discovered, to his great consternation, that it was all rapidly falling away. The denuded patches first noticed were never red or tender to the touch; and, but for the loss of hair, he probably would not have noticed them.

In March 1862, seven months from the commencement of the disease, every hair had vanished from his body—except that one solitary stranger on the right side of his face had survived the wreck. It looked remarkably vigorous and well, and seemed little disposed to follow the bad example of its kin. With this exception, not a hair of the smallest size was to be found on any part of his body. Whiskers, eyebrows, eyelashes, genitals—all were completely naked.

There was nothing in his present or antecedent state of health to account for this sudden phenomenon. His health had been always good; and he had continued his occupation up to a very recent period.

The scalp looked perfectly white, smooth, and unusually glossy, and was rather more firmly adherent to the cranium than was usual. He had never seen the slightest indications of any scurf, pimples, or discoloration; and only very faint traces of the hair-follicles were perceptible.

The only peculiarity noticed was a partial state of anesthesia of the scalp. This was obvious enough on the application of either the acetum lyttæ, or a strong concentrated tincture of iodine, of which he scarcely took the slightest notice for very nearly twenty minutes; even then he remarked that he scarcely felt that any application had been made to his head at all.

He wore a wig as a protection from cold, and to conceal his deformity. The only other inconvenience he felt was in dusty weather, when his eyes sometimes became red and troublesome from particles of dust coming into contact with them.

The course of the disease in this instance was ex-

which surgeons may fairly differ in accordance with the particular merits of any given case. But the fact remains, nevertheless, as laid down many years ago by Mr. Syme, and too fully confirmed since to justify doubt: "The growth of the two limbs is not equal."

Mr. Butcher thought otherwise when he wrote in 1857. Our regret is, that he is so silent on this subject in 1865.

From the knee, the author passes on to the Elbow and Wrist-joint: the Conservative Surgery of the Hand; the Excision of the Upper and Lower Jaws; and concludes this section of the book, occupying 357 pages, with an account of Certain Cases of Excision and Removal of the Shafts of the Bones.

Under these various heads, the surgeon and the student will alike find a storehouse of practical information, gathered at the bedsides of patients, and recorded with eloquence and truth for their guidance.

For the other subjects considered in this very able addition to our works on practical surgery, we mainly recommend our readers to the book itself, satisfied that no operating surgeon should be without it; as not only are the historical and surgical peculiarities of every case most fully related, but every detail of dressing, of daily treatment and complication, are discussed in such a manner as to convey exactly the knowledge wanted by the inquirer having to deal with diseases of similar magnitude and importance with those described by Mr. Butcher.

Amongst the most important may be mentioned. Wounds of Arteries and their Treatment; and, as a part of this, in particular, On Wounds of the Palmar Arches of Vessels. The author is decided as to the treatment he would adopt in these latter cases: graduated pressure, flexion, and (if necessary) ligature of the brachial. This view, we take it, will commend itself to most surgeons; though it is curious how great diversity of opinion exists amongst authorities on the question. Nor is this diversity confined to mere opinion; at least, it was not in London, when the case of wound of the ulnar artery in the palm, and its treatment, under the care of so eminently experienced a surgeon as Mr. Skey, is borne in mind. (*Lancet*, vol. i. 1855, p. 574.)

Syme's and Pirogoff's Amputation at the Ankle-joint; Amputation at the Knee-joint and at the Knee; On the Treatment of Fracture of the Thighbone, and in the Vicinity of the Ankle-joint; The Treatment of Hare-lip; are titles of essays which follow—the last mentioned containing some most valuable hints on how and when to deal with complicated cases.

In the paper on Lithotomy in the Infant and the Child, the details of seven cases of successful lateral operation are given, at ages varying from $1\frac{1}{2}$ years up to 9. In all these cases, the forceps were conducted into the bladder on the blunt gorget. Mr. Butcher thinks the gorget will "travel through a smaller space" than the finger. We, however, deny this. He goes on to say:

"The forceps passed along the finger seem more showy to lookers-on; but greater security is ensured to the patient by conducting the instrument through the hollow of the gorget; therefore, the latter must be received and considered most practical." (P. 747.)

This is, in our judgment, an unnecessary precau-

tion. No fact is, perhaps, better established amongst English lithotomists of the present day, than the almost unerring certainty of consent with which the forceps follow the finger into the bladder on the withdrawal of the staff. The great aim of modern surgery has been to simplify the character and reduce the number of instruments used in operations. Lithotomy, as carried out by Liston in the past, and Fergusson and his disciples in the present, may certainly lay claim to be first on the list in this respect.

We regret we are precluded, on account of space, from referring to several other subjects of interest which bring this volume to a close.

But enough has been written to show the estimate in which we hold Mr. Butcher as a surgeon and an author; and we repeat our conviction that this work embodies, in a remarkable degree, those practical elements the publication of which confers distinction on their author, and on the great school of Dublin; and that—which is of far more importance—great advantage will be derived from its perusal by the profession.

HANDBOOK OF DENTAL ANATOMY AND SURGERY, for the Use of Students and Practitioners. By JOHN SMITH, M.D., F.R.C.S., Surgeon-Dentist to the Royal Infirmary, Edinburgh. Pp. 136. London: 1864.

OF the eight chapters of which this little work consists, the first three are on the Anatomy and Physiology of the Teeth and Maxillary Apparatus; the fourth on Dentition; the fifth on Dental Diseases; the sixth on Extraction and Instruments; the seventh on Filling or Stopping Teeth; and the eighth on Anaesthetics.

To commencing students of dentistry, this work will no doubt be useful. The matter is concisely expressed, and very simply—sometimes, indeed, especially in the anatomical portions, in a very elementary manner. But practitioners, we think, are likely to require more information than is conveyed here.

Dr. SMITH deserves thanks for his attempt to remove from his pupils the preliminary difficulties attending the study of dentistry. It will give them a very fair introduction both to the scientific and the practical study of their profession.

ON THE EARLY SYMPTOMS OF PHTHISIS, and the Means best adapted to Prevent or Arrest its Development. A Graduation Essay. By P. W. LATHAM, M.D., Fellow of Downing College; Physician to Addenbrooke's Hospital, etc. Pp. 48. Cambridge and London: 1864.

IN this essay, Dr. P. W. LATHAM proposes:

"1. To discuss the nature of tubercular deposit in the lungs, and the changes which it subsequently undergoes.

"2. To point out and establish the fact, that nature does frequently effect a spontaneous arrest, not only in the early, but even in the advanced stage of phthisis.

"3. To show what are the exciting causes and the early or premonitory symptoms of tubercular deposit; and,

"Lastly, what means, hygienic or medicinal, should be adopted to prevent or arrest its further development."

The views expressed by the author are sound and practical. In speaking of the treatment, he insists strongly on the importance of hygienic measures—nutritious food, good ventilation of the patient's habitation, and regular exercise. Without these, he very correctly says, "medicine is utterly powerless and useless, and the treatment of the disease perfectly hopeless."

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

EXTRAUTERINE PREGNANCY IN A WOMAN WHO HAD UNDERGONE CÆSAREAN SECTION. In 1863, Dr. Hillmann of Bonn performed the Cæsarean section on Frau K., who had all the symptoms of progressive molities ossium. In February 1864, being in the eighth month of her pregnancy, she fell against a hard article of furniture; after which the fetal movements were no longer felt. In the night of February 12th, labour-pains set in, with discharge from the vagina. On attempting to make a digital examination, Dr. Hillmann found that, on account of the narrowness of the space between the rami of the pubic bones, he could introduce his finger no further than the vaginal entrance; the os uteri could not be reached. He thought it possible that rupture of the uterus might have occurred, with escape of the child into the abdominal cavity; but the general symptoms which should denote such an occurrence were absent, and the labour-pains continued, although feebly. The fetal heart-sounds and movements could not be perceived. The labour-pains gradually ceased; and Dr. Hillmann waited, but in vain, for their reappearance as an indication for further operative proceedings. In eight days, the external enlargement of the abdomen, especially in the ilio-cæcal region, assumed an erythematous appearance; the part was tender to the touch, and felt as if there were œdema of the subcutaneous areolar tissue. At the same time, febrile symptoms appeared; and, as the epidermis desquamated, the patient had occasional sanguineous discharges from the bowels, which required the use of strong injections of acetate of lead to arrest them. On February 27th, an abscess appeared between the umbilicus and symphysis pubis. It broke, and discharged a quantity of fetid liquor amnii. On introducing the finger, Dr. Hillmann felt the body of the fetus immediately behind the abdominal wall. Subsequently, the right hip of the child, denuded of its epidermis, presented at the opening and was removed by Dr. Hillmann. Fearing that the continued pressure on the abdominal walls might lead to their laceration, he, after the bladder had been spontaneously emptied, extended the abscess-opening upwards and downwards for about six inches. The child was found entwined by the umbilical cord; it was a male, of about a month less than full term, and was dead and putrid. The placenta was found attached in a space between the abdominal wall and the anterior part of the uterus; it was removed with some difficulty, but without hæmorrhage. There were no fetal membranes attached to the placenta, and none had been discharged from the vagina. Dr. Hillmann puts it as a physiological question whether the serous membrane of the abdomen may not have discharged the duty of the membranes. The wound was closed, and dressed with infusion of chamomile. The progress of the patient was satisfactory; on March 8th, she was able to leave her room for the first time, and in six weeks the catamenia appeared, and after-

wards returned at regular intervals of three weeks. On examination of the abdomen in September, the cicatrices of the two incisions were seen crossing each other at a very acute angle. In that left by the first Cæsarean section, the tissue had given way, so as to produce a hernia. On making a vaginal examination in the middle of October, and gently pressing on the hypogastric region, the anterior lip of the uterus could be felt. The patient was in as good health as could be expected in the circumstances. (*Berliner Klinische Wochenschr.*, 21 Nov., 1864.)

PUERPERAL ERYSIPELAS. Dr. Hervieux gives the following conclusions at the end of a paper on this subject. 1. Like common erysipelas, puerperal erysipelas may assume various forms—phlyctenoid, phlegmonous, and gangrenous. 2. It may affect all parts of the body, but it is chiefly met with on the seat, face, and limbs. 3. Puerperal erysipelas is sometimes sporadic, sometimes epidemic. 4. Its causes are local and general. When erysipelas occurs in the buttocks, the local causes are the irritation produced by abundant and fetid lochial discharge, sloughs of the vulva, or erythematous or phlyctenoid ulcers in the sacral region; erysipelids of the face and scalp is produced by eczema or impetigo of the nose, lips, or ears, by ophthalmia, stomatitis, or angina; erysipelas of the limbs has for its causes suppurative phlebitis or purulent deposits in these parts. The general causes of puerperal erysipelas are overcrowding, infection, and perhaps contagion. 5. Puerperal erysipelas is sometimes accompanied by severe general symptoms, which may be mistaken for those of peritonitis or of uterine phlebitis with purulent infection. 6. The prognosis of the disease varies according to its form and situation, to the complications which attend it and the causes which have produced it. The phlegmonous and gangrenous forms are more severe than the erythematous and phlyctenoid. Erysipelas limited to the face is the mildest of all; erysipelas of the seat and lower limbs is ordinarily much more severe than that of the face or even of the scalp. 7. Erysipelas supervening during pregnancy is rarely fatal; but it may produce premature labour. 8. In the treatment, the patient must be removed from the influence of the causes, both local and general, which have produced the disease. (*Gaz. Méd. de Paris*, 28 Janvier, 1865.)

CONTINUANCE OF LIFE OF THE FÆTUS AFTER THE MOTHER'S DEATH. Professor Breslau has attempted to solve the question, how long can the fetus live after the mother's death? by means of experiments on the lower animals. He details and tabulates twenty experiments, the great number being performed upon Guinea-pigs. The following conclusions are drawn:—1. The life of the fetus always endures with a certain independence after the mother's death. 2. The life of the fetus in the dead mother is very quickly in great danger, which reveals itself in strong convulsive movements. 3. "Apparent death," into which the fetus commonly falls in the first minute after the mother's death, may be continued in the uterus in extreme cases as long as eight minutes; but mostly death occurs much earlier. 4. The fetuses removed, "apparently dead," from the body of the dead mother, are nearer to death than to life, for they do not recover by themselves, but quickly, almost without exception perish. 5. Only seldom, and in the most favourable case, will the young be removed alive within five minutes after the mother's death. Even in the third minute the probability of extracting a live fetus is very small. 6. If we operate later than five minutes, we cannot extract a living fetus; if we operate later than eight minutes after the mother's

death, not even an "apparently dead" fœtus can be extracted; the young are by that time dead. 7. The mode of death of the mother seems not to be without influence upon the life and death of the fœtus. Death by asphyxia is unfavourable to the fœtus; death by hæmorrhage more favourable, so also death by chloroform, and by paralysis of the nerve-centres. 8. It appears to be of consequence for the persistence of life whether the fœtus be mature or immature, but the experiments could not determine this matter. With regard to the applications to the human fœtus and to practical obstetrics, Dr. Breslau submits that: 1. There is no doubt that the human fœtus, like the brute, always survives its mother when the mode of death is rapid and violent, as from bleeding, blows on the head, apoplexy, etc. 2. Daily experience shows that the power of resistance of the human fœtus is greater than that of the brute. 3. The duty of every physician is, after the ascertained death of the mother, to perform the Cæsarean section as quickly as possible, in order to save the child's life. The Cæsarean section may, however, be avoided when the previous death of the fœtus is certain, or when the fœtus may more readily be delivered by the natural passages. 4. The Cæsarean section will give no prospect of a living or of an "apparently dead" child, if not performed within the first fifteen or twenty minutes after the mother's death. 5. If the mother have died from disease, as from cholera, typhus, puerperal fever either during pregnancy or labour, scarlatina, smallpox, etc., there is no hope of saving the child's life. The same will be the case in those poisonings of the mother which effect a rapid decomposition of the blood, and which affect the child, as by hydrocyanic acid. Chloroform-death appears to be an exception, since chloroform, as such, does not pass into the fetal circulation, of which one may be convinced by any labour completed under chloroform-narcosis. In the discussion upon the memoir in the Berlin Obstetrical Society, Professor Martin observed that in none of the four cases in which he had performed Cæsarean section after the mother's death was a living child extracted. In one the operation was completed within ten minutes; in one it was done "very soon;" in the remaining two it was done within half an hour. Dr. Boehr referred to a collection of cases in *Caspar's Wochenschrift*, in which out of 147 cases only three instances of living children occurred. (*British and Foreign Medico-Chir. Review*, January 1865.)

SPONTANEOUS PELVIC VERSION IN SHOULDER-PRESENTATION. Dr. Gignoux relates the following case as having occurred in his practice. Jeanne M., aged 27, was taken in labour at 5 A.M., at the full term, with her third child. On examination, at 10 A.M., the right shoulder was found to be presenting; the head could be felt through the abdominal walls in the left iliac fossa; the fetal heart was heard a little above the pubes. The uterine contractions were very painful and frequent, but the labour made little advance. At midday, not the shoulder, but the arm, was presenting; the head had ascended, and the heart was heard at a higher point than before. Painful and apparently ineffectual uterine action continued; and, at 3 P.M., the serotum and anus could be felt. The head was felt in the epigastrium; the heart-sounds were loudest at the level of the umbilicus. At this time the contractions became less painful, and more regular and effective. The os uteri dilated rapidly, the liquor amnii was discharged, and the labour was successfully terminated at 5 P.M. The infant was healthy, and of moderate size. The mother died in eight days of metro-peritonitis. (*Gazette Médicale de Lyon*, 1 Dec. 1864.)

WE beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, FEBRUARY 25TH, 1865.

IS ALCOHOL FOOD?

SOME of our readers may perhaps be aware that the views concerning the non-alimentary character of alcohol laid down by MM. Perrin, Lallemand, and Duroy, have been combated by Dr. Baudot. Dr. Baudot asserts that alcohol is food.

M. Perrin, however, cannot allow the assertion of Dr. Baudot, respecting the alimentary character of alcohol, to pass uncontradicted: and, therefore, in a letter to the doctor, re-affirms the correctness of the statements made by himself and Lallemand and Duroy; viz., that alcohol neither undergoes transformations nor is destroyed in the body: but that it is eliminated as alcohol by different organs of secretion, and that it has none of the characters of an aliment.

Dr. Baudot objects to M. Perrin, that if alcohol be wholly excreted from the body, he ought to be able to collect the total quantity which, in any given experiment, has been ingested. But to this, M. Perrin answers, that the human body is not a crucible or a retort; and that to fix the finely divided vapour of alcohol which passes off from the lungs and skin is utterly impossible. And even if we were to obtain from the secretions eighty *grammes* out of a hundred *grammes* of alcohol ingested, how would that advance the question? You would still maintain that the remaining twenty *grammes* were destroyed in the body as food. And if, again, by distilling the blood and the organs of the body, we were to obtain the missing twenty *grammes*, you would then object: Oh! the body has not had time to convert the alcohol into food.

Previously to the date of our experiments (says M. Perrin), it was generally accepted, that alcohol ingested could not be found again in the body—not even a trace of it; and the conclusion was that alcohol was a food. But the discovery, that alcohol ingested can be found in all the secretions of the body, of necessity destroys the argument upon which that conclusion was based. The arguments derived from the fact—that alcohol is a ternary body, is very combustible, burns better than fat, starch, and acetic acid, etc.: that the animal machine possesses powers of chemical transformations which art cannot rival;

that alcohol exists so widely spread through nature; that the alimentary character of alcohol is of universal belief; that Liebig explains its use, and Bouchardat admits it; etc.—are all arguments wide of the mark. The theory of the combustion of alcohol in the body has no other scientific base to rest upon, than the absolutely negative one derived from the researches made to discover its presence in the body.

When we undertook our investigations (says M. Perrin), we firmly believed in the opinion then generally held; but when we found the alcohol present in every part of the body, and in all the secretions, we naturally altered our views. We argued thus. All substances taken into the body may be divided into two classes—those which aid nutrition, and those which do not aid it. Although it may be difficult to define these classes absolutely, there are attached to each of them certain sufficiently characteristic marks. Food, whether ternary or quaternary in composition, under the action of living chemistry, rapidly loses its identity, and is absorbed. Except under very exceptional conditions, it is never found in its original form, either in small or in large quantity, in any of the excretions. Contained in the blood, and circulating with it, it exercises no appreciable influence over the functions of different organs; its action is lost in the silence of vegetative life; and then, after a certain term, and under the influence of catalysis, it is removed from the body under the form of different secondary combinations. On the other hand, non-alimentary substances undergo no transformations in the blood, they are foreign bodies, which the body tries to be rid of, which disturb the healthy functions of the body, and which are, therefore, rejected with the excretions.

By the aid of these typical characters, we test the properties of alcohol. We find, in the first place, that alcohol, unlike food, passes into the blood, and is present there as alcohol and as a foreign body. In the second place, alcohol, unlike food, is eliminated from the body in the different excretions as alcohol, the elimination being constant, and commencing almost immediately after its ingestion, whatever be the quantity taken; the elimination, moreover, goes on as long as the blood and the organs of the body are impregnated with alcohol. In the third place, alcohol, unlike food, undergoes no transformations in the body, and furnishes no product of oxidation. In the fourth place, alcohol, unlike food, demonstrates its presence in the body by certain special effects, which are always of a like kind, and may be of mortal intensity. In the fifth place, alcohol, unlike food, accumulates in certain organs—the nervous centres and the liver—which, consequently, contain, weight for weight, more of it than the blood.

Hence, then, we unreservedly maintain that alco-

hol is not an aliment—1, because it exists and remains unaltered in the blood; 2, because no trace of its destruction or transformations can be found in the body, nor in the pulmonary exhalation, nor in the fact of calorification; 3, because it is eliminated unchanged by all the organs of excretion; 4, because the phenomena excited by it in large or feeble doses, its accumulation in the nervous centres, and its toxic and well known pathogenetic action, show it to have a modifying power over the nervous forces, and show it not to be an aliment; and 5, and lastly, because the objection drawn from the circumstance, that we are not able to obtain the whole of the alcohol ingested, considered physiologically, is ill founded; and even, if it were admitted, it would only show that some of the alcohol has disappeared in its passage through the body (and in the manner we have described). But, assuredly, no proof can be drawn from this that the alcohol is either destroyed or has undergone combustion.

From all these objections, however, to the alimentary character of alcohol, M. Perrin does not draw the inference that alcohol is a deadly enemy to human nature. On the contrary, he rejects the conclusion which M. Baudot would thrust upon him, that alcohol, if not a food, must be useless and hurtful to the body. We believe (says M. Perrin) the very reverse of this.

“In demonstrating that alcohol is neither a succedaneum of starch nor of cod-liver oil, but a kind of dispenser of nerve-force, we have rather enlarged, specialised, and ennobled its uses, than diminished its value. Regarded from this new point of view, everything is explained, everything touching the organic effects or functional disturbances produced by alcoholic drinks justified. It is by its action on the nervous system that, taken in small doses, it excites in exhausted man such a marvellous and instantaneous re-integration of his force. It is by its action on the nervous system that, in the form of generous wines, it develops that reaction, that sense of comfort, which the best selected teetotal dinner (*diner aquatique*) will never produce. It is by its action on the nervous system that it occasions poisonous effects when taken in excessive quantity. And, lastly, it is by their action on the nervous system that alcoholic beverages are of indirect but very powerful service as regulators and moderators of the nutritive functions—as we hope one day to show you.”

Such is the answer given by M. Perrin to the doctor who has ventured to attack the non-alimentary theory of alcohol. We fear that our teetotal friends will hardly approve of the conclusions of M. Perrin in reference to the virtues of alcohol. M. Perrin and his late co-experimenters have heretofore been accounted of the greatest authority amongst those who forbid the use of alcohol. What will be said of M. Perrin if, at some future day (as he promises), he tells the world of all the great services afforded to nutrition by alcohol, *in a secondary way*. We shall be anxious, indeed, to see how M. Perrin will prove the high use of an article, which he

himself says is "a foreign body, which the system tries to get rid of, and which disturbs its healthy functions"!

PENSIONS TO POOR-LAW MEDICAL OFFICERS.

OUR brethren in England, and especially our Poor-law medical officers, would do well to take note of the efforts at present being made in Ireland to obtain retiring pensions for Poor-law medical officers. These efforts should receive their warmest support; for it is certain that the English Poor-law medical officer, whilst aiding his Irish brother, will be doing himself a service. The attempt now being made in Ireland to obtain superannuation for medical officers *who do not devote their whole time to the service of the union*, if successful, will be a battle won for the Poor-law medical officers of England. In 1862, Sir R. Peel introduced a Bill into Parliament "for granting superannuation allowance to Poor-law officers." This Bill was, however, withdrawn. Last month, the subject was again prominently brought forward by a most important and powerful deputation which waited upon the Lord Lieutenant in Dublin. A memorial, setting forth the reasons why a superannuation fund should be granted to Poor-law medical officers, was then presented. The arguments given in it are as follows.

"1. That whilst, under other departments of the Poor-law, six or seven hours a day are considered as constituting an officer's whole time, and entitling him to a pension, the Poor-law medical officer gives far more than this; for, in addition to several hours of regular duty per day (Sundays not excepted) devoted to his workhouse or dispensary, he must hold his whole time, as well by night as by day, available to the calls of the public service, to the postponement or even exclusion of private professional claims.

"2. That the duties discharged by Poor-law medical officers expose them in an especial manner to those agencies that produce contagious disease, rapidly endangering life, as well as bodily infirmity, for which a superannuation allowance should be given.

"3. That the salaries attached to the Poor-law and dispensary medical appointments are so small, and the duties so pre-emptory and absorbing, as to incapacitate the medical officer, in a large majority of instances, from making any provision for infirmity or old age by remunerative private practice; and that, consequently, medical officers are compelled by necessity (in the want of a retiring allowance) to persevere in holding their appointments when, by reason of age or infirmity, they can no longer do so with satisfaction to themselves or advantage to the public.

"4. That all risk of abuse in granting such superannuation would be effectually guarded against by enacting that such grant should be under the fiat and control of the Poor-law Commissioners."

This memorial was strongly supported both by the Presidents of the College of Physicians and the College of Surgeons of Ireland, and by Dr. Mackesy

and others. Dr. Mackesy told the Lord Lieutenant that a "deputation which had waited on Sir Robert Peel had fully satisfied him of the justice of including the medical officers in any superannuation fund for Poor-law officers."

We would urgently recommend our medical brethren, therefore, to use all their influence to support any measure embodying this desirable object which may come before Parliament. No man in Ireland has done more to support the cause of the Poor-law medical officer than our distinguished associate Dr. Mackesy; and, in this attempt to procure a superannuation fund for the Poor-law medical officers, we find him still a veteran, nobly and disinterestedly fighting for the welfare of his medical brethren.

THE acting assistant-surgeons have been (all of them, we believe) gazetted out of the service—bundled off, as we forewarned them they would be, most unceremoniously. They have only had their proper reward. The Irish medical element has been so freely supplied to the army of late, that Dr. Gibson and the Duke have been able to dispense with the class of medical men who occupied a position in the scale of knowledge several degrees below the third class. Third-class men are the *beau ideal* of men for the army, in the Director-General's opinion; and now, thanks to numerous applicants, he has a full supply of the class he affects so warmly!

THE Lunacy Commissioners, in their Report of the Suffolk Lunatic Asylum, speak in strong language of its excellent management by Dr. Kirkman.

"We had every reason to be well satisfied with the state in which we found the patients, observing throughout numerous indications of the care and attention given to their comfort and well-being by Dr. Kirkman. We are glad again to report *very* favourably of the condition and management of this asylum."

The points which were particularly noted by the Commissioners are the following.

"We heard no complaints of ill-treatment on the part of the attendants and nurses, who seemed to us to be very kind and judicious in the performance of their duties. No patient on either side of the house was in seclusion, and only two were in bed. The amount of seclusion since the last visit has been very small, and there has been no mechanical restraint. We are glad to find that the same large proportion of the inmates are taken out for walks beyond the premises, and that it is intended this year to take an increased number of them to the sea-side. The wards were throughout very clean, and the bedding excellent. We noticed with pleasure that there were no special contrivances to palliate the faulty habits of the patients. Acting on the same principle, Dr. Kirkman has fitted up and papered the wards used by the most impulsive patients in exactly the same manner as the best wards; and the result has been a marked improvement in the patients' habits, with little or no destruction of the furniture or decorations."

WE learn from the Report of Dr. Monat, the Inspector-General of Jails in the Lower Provinces, Bengal, for the year 1863-64, that with an average number of prisoners (17,957), there were 1,711 deaths, amounting to a *mortality of about nine and a half per cent.* The ratio per cent. of sick in hospital to strength, 167.52. The sanitary condition of the jails has not been so good as in former years. This was caused partly by the prevalence of cholera, and in some jails by the extraordinary prevalence of a very virulent form of fever, which was epidemic at the time in Lower Bengal. One reassuring point in the Report is the statement that the jail establishments have manufactured articles, within the last few years, to the value of nearly six lacs of rupees (£58,000). The net profits for the year were about £22,000. In eight jails, the prisoners earned for the State more than they cost—a fact worthy of study by all those interested in the subject of convict and prison discipline. The entire number of jails have returned, within eight years, above a third of the total prison expenses—a sum of twenty-three lacs of rupees—as the result of the labour of the convicts.

THE Academy of Sciences has given the following prizes. 1000 *francs* to M. Balbiani, for his Researches into the Constitution of the Germ in the Animal Ovum before Fecundation; 1000 *francs* to M. Gerbe, for his Researches concerning the Reproduction of Kolpodes; 500 *francs* to M. Sappey, for his Researches into the Structure of the Ovary; 2500 *francs* to M. Zenker of Erlangen, for his work on Trichiniasis; 2500 *francs* to M. Marey, for his work on the Circulation of the Blood; 2500 *francs* to MM. Martin and Colineau, for their treatise on Coxalgia; 1000 *francs* to M. Ollivier, for Clinical and Experimental Researches on Saturnine Albuminuria; 1000 *francs* to M. Lemaître, for his Researches into the Properties of Atropine and Daturnine; 1000 *francs* to M. Willemin, for his Experiments on Cutaneous Absorption in Baths; 1000 *francs* to M. Lancereaux, for his Pathological Researches on Cerebral Thrombosis and Embolia; 1500 *francs* to M. Grimaud, for his Hygienic Researches; 5000 *francs* to M. Roussel, for his History of Pellagra; and 2000 *francs* to M. Costallet for the same subject.

THE *Dublin Medical Press* comments as follows upon some remarks made in this JOURNAL *à propos* of Dr. Stokes's Address on Medical Education.

"A writer in the BRITISH MEDICAL JOURNAL of January 25th asks, 'Do those who obtain most esteem and reputation with the public, who are considered the most skilful, and are run after as the best curers of disease,—do they gain their esteem and repute because they are men of high attainments?' We answer, as we are sure Dr. Stokes

would, that no advocate of general education means to affirm that the knowledge of Horace, Homer, or Natural Philosophy, will enable a man to treat a fever or a fracture with success; but we do affirm that the above knowledge will expand his mental powers, tend to enlarge his views, and render it possible for him to appreciate more correctly the results of observation. Are we to be told that this exercise of his mental capacities will not have a marked influence on the development of the discriminative and diagnostic capacities of the physician or surgeon, and, in this way, tend to render his task easier and his success much more certain than that of one who, with moderate genius, has to contend against an uncultivated intellect and a mind unaccustomed to deal with the generalities of science? It will not supply a defect in the special qualities which render a man a good surgeon or physician; but it will afford him a general and abstract knowledge which at all times may be rendered practical by an observant mind."

Our cotemporary has mistaken the drift of the question we put. Assuredly we never doubted for a moment the immense advantages accruing to the individual himself from a first-rate preliminary education. What we asked was this: Do the public encourage high learning amongst us? Are those who bear away the golden palms of practice—who have the favour and the ear of the public—always men of high attainments? Does this high education do these classical or mathematical attainments—in any way recommend a man to the favour of his clients? Do they in any way assist him in his career as a successful practitioner of medicine? Is it not true that some highly gifted members of our profession have actually had to conceal the classical light which was burning within them, because it injured their professional prospects? Is it not true that we constantly see men of the most commonplace and ignorant stamp of mind brilliantly successful practitioners of medicine? This was the question which we put to Dr. Stokes; and we did it for the purpose of asking him what encouragement there was given by the public to our profession to induce its members to become learned and of high general attainments. Look at that public board of which Dr. Gibson is—nominally, at all events—Director-General—the Army Medical Service; and we find that the Board is not ashamed publicly to declare that the lowest kind of medical education suffices for the soldier's purposes; that third-class men are good enough to tend the sick and wounded soldier! We are, we believe, stating only that which every one knows to be the fact, when we say that the reform, as regards the position of their medical officers, which might have been forced upon the army medical authorities, has been defeated for the present solely through the rush of Irish candidates for the appointments. Well, these candidates for medical military honours have been received with open arms, with boastings and joy and thanksgiving, as god-sends, by the Horse Guards. But what appears to be their title to the high education of which Dr.

Stokes is so eloquent a supporter? The *Dublin Medical Press* shall answer the question.

"Considering that by far the larger proportion of the students of medicine in Dublin present themselves at the College of Surgeons for the preliminary examination, in what a responsible position does that body stand to the profession and the public for the proper fulfilment of the trust reposed in them, and how lamentable it is that it should have adopted a lower standard of general education than that required by any other examining body in the United Kingdom. The only subjects required are Latin and Greek. The first five books of Virgil and the Gospel of St. John is the extent of the course; there is no examination by writing, nor any test of proficiency in composition."

Here, then, we have the fact before us, that gentlemen from whom are required the *lowest standard of general education* are the gentlemen who are received with open arms by the managers of the Medical Department of the Army; that into the hands of the worst educated class—as we must presume—of men in the country are committed the health and life of our soldiers!

THE Medical Council will this year meet early in April. The Council have again applied for, and obtained, permission to use the College of Physicians for their meetings.

"THE sedative effects of the constant current," says M. Remak (who is now experimenting at La Charité), when the current is very feeble, "are exceedingly interesting. To produce such effects, in fact, the current must never excite painful sensations. The sedative action produced by this current differs from that of other sedatives; and it may be employed when, for various reasons, the use of opium, belladonna, etc., is objectionable. One of the most striking instances in which the current is of service, is in removing the increased sensibility of an inflamed part. If, in such a case, a positive electrode, of sufficiently extended surface, be applied over the seat of inflammation, and the negative electrode at a distant part of the body, we shall find, in the course of five or ten minutes, that the sensibility of the part has greatly diminished. Thus, for example, in a case of very painful inflammation of the elbow or the wrist, we place the positive pole over the brachial plexus, and the other over the scapula; and we find the pain is soon lessened. Lately, in the presence of MM. Claude Bernard, Velpeau, and Beau, I applied the current in the case of a man who ten days before had struck his knee, and suffered great pain at the inner border of the patella. The pain was so great, that the patient could not walk except with his knee bent. I placed the positive electrode over the crural nerve below Poupart's ligament, and the other pole over the extensors of the leg. In a few minutes, we observed that the joint became less painful, and the extension of the limb more easily

performed. The patient was completely cured by three applications of the remedy. Let me remark to all those who would repeat my experiment, that the curative effect depends upon the surface of the elements of the pile; that is to say, that piles composed of small elements must be absolutely rejected."

Phosphorus-necrosis is a common disease in Vienna. The Medical Society there has appointed a Committee to draw up a report to present to the Government on the subject. Professor Schuh, who lately presented to the Society two cases of the disease which had been cured, remarked that he did not consider the subperiosteal of as much value as was generally supposed. It is a fact, that the bones are not regenerated in man; though how it might be with animals he knew not. Of the two cases mentioned, one was that of a young woman who had worked for a long time in a match manufactory, and from whom he had removed the whole of the under jaw-bone. He first of all removed only the left jaw-bone; but, as the necrosis extended to the right side, he afterwards removed the other half. The other was a case of necrosis of the upper jaw.

Rokitansky lately brought under the notice of the Vienna Medical Society the subject of Torsion and Strangulation of Ovarian Tumours. During the last few years, he has seen eight cases of this kind. His observations lead him to the conclusions—1. That torsion and strangulation of ovarian tumours are not uncommon; 2. That they sometimes come on suddenly, at others gradually; 3. That in the first case they are generally fatal to life. 4. When the tumour, previously moveable, suddenly becomes fixed, and there arise symptoms of peritonitis, we may surmise that torsion, etc., have occurred. In such case, attempts must be made to replace the tumour. 5. Intestinal incarceration may also result from the same causes. 6. Destruction of the tumour may also follow, and may account for the disappearance of ovarian tumours in some cases.

Typhoid fever is the cause of the greatest number of deaths in French military hospitals, being, for the year 1862, 185 per 10,000 of effective soldiers. Suicide appears to be very common in the French army; it is three times greater in the army than amongst civilians. In 1862, there were 231 suicides in the army. Syphilis is in France, as in England, the most cruel scourge of the army.

M. Velpeau places the recommenders of secret remedies to the Academy of Medicine in this fix:

"One of two things. The persons who recommend these new remedies have not tried them, and in such case they can know nothing of their effects; or, if they have tried them, they have rendered themselves liable to punishment for illegal practice of medicine. So far, therefore, from receiving recompense from the Academy, they should be punished by the law."

SIR CHARLES WOOD AND THE INDIAN MEDICAL SERVICE.

A PERUSAL of the despatch from Sir C. Wood on the Medical Department confirms the views we have expressed, that the new scheme will tend to the extinction of the local medical service. The doctors, perhaps, have no more reason to complain that their occupation is gone, than have the officers who cast in their lot with the local army. The absorption of the old race of Company's servants, and the filling of their places by strangers who knew not "The Honourable John", is a mere question of time. Whether it was necessary, in doing this, to repeat the foolish twaddle of a foolish earl, and thereby to insult publicly a large body of honourable and high-minded public servants, is a matter for the nation to decide. Sir C. Wood has inflicted an unnecessary amount of pain in the performance of this his latest operation, whereby he acquiesces in the dictum of the War Minister, that the Indian medical officers are of too low a caste professionally to admit of admixture upon equal terms with their brothers of the Royal army. The insult has been deliberately made; and it remains to be seen whether the service will pocket the affront, in consideration of the olive-branch held out to it in the shape of a few extra rupees, and somewhat more favourable facilities of retiring into private life.

It remains for us to consider briefly what the "benefits" of the new despatch to medical officers are. The figures at first sight look imposing on paper. The pay of deputy inspectors-general, for instance, is increased from 1,575 rupees to 1,800 rupees, the present Bengal rate; but at the same time the Indian Government is informed "that a readjustment of the local department of inspection, to meet the altered condition of the service," which means that the "reduction" is to be at the expense of the Indian medical service; and that for every deputy-inspector reduced, the British medical service will have a valuable appointment bestowed upon it. The members of the Indian medical service are so obtuse that they cannot see the advantage of increasing the pay of, say, four deputy-inspectors from 1,575 rupees to 1,800 rupees; and at the same time reducing the number of appointments from eight to four, thereby diminishing the prospects of promotion of those now in the service to the higher grades exactly by one-half!

The immediate effect of the new rule will probably be a complete stagnation in promotion to the higher ranks. If the circles of inspection are to be reduced in number, there will be several supernumeraries "out of employ", all of whom will, of course, be brought in as vacancies occur; and, naturally, every one will try to hold on for "five years" in the grade of deputy-inspector, so as to secure the extra pension held out by the new rules.

It is a curious fact, that all the late attempts at "improvement" of the medical service have been marked by the loss of valuable appointments. The new warrant threatens the further extinction of one "inspector-general" and three or four "deputies". It is evident that, if these "improvements" are to go on, there will shortly be nothing left for the services to look forward to beyond the rank and pay of "surgeon-major". It of course will be said that "the altered conditions of the service" do not require so many administrative officers. This may be true enough; and the medical officers may allude to the fact, in asking that the same consideration may be shown to them as to the colonels and majors who

were "no longer wanted", and who were allowed to retire upon handsome bonuses.

It seems to us that, by the introduction of the new rules, there will be a superfluous staff of senior surgeons. It is evident that forty-four regiments of native infantry and cavalry cannot give suitable employment to a staff of eighty-six surgeons. Those who are not wanted—whose prospects of promotion have been utterly blasted by the new rules—should, we submit, be tempted to move out of the way by a more liberal scale of retiring pension than the one now offered. Having ruined their prospects of advancement, the Government should, in mercy, allow them every facility for retiring into private life, and forgetting their real or fancied wrongs. (*Madras Athenæum and Daily News*.)

Special Correspondence.

CONTINENTAL NEWS.

[FROM OUR OWN CORRESPONDENT.]

THE monograph by Professor Zenker of Erlangen, *On the Changes which the Voluntary Muscles Undergo in Typhus Fever*, the publication of which had already been announced to us by the author, has appeared. Our readers may recollect that it was while prosecuting the researches contained in this essay, that Professor Zenker discovered trichiniasis. There is some danger that the more sensational one of the two discoveries with which his labours were rewarded will, for a time at least, withdraw the attention of the medical public from the intrinsically more important one relating to typhus fever. And this is, perhaps, no more than natural, seeing that trichinæ had puzzled the learned for thirty years, and that now, by one grand masterstroke of science, the world is put in a position, not only to know all about them, but also to do all that is requisite for preventing their propagation.

The discovery which relates to typhus fever, on the other hand, does not admit of any immediate application to the treatment or prevention of that disease; but is important rather as a basis for further researches. The changes of the muscular tissue which take place in typhus fever may mostly be ranged under two heads—granular disintegration and waxy confluence. In the first variety, the transverse striæ disappear, and the sarcolemma appears filled with finely granular matter. In the second variety, the striated matter becomes, as it were, pervaded by a coagulating material, which sets, and in contracting breaks up the fibres into great numbers of short waxy looking lumps, not unlike a certain variety of casts of the tubuli recti of the kidneys. Muscles thus changed do not present the red colour of flesh, but a peculiar fawn or yellow tint, permeating the ordinary red in patches and veins not unlike the appearance of vein-marble. This aspect is well represented in a coloured plate. Other plates represent the microscopic appearances in the affected muscles. Zenker regrets that he was unable to combine with his researches a chemical inquiry into the changes of the muscular tissue. We recommend the

ceedingly obscure. No gastric derangement or disturbance of any organ or function existed, so far as could be ascertained; and the case could hardly be said, therefore, to have been a constitutional disorder, in the strict sense of the word. As to its parasitic origin, how far the first manifestation of the disease was due to any such cause, it was not easy to say; but Dr. Balman thought that it would be absurd to suppose that so rapid a destruction of hair as took place in this instance could by any possibility have been the work of a minute cryptogamic plant, even if we were to admit the full influence and importance of such a class of causes in producing the disease in question.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 14TH, 1865.

W. R. BASHAM, M.D., Vice-President, in the Chair.

ON THE TREATMENT OF CHRONIC DISEASE OF THE LUNGS BY THE INHALATION OF ATOMISED LIQUIDS.

BY MORELL MACKENZIE, M.D. LOND., M.R.C.P.

[Communicated by T. B. CURLING, F.R.S.]

THE author, after an elaborate description of the various instruments invented for the purpose of introducing medicine by means of inhalation, entered into an account of the apparatus invented by Dr. Siegel* (of Strasbourg) and himself, which he thus described. It consists of a little kettle with a horizontal spout, in which there is a very fine opening. Placed at right angles to the horizontal spout is a vertical tube which dips down into the kettle, with a spirit-lamp placed beneath it. As the steam issues from the spout it causes a vacuum in the vertical tube, and the medicated liquid rising up becomes mechanically incorporated in the steam. The dilution of the medicated liquid which takes place is very slight, as the conversion of a drachm of water into steam will take up three drachms of medicated liquid. The temperature of the steam is lowered by the incorporation of the liquid, so that at the end of the cylinder it has only a temperature of about 70°. In this apparatus there is of course no current of cold air. The amount of liquid taken up varies; that is, it depends on the amount of heat applied, on the height of the column of liquid, etc. This is not an important defect, but when it is thought desirable to take up a definite quantity of liquid the author uses the following apparatus. A graduated glass tube, about eight inches high, has from its lower part a fine piece of tubing, which is bent round and up again, and then extends about an inch horizontally, and ends with a minute opening. In the vertical portion of the fine tubing there is a stop-cock. The small aperture of the tube is placed at right angles to the spout of the kettle, and as the liquid emerges it becomes incorporated in the steam. By means of the stop-cock the amount of liquid which passes from the tube can be regulated, so that the same amount can always be taken up in the same time. Dr. Siegel's simple apparatus is an excellent one, and the author stated that he had often used it with great advantage.

The author observed that his own atomiser is very simple and can be used very easily. The liquid is driven from a fine glass pipe on to a projection in a bell-shaped tube, by the descent of a piston. The piston is drawn up without any exertion by a wheel and rack, at its upper part, and is forced down by a circular spring which surrounds the cylinder. The ap-

paratus is filled with liquid by a funnel in its top, and all the spray except that which is inhaled passes back into the apparatus. The advantages of his (Dr. Mackenzie's) atomiser are:—

1. Its simplicity, requiring only a few turns of a handle to set it in operation.
2. The extremely fine state of subdivision which it effects.
3. The uniform pressure exerted.
4. The fact that the waste liquid returns into the apparatus.
5. The ease with which it can be taken to pieces and cleaned.

After enumerating the physicians and physiologists who had worked at the subject on the continent, the author analysed the experiments which had been performed by Demarquay, Fournié, Brian, and others, on rabbits and dogs. He then related his own experiments, which had been carried out in conjunction with Dr. Duchesne, of Woodford.

After detailing various experiments performed on pigs and dogs, Dr. Mackenzie thus summed up the results. Leaving Demarquay's rabbits out of the question—it having been shown by Claude Bernard that, as those animals in their normal state breathe through the nares when their nostrils are covered, and they are made to breathe through the mouth, the conditions are not physiological; and by Fournié that any solution (not atomised) injected into a rabbit's mouth passes into the lungs—there are (1) Demarquay's and Brian's experiments on dogs; (2) his (Dr. Mackenzie's) on pigs and dogs; (3) an experiment performed by Demarquay in the presence of numerous witnesses on a woman with tracheal fistula, in which it was shown that the inhaled liquid penetrated to the trachea, though there was a great obstruction at the upper opening of the larynx—this experiment, which had been previously unsuccessfully performed by Fournié, has since been repeated by Lieber, Schnitzler, and others, with results similar to those obtained by Demarquay; (4) the fact first shown by Bataille, and since by Moura-Bourouillon, the author, and others, that after the inhalation of a coloured atomised solution the sputa remained tinged long after the employment of the laryngoscope could detect any traces of the material used. On the one hand there were an immense number of positive proofs of the penetration of atomised liquids; on the other hand there were a few experiments performed with negative results. It was scarcely necessary to remark that any experiment might be performed—the most simple chemical test employed—in a manner to ensure failure. But a few experiments of this sort could have little weight against the mass of evidence on the other side.

The author stated that the greatest benefit from this system of therapeutics might be expected, and had resulted, in bronchitis, asthma, and hæmoptysis. He brought forward twenty-two cases treated between October 1863, and January 1864. There were ten cases of bronchitis, six of phthisis, two of hæmoptysis, three of asthma, and one of whooping-cough. The author did not believe that in phthisis the treatment would have a positively curative effect, but was beneficial in cutting short intercurrent bronchitis.

Of the twenty-two cases detailed, only two were unable to make use of this curative process. Of the ten cases of bronchitis, eight were cured, one relieved, and one obtained no benefit. The average duration of the time required for curing these cases, though most of them were severe and of long standing, was only fifteen days and a quarter. The shortest time was six days (a severe case, No. 4); the longest forty days. The duration of treatment was not in proportion to the severity of the disease; one mild case requiring twenty-eight days to get well. Of the

* This admirable apparatus has unfortunately been patented by Dr. Siegel.

six patients labouring under consumption, two were unable to use the inhalations on account of the irritation which they caused. Of the remaining four cases, whilst the physical signs did not undergo any material alteration, the local symptoms (expectoration, pain, and cough) were greatly relieved. The general health was much improved in two cases, Nos. 11 and 15; slightly in a third, and not at all in a fourth. In two cases of hæmoptysis, one severe, the other slight, the atomised liquids rapidly stopped the bleeding. In three cases of asthma—one, a very severe case, which had obstinately resisted the ordinary treatment, this system of therapeutics soon gave relief. In one case of whooping-cough (in an adult) the inhalations gave immediate relief, and quickly effected a cure.

The author stated that during the past year he had used atomised liquids in more than eighty cases of diseases of the lungs, and that he had found the plan of treatment no less successful than was detailed in this paper. The various instruments referred to in the communication were brought before the Society, and likewise diagrams illustrating their action and method of employment.

determined, whether absorption is essential to this action, and wherein it differs from other purgatives; whether it be true, for instance, that castor-oil acts on the whole canal, aloes chiefly on the lower end, calomel chiefly on the liver. If we knew any such laws, they would be of immense value; but they must be made out inductively, if at all.

On the other hand, it was at one time believed that we had traced, as a law of the action of mercury, that it caused the absorption of effused lymph; and every one, in treating a case of inflammation with fibrinous effusion, felt bound to prescribe calomel and opium. This law, however, seems not to have stood the test of further inquiry; at all events, I can nowhere find the induction by which it is proved.

No one will dispute the accuracy of Dr. Mayo's statement, that it is impossible to apply the same tests to many of the facts in pathology and therapeutics which are employed in such a science as that of chemistry; but my object has not been so much to teach the exact bearing of inductive reasoning on medical science, as to point out that the philosophy of induction has been lost sight of altogether, and that the existence of causation is generally assumed without any attempt being made to prove it in a legitimate manner.

If Dr. Mayo will refer to the pages of any of the homœopathic journals, he will find cases carefully and fully recorded in which the treatment is detailed, and the recovery of the patient attributed to the employment of a third dilution of nux, or a tenth trituration of arsenicum, etc.—whatever such language may mean. The cases to which I allude will bear comparison with hundreds detailed in medical periodicals, or even in the standard works of medical literature; and if the recovery of a considerable number of cases after the use of certain remedies be admitted as evidence of their curative action, there is no alternative, as it appears to me, but to admit that these "dilutions" and "triturations" are curative. We may demur to the hypothesis; but if we do not require of all treatment whatsoever that it be shown that there is a distinct relation of cause and effect, we have no sound argument to prove the utter uselessness of homœopathy. It is not my intention to waste the time of your readers by attempting a refutation of this oft exploded folly; but to any one who will take the trouble to read the writings of their more reasoning and better instructed correspondents, a most useful lesson will be taught by the parody of induction exhibited in the "proving" of remedies, and by the extraordinary jumble of fact and fiction which takes the place of deduction in their hypotheses.

I think we cannot too clearly understand that there ought to be and must be a firm basis laid in inductive reasoning for our medical beliefs; and if I could have any longer carried on the controversy with Dr. Johnson, I think I could have shown him that such a basis was wanting to his theory. That he may not regard me as untruthful, I beg to refer him to page 265 of his own volume, whence I copied words, the accuracy of which he questions. The only aim I have had in bringing forward instances of inconclusive reasoning has been to stimulate others to strive after greater accuracy. Far be it from me to claim for myself any superior degree of logical acumen, or to set up my own reasoning as a model for others to copy. The inductive philosophy rests on a basis which I believe to be indestructible, and when its principles are understood, it is not difficult to bring any argument propounded to the test of experimental inquiry, and decide whether it complies with its requirements. In the hope that some few

Correspondence.

MEDICAL ERRORS.

LETTER FROM A. W. BARCLAY, M.D.

SIR,—It is highly gratifying to find that my views of medical reasoning have to so great an extent received the approbation of such an original thinker and intelligent observer as the late President of the Royal College of Physicians. Dr. Mayo will, I am sure, forgive me for saying that he seems, in some measure, to have mistaken me when he assumes that I should require proofs of causation which the very nature of the case rendered unattainable. He also seems to me, perhaps unnecessarily, to shrink from following out to their full limit some of the teachings of philosophy, which, as they prove that a degree of uncertainty clings to all the practice of medicine, might unsettle the faith of some who have no substitute for the dogmatism of the schools, if that be shown to rest on an insecure basis.

It is perfectly true that, in very many cases, we are unable to apply the canons of Mr. Stuart Mill to our rules of practice; but I have more than once stated in my volume, that medicine, in its application for the cure of disease, must be chiefly deductive. I do maintain, however, that, if it is to rank as a science, it is absolutely necessary that we should base all the inferential and analogical reasoning which guides our practice on laws which have been arrived at by correct induction. When the law of the action of any remedy has been ascertained, it is very easy to apply it in the management of a case; and the skill of the practitioner is chiefly shown in the judicious employment of the means most suited to accomplish the end of promoting the recovery of the patient. For example, we know that the action of certain substances in the body is purgative; and, if we think the evacuation of the bowels likely to be beneficial in any given case, a purgative is ordered. The determination of the necessity, and the selection of the remedy, can never be made the subjects of inductive reasoning; but the law of the purgative action may very well be so. In fact, it is as clear an induction as can be traced anywhere in science, that a dose of castor-oil will purge unless its action be somehow or other interfered with. It is still to be

among us may be stimulated to make ourselves still more familiar with its teaching, I do most earnestly commend this branch of study to my fellow-workers and fellow-students. I am, etc.,

A. W. BARCLAY.

23A, Bruton Street, February 21st, 1865.

INVESTIGATION OF DISEASE.

LETTER FROM A. RANSOME, M.B.

SIR,—It is possible that the object of the paper "On the Need of Combined Medical Observation" may not be thoroughly understood by some of your readers, and disappointment may result from want of clear apprehension of the means which I am anxious to see employed.

Many important medical problems cannot be solved by detached individual observation; the weight of evidence necessary to true induction can only be amassed by associated labour. Thus, Dr. Durrant's "Retrospective Notes" on the action of remedies, etc., are valuable, as giving the carefully noted results of his experience; but they need corroboration by many others, before sound conclusions can be drawn from them. And these observations must be made with method, in concert; and must be organised by skilful leaders. To carry on the metaphor quoted by Dr. Durrant, it is not by our present desultory guerilla warfare that we shall prevail over our difficulties: our forces must be drawn together and headed by officers who will direct the operations, marshal the facts, and, most important of all, who will carefully examine our weapons, and exclude all weak or inefficient materials.

I have ventured to express the opinion that the central governing body of our Association would most fitly perform this important duty, and have urged that they should appoint a subcommittee "to devise the best means of obtaining the evidence of members of the Association upon questions having a practical bearing."

The Association is now promoting a most worthy object—the formation of a Provident Fund for medical men; but surely it would not be less worthy or less important that we should combine for other than internal work; that we should attempt to remove from the profession the stigma of uncertainty upon subjects which at the present day ought not to be permitted to remain undecided.

If the Council would take the lead in this matter, there can be little doubt that they would be well supported by their members, and a most useful society of observation would be formed. We might hope not only that a rich harvest of results would be gathered in, but the labourers themselves would get good by the labour, and would gradually strengthen and train their powers of observation.

The work, however, must be well organised, and needs careful guidance; otherwise we cannot hope to obtain that well tried and carefully sifted evidence which is required. I am, etc.,

ARTHUR RANSOME.

Manchester, February 14th, 1865.

[Is our correspondent aware that a Committee was appointed at the London meeting of the Association in 1862, for the very object to which he refers? That Committee drew up very careful schedules of queries concerning the actions of remedies on diseases; but their labours have not been duly rewarded. Might it not be well to start again upon the same basis, with any improvement which experience may have suggested? EDITOR.]

MEDICAL EVIDENCE AT CORONERS' INQUESTS.

LETTER FROM JAMES EDMUNDS, M.D.

SIR,—As imputations have been cast upon me in respect to my mode of giving evidence at coroners' inquests where the reputation of other medical men has been concerned, and as such imputations, although utterly groundless, have obtained a wide publicity, I shall be glad, as a member of the Association, if you will favour me with the insertion of the inclosed copy letter; and I am prepared to furnish evidence to the same effect from several other medical gentlemen with whom I have come into contact as medico-legal witness deputed by the coroner, and with whom I have not the honour to be otherwise acquainted.

If any gentleman feels aggrieved by my want of caution when occupying so responsible a position, I shall be happy to meet his complaint, if submitted in writing to the British Medical Association; the condemned party to pay ten guineas to the Medical Benevolent Fund, and make such other amends as the adjudicators may impose.

I am, etc., JAMES EDMUNDS.

52, Gower Street, Bedford Square, February 1865.

"22, Essex Street, Islington, February 20th, 1865.

"My dear Sir,—I well remember your evidence at the inquest of one of my policemen, whose family accused me of neglect in the case, because I did not go to see him myself about every two hours through the night... I had great reason to thank you for your honest and manly evidence, and your determination to uphold the character of the medical profession.

"Believe me, dear sir, yours faithfully,

"J. B. MATHER,

"Surgeon G Division of Metropolitan Police.

"Dr. Edmunds."

A BAD LOT. The following medical officers of the United States army have been cashiered. Assistant-Surgeon Owen, 16th New York Heavy Artillery, for stealing from the United States, and embezzlement, and defrauding the government: to be dishonourably dismissed the service, with loss of all pay and allowances due him from the United States. It shall be deemed scandalous for an officer to associate with him. Surgeon J. H. Thompson, 124th New York Volunteers, for cowardice. Assistant-Surgeon John V. De Grasse, 35th United States Coloured Troops, for drunkenness on duty, and appropriating to his own use liquors belonging to the medical department. Assistant-Surgeon James Henderson, 201st Pennsylvania Volunteers, for appropriating to his own use medical supplies, and appearing before officers and enlisted men in a state of intoxication. Assistant-Surgeon Avery, 3rd Missouri Cavalry, for habitual drunkenness and neglect of duty. Assistant-Surgeon Christian Miller, of the 8th United States Coloured Troops, having been put in charge of the transportation of one hundred and fifty, as he admits, wounded men who had nothing to eat all day, as he reports, left Deep Bottom without making any preparation for their comfort or providing for them food, and when reaching Bermuda Hundred was found personally intoxicated from, as he says, a grain and a half of morphine, and a half gill of whisky, so as to be unable to do his duty, is ordered by Major-General Butler to be and is dismissed the service of the United States with the loss of all pay and allowances. Assistant-Surgeon N. S. Drake, 16th New York Cavalry, for messing and drinking with enlisted men.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, February 20th, 1865, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Foster, John Bunyan, 66, Upper Charlotte Street, Fitzroy Square
Glyn, Thomas Robinson, 35, Canonbury Road, Islington
Griffith, William, Oswestry
Günther, Charles Theodor, M.D. Tübingen, Hampton Wick
Hudson, John, Rochester
Lamb, George, Hull
Marshall, John
Murphy, J. Wm. C. Neynec, Aldershot

At the same meeting, the following gentlemen were reported by the examiners to have passed the first part of the Professional Examination for the Licence:—

Bart, William Jennings, St. George's Hospital
Butler, William Harris, Guy's Hospital
Joseph, Thomas Morgan, University College
Reuslaw, Edwin, St. Bartholomew's Hospital
Ridout, Charles Lyon, St. George's Hospital
Underhill, Francis William, St. George's Hospital
Watson, George Samuel, St. George's Hospital
Withers, Walter Owen, King's College

APOTHECARIES' HALL. On February 16th, 1865, the following Licentiates were admitted:—

Burnham, Ralph, Pre-ton, Holderness, Yorkshire
Carr, Charles, Newcastle-on-Tyne
Gould, Franklin, Charlotte Street, Bedford Square
Higden, George William, Durgate Street, Canterbury
Robertson, Robert, M.D. Edin., Liverpool

At the same Court, the following passed the first examination:—

Lloyd, Ridgway R. S. C. C.

APPOINTMENTS.

BARNES, Henry, M.D. Edin., elected Resident Medical Officer to the General Hospital for Sick Children, Manchester.

ARMY.

CRANE, Assistant-Surgeon E. J., 90th Foot, to be Staff-Assistant-Surgeon, *vice* T. S. Barry.
MATHEW, Assistant-Surgeon C. B., 51th Foot, to be Staff-Assistant-Surgeon, *vice* C. J. Weir, M.B.
TROTT, Staff-Assistant-Surgeon R. W., M.B., to be Assistant-Surgeon 54th Foot, *vice* C. B. Mathew.
WEIR, Staff-Assistant-Surgeon C. J., M.B., to be Assistant-Surgeon 90th Foot, *vice* E. J. Crane.

DEATHS.

*MARTIN, John F., Esq., at Abingdon, aged 60, on February 14.
SOPER, At Stockwell, on February 19th, aged 2 months, William, son of *William Soper, Esq.
WILKINSON, Charles, Esq., Surgeon, at Southgate, aged 73, on February 9.
WILLOERS, Frederick W., M.D., in Stamford Street, Blackfriars, aged 36, on January 29.

DEATH OF M. GRATIOLET. Professor Gratiolet, who a week before was lecturing at St. Sorbonne, has suddenly died of apoplexy.

MEDICAL CORONERS. The contest for the vacant coronership of the northern division of the County Dublin lies between two medical men—Mr. G. F. Davis, Assistant-Surgeon 50th Regiment, and Dr. Davys of Swords.

VACCINATION IN MARYLAND. A correspondent informs us that the law of Maryland requires that vaccination shall be performed with matter not more than four removes from the cow. (*Philadelphia Medical and Surgical Reporter.*)

KING AND QUEEN'S COLLEGE OF PHYSICIANS. The President of the King and Queen's College of Physicians in Ireland held a *conversazione* on Monday evening in the College Hall. The Lord Lieutenant was present, with various members of the vice-regal household; also the Lord Chancellor, the Lord Mayor of Dublin, the Attorney-General, the President of the College of Surgeons, Major-General Lloyd, and numerous Fellows and Members of the College. The band of the 84th Regiment was in attendance. Various interesting specimens, scientific and historical, were exhibited.

KNIGHTHOOD OF DR. A. TAYLOR. The *Memorial des Pyrénées* contains the following paragraph:—"In consequence of an application (unofficial) which the French Ambassador in London made by order of the Emperor to the Government of Her Britannic Majesty, Queen Victoria has been pleased to order letters patent to be made out conferring the dignity of Knight of the United Kingdom of Great Britain and Ireland on Mr. Alexander Taylor, M.D. This high distinction has been accorded to Dr. Taylor by the Queen in recompense for the services rendered by him to his countrymen and to the town of Pau." Dr. Taylor formerly served on the medical staff of the British Legion in Spain, under Sir De Lacy Evans.

BEEF AT THREEPENCE PER POUND. Last week we attended at the London Tavern, and made trial of various dishes prepared from the beef imported by the South American Beef Company. Of the soups we may speak in the highest praise, and the curries were not to be despised. The *bouilli*, the least satisfactory of the dishes, was scarcely inferior to what we have eaten at continental *tables d'hôte*. We hope this entertainment will serve to dissipate all the doubts which various people have held as to the possibility of making the beef palatable as well as nutritious. It simply requires time and care in cooking. We must add that the Company now supply the beef in powder, or ground with peas, so that strong, highly nutritious soups can be prepared without the trouble of long boiling. (*Chemical News.*)

THE INDIAN MEDICAL WARRANT. The *Calcutta Times* correspondent says: "The new medical warrant, which looks so liberal, has been generally received by the service as doing bare justice to the older members in the matter of pensions, as taking away all hope from the younger men of the prizes, which will now be the lot of Queen's surgeons, and as virtually keeping out of it hereafter all gentlemen by localising it. The native papers are accordingly delighted at the prospect of getting for natives good appointments in the local service, which Englishmen will henceforth scorn. They say the unjust order which shut them out of the general medical service, even when they had passed the examinations in England, is now practically removed."

METALLIC TRACTORS AGAIN. *Metallopathy* is just now being revived in Paris. It means the cure of nervous affections by the application of metallic plates to the seat of pain. The reviver of the practice is Dr. Dufraigne, who relates the following extraordinary cure. He had invited a dinner party, and among the guests was a lady, who, just as the company were about to sit down, was seized with a violent headache. A happy thought struck the doctor. He sent for the cook, who came with a copper stewpan, which the doctor held to the lady's forehead for ten minutes, after which she was perfectly cured, and sat down to her dinner as lively as the rest. A second attack at home some days later was cured in the same simple way.

NAVAL PRIZE MEDALS. Two gold medals, of the value of ten guineas each, founded by the late Sir Gilbert Blane, have just been presented to Dr. Charles Forbes, H.M.S. *Topaze* (1860), and Dr. Andrew Graham, of H.M.S. *Agamemnon* (1861), for the excellent manner in which their respective "logs" have been kept.

COLLEGE OF PHYSICIANS. During the past year, 27 candidates presented themselves for the preliminary examination for the licence, of whom 25 were approved; 63 candidates came up for the first part of the professional examination, and of them 55 were approved; 67 came up for the final or pass examination, and of these 56 were approved.

SCHOLARSHIPS AT SIDNEY COLLEGE, CAMBRIDGE. Among other scholarships to be competed for at this college, on October 10th next, are two of the value of £40 each annually, for natural science, electricity, chemistry, geology, anatomy; an intelligent knowledge of any one or two of which, added to a fair knowledge of classics and mathematics, would probably ensure a scholarship. It may be held with another scholarship if the candidate be fortunate enough to obtain another. Information, however, is to be obtained from the Rev. J. C. W. Ellis, tutor of the college.

ODONTOLOGICAL SOCIETY. A meeting of this Society was held on February 6th; T. A. Rogers, Esq., President, in the chair. A patient was introduced by Mr. Ramsay, wearing the apparatus invented by Dr. Kingsley for cleft-palate, with the view of allowing the members to see the improvement resulting from the use of the apparatus. The patient was requested to read and speak. [Why does the reporter not tell us the opinion of the Society on the apparatus in question? EDITOR.] Pathological preparations were exhibited by Mr. Ibbetson and Mr. Fletcher. The Secretary read a paper by Mr. Cartwright and himself upon the Skulls at Hythe Church, Kent. The writers, after stating how the bones were arranged at the above church, gave reasons for disbelieving the traditional account of how they had been collected; viz., after a great battle between the Danes and Saxons. The appearance of the skulls, and the number of them that had belonged to children, and probably to females, were contrary to such a view. The maxilla principally occupied their attention. The alveolar arches were all well developed; and in quality the teeth were much finer than was usually seen in the present day. Irregularities of any kind were uncommon amongst them. In many cases, they were much worn, probably from food containing much of the outer husk of the grain and grit from the rude utensils used in preparing it. Caries existed, but to a less extent than is seen in the present day; it occurred generally on the masticating surfaces of the teeth, and was attended, in most cases, with alveolar abscess. Mr. Coleman read a paper upon Certain Forms of Irregularity and their Treatment. The object of this paper, as stated by the writer, was to bring before the Society certain views propounded by Mr. Cartwright at a former meeting, which had not been fully discussed. Mr. Cartwright's opinion was that the increasing prevalence of contracted dental arches was ascribable to increasing civilisation, with selective breeding. This view was fully adopted by the writer, who adduced a large number of observations which told in its favour; he also agreed with the same authority in the treatment of cases of contracted maxilla, with irregularly placed teeth; but, in some cases, he advocated a line of treatment not commonly pursued by dental practitioners. The discussion was adjourned till the next meeting.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY. Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY..... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."
TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. T. Longmore, "On Osteo-Myelitis consequent on Gun-shot Wounds"; Mr. Hulke, "On Ichthyosis of the Tongue."—Anthropological Society of London, 8 P.M.
WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Medical and Chirurgical Society, 8.30 P.M. Annual Meeting.
THURSDAY. Harveian Society of London, 8 P.M. Dr. Griffith, "On a New Method for the Arrest of Uterine Hemorrhages"; also, a Clinical Discussion "On the Use of Alcohol in Fevers."
FRIDAY. Royal College of Physicians, 5 P.M. Dr. Edward Smith, Galstonian Lectures. "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nutrition, Food, and other Physical Agencies in Health; and to certain States of Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Western Medical and Surgical Society of London, 8 P.M. Dr. G. F. Blandford, "On Melancholia."

TO CORRESPONDENTS.

. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE DAVENPORT BROTHERS.—Judging from the way in which the Davenport Brothers have been received in Liverpool and Huddersfield, and were received in London, a correspondent suggests, that people are "not such fools in the country as they are in London."

THE FRENCH MEDICAL CONGRESS meets on October 2nd, at Bordeaux. The subjects to be discussed then and there are the following:—1. Rheumatism; 2. Treatment of Diseases by Expectation; 3. The Malignant Forms of Furuncle and Anthrax; 4. Sudden Death after Injuries, and in the Puerperal State; 5. Parasites in Man, and the way to destroy them.

FILTHY PUBLICATIONS.—SIR: By this day's post, I received a copy of one of those vile filthy publications, *A Treatise on Spermatorrhoea and its Immediate Self-Cure by the New French Method*, etc. Surely the circulation of these books might, and at all events ought to be, prevented by legislative enactments. The author styles himself F.A.S., F.S.A., F.R.A.S., Member of the College of Physicians and Surgeons, H.G. King's College, The Lock, St. Mary's, and St. George's Hospitals, etc. I enclose the last three pages of the book. Cannot our Association do something to stop these wretches? At all events, they may be exposed.

I am, etc., WM. SANKET.

TRICHINÆ.—**SIR:** Various subjects, both of general and medical interest, are canvassed and investigated by the members of the British Medical Association, in the pages of its now well conducted JOURNAL, which, under your superintendence and revision, has attained so high a standard of excellence and usefulness, as highly to merit the support of the profession generally. I trust it will be the means of inducing numbers to join the Association. Without the JOURNAL, its power and usefulness would soon decline. I hope you, sir, and our respected associates will consider the subject I am about to bring before you and them of sufficient importance to claim the attention and aid of all who are interested in the well-being of society, in the cause of humanity, especially of the poorer classes, who, I fear, are the greatest sufferers.

The subject I propose for investigation, is that of "Trichiniasis", or "Flesh-worm disease". In Germany it has excited great attention and controversy; but in "happy England", little or none. Although the "warning blast" has gone forth, it has met with apathy alone. Breeders and butchers deny the existence of any such disease, and even our best veterinarians; as Youatt and others, in describing the "intestinal worms and parasites with which swine are affected", make no mention of the "trichinæ", or "flesh-worms". This appears to the unreflecting and interested parties a sufficient refutation. Consequently, people still eat pork; and some, I believe, die of obscure diseases—the nature totally "unrecognised"—a "fearful agonising death". What can be more abhorrent and revolting than being literally consumed and eaten up alive? This is no "conjuror's trick", but an actual disgusting fact. The fate is the more deplorable, as no hope of cure can be held out, or of alleviation, to the wretched sufferer, except the swallowing of potent poisons, nearly as dangerous to life as the disease itself, or obliterating all nervous sensation by powerful narcotics—"should it be recognised".

Well may we say with the Italians:

"It is not true that death is the worst of evils,
For life is only life when blest with health."

I hope, sir, that you will agree with me, that this subject is worthy of searching investigation, and a fitting one to be carried out by the talented members of our Association, many of whom are in a position and locality favourable to such an investigation. By so doing, they will confer a boon, and deserve the grateful thanks of society, especially the poor, who, I fear, are the greatest sufferers, from feeding upon the stale remnants of pork or sausages sold by the butcher at a very low price, and often quite unfit for human food. The consciousness of the probability of saving even one of our fellow-creatures from such misery, and of preventing the spread of so dire a plague, will amply reward the toil.

The present questions I would propose for investigation, are:

1. Are English domestic pigs subject to trichinæ?
2. Are very young animals (as sucking pigs) liable to be infected?
3. Can the trichinæ be perfectly destroyed by thoroughly cooking?
4. Are they effectually destroyed by salting the meat?
5. What is the effect of time in destroying the vitality of these parasites?

If these questions can be satisfactorily answered, we shall be able to form an opinion as to the safety or danger with which we are apparently surrounded, and at all events prevent the calamity. I am, with much esteem, etc.,

FOR THE PRESENT A FOLLOWER OF THE LEVITICAL
LAW, ALTHOUGH NOT ONE OF THE TRINE; AND AN
OLD ASSOCIATE.

Leominster, Herefordshire, February 1865.

TRICHINÆ.—**SIR:** In a leading article about entozoa (in your number of February 11th), you say, that if people will eat their meat raw, like cannibals, they must take the consequences. Being born on one of the Caribbean Isles, and brought up a young cannibal myself, I am in a position to assure you that true cannibals always eat their meat well roasted, and never raw. When we ate my grandfather, his flesh came exceedingly well off the bones; and the very marrow in the thighs was beautifully hot and fluid. Moby picked it with the snuff- spoon which we took from a Scotchman. As for eating a fellow raw, cannibals may as well be suspected of gnawing their own living limbs. I have since read in a book called *Robinson Crusoe*, that my forefathers already in his time ate their enemies well cooked.

I am, etc., CANNIBAL INDEX.

[We believe our young savage friend is correct; and if he is, we will venture to affirm that cannibals are not afflicted with trichinæ or any of such affiliated horrors. EDITOR.]

SINERS FOR THE NAVAL SURGEON.—Recently, in an important ship, on an important station, the following fact occurred, as narrated by an honourable gentleman of high character. A trifling discussion arose between the second lieutenant and the staff-surgeon (the latter officer, be it remembered, ranking with a commander), on a matter not connected with the service, in which the lieutenant was completely defeated before the members of the mess, which irritated him so much, that he went on to the quarter-deck, and sent for the staff-surgeon (this superior officer). On the staff-surgeon's appearance on the quarter-deck, this lieutenant demanded his sick list. The surgeon produced his list, which the lieutenant took, and returned without opening; but saying, with a sardonic grin, as he turned on his heel: "I warn you, sir, to be cautious how you press me to argue with your commanding officer—an executive.

This occurred when the captain, commander, and first lieutenant were all on board. The staff-surgeon (an M.D., ranking with a commander, and "an excellent unassuming gentleman"), complained to the captain of this piece of arrant snobism. The captain inquired into the matter, and decided that it was the surgeon's duty to produce his sick list, *when required by any executive officer, of whatever rank*, and without questioning his reasons or motives for doing so. (*United Service Gazette*, January 21st.)

IMPORTANT MEDICO-LEGAL QUESTION.—**SIR:** I was the plaintiff in an action lately tried in the County Court in this town, in which I sought to recover the sum of £8 odd, for professional attendance and medicines rendered and supplied by my assistant, who conducts a branch surgery for me at a distance of five miles from my residence. I am registered as an Apothecary, Surgeon, and Doctor of Medicine. The judge, after a few minutes' consideration, gave a verdict for the defendant, on the ground that no qualified medical practitioner could recover for cases attended by an assistant *sine* diploma, resident five miles from the principal. I beg to submit the above to the readers of your extensively circulated JOURNAL, many of whom, no doubt, have branch practices, as I think it involves a question of great importance, not only to myself individually, but to the medical profession at large. I have had this branch practice a considerable time, and might be a loser to a considerable extent, should the decision referred to hold good. I am, etc., JOHN WILLETT, M.D.

Northwich, Cheshire, February 15th, 1865.

INDIAN MEDICAL SERVICE.—**SIR:** I enclose the orders of the Bengal Government on the despatch, and paragraph 3 fully confirms the opinion I gave of paragraph 20 of the despatch; viz., to bring in as many outsiders as possible to fill up the good appointments at the Presidencies and large civil stations.

"3. To enable the future establishment of the Indian Medical Service to be laid down, it is requested that the Governments of Fort Saint George and Bombay will forward to the military department of the Government of India a detailed statement of the number of medical officers of Her Majesty's Indian Service required for the duties of those Presidencies under the system now ordered, taking into account, as directed in paragraph 20 of the despatch of the Secretary of State, the several situations which may be properly filled by uncovenanted members of the medical profession."

I am glad to hear that so few have been attracted by the apparently tempting bait. I am, etc.,
February 1865. A RETIRED SURGEON-MAJOR.

THE GRIFFIN TESTIMONIAL FUND.—**SIR:** The following subscriptions have been further received on behalf of the above Fund:—Dr. J. Cogan (Wheatley), £1:1; Dr. F. J. Sandford (Market Drayton), £1:1; Dr. J. S. Belcher (St. George's East), 10s. 6d.

Amount previously announced, £114:8:6. Received at the *Lancet* office, £7:17:6.

I am, etc., ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, February 16th, 1865.

COMMUNICATIONS have been received from:—Mr. WILLIAM CORNEY; Mr. BRODHURST; Dr. BEIGEL; Dr. B. W. RICHARDSON; Dr. DURRANT; Dr. W. H. O. SANKEY; Dr. HUMPHRY; Dr. JOHN WILLETT; Mrs. POWELL; Dr. RADFORD; Dr. DOBELL; Mr. OLIVER PEMBERTON; Dr. BALMAN; Mr. W. M. CLARKE; Dr. D. DOUGAL; THE HON. SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Dr. FITZPATRICK; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Dr. C. BLACK; Dr. HENRY BARNES; Dr. A. T. H. WATERS; Dr. EDMUNDS; Mr. WILLIAM MARTIN; Dr. S. H. STEEL; Dr. A. W. BALCLAY; and THE HON. SEC. OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

BOOKS RECEIVED.

1. The Science and Practice of Medicine. By W. Aitken, M.D. In Two Volumes. Third Edition. London: 1864.
2. Fibrous Tumours of the Womb. By C. H. F. Routh, M.D. London: 1864.
3. Photographs of Diseases of the Skin. By A. B. Squire, M.B. Lond. No. VI. London: 1865.
4. Fifth Annual Report of the Cranley Village Hospital. Guildford: 1864.
5. Traité Théorique et Pratique des Maladies de l'Oreille. Par le Docteur J. P. Bonafant. Paris: 1860.
6. A Manual of the Practice of Surgery. By W. F. Clarke, M.A., F.R.C.S. London: 1865.
7. Essai sur la Médication Isolante. Par le Dr. Benoist. Poitiers: 1864.
8. Beneficence in Disease. By J. Toynbee, F.R.S. London: 1865.
9. On the Temperature of the Body as a Means of Diagnosis in Phthisis and Tuberculosis. By S. Ringer, M.D. London: 1865.
10. The Anthropological Treatises of J. F. Blumenbach. Translated by T. Bendyshe, M.A. London, Anthropological Society: 1865.
11. A Treatise on Military Surgery and Hygiene. By F. H. Hamilton, M.D. New York: 1865.
12. Twenty-seventh Annual Report of the Suffolk Lunatic Asylum. 1865.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P. EDIN. AND F.R.C.S. ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL,
MANCHESTER.

INTRODUCTORY REMARKS.

THE Cæsarean section is not an operation of recent date; its performance is recorded before obstetric medicine and surgery were scientifically accepted (vide *Edinburgh Medical and Surgical Journal*, vol. xxv), and has since been generally recognised in most of the modern systems of obstetrics. Although this is the fact, yet it has not received the unanimous approval of the members of our profession. From a very early date it has had its advocates and its opponents. To my knowledge, there has been no subject connected with medicine which has created more bitterness of feeling and animosity in the minds of those who may be classed as Cæsareanists and anti-Cæsareanists.

In no city or town in these empires have these repugnant and unprofessional feelings existed to a greater extent than in Manchester. The important but rancorous controversy which took place here between Dr. Hull and Mr. Simmons brought the greater part of the medical profession to entertain more clear and definite opinions. The writings of Dr. Hull, apart from their controversial character, contain most valuable and practical observations.

When I received the honour of appointment to deliver the first obstetric address before the Provincial (now named British) Medical Association, at the next meeting which was to take place at Manchester, I selected a practical and at that time a debatable subject; and, even at the present time, the opinions of medical men are unsettled and discordant upon it. My opinions upon some parts of the subject, no doubt, differed from the great majority of those who honoured me by patiently listening to its delivery; yet I did not hesitate freely, and I hope conscientiously, to express them. At the present time, I do not shrink from the responsibility of again bringing more fully before the entire profession my views, which had only been partially known for several years before the delivery of the address. I have the fullest confidence that the doctrines promulgated will receive the unprejudiced judgment of the profession.

I was induced to select for my subject the Cæsarean section, and those other means which have been recommended to supersede its performance, partly because these subjects have been, as already stated, warmly discussed in this city; and partly because the greatest number of cases (I speak relatively) in which the Cæsarean operation has been performed in Great Britain and Ireland, have occurred in this city and in the neighbouring districts. The analytical

tables contain a report of seventy-seven cases. Of this number, fifty-five have happened in England; of which, twenty-five have occurred in Lancashire; fifteen cases have occurred in Scotland; and seven cases have taken place in Ireland. It is a remarkable fact, that there stands no case recorded from Wales.

The following observations are entirely confined to British and Irish cases. I have purposely avoided admitting foreign cases into the tables, or of making remarks upon, or of drawing any deductions from them; although I am quite aware the maternal mortality might be shown to be considerably less by their admission for computation, than it appears by only taking the results of British and Irish practice.

In the following pages, all the questions have been faithfully and conscientiously discussed; and all the opinions which are given are, as far as possible, based on facts. My object is to endeavour to place the Cæsarean section, and some other obstetric operations, on such medical, social, and moral grounds, as to be approved by both the profession and society at large. The doctrines which I have inculcated in the following pages are only desired to be received in the spirit in which they have been written; and I desire them to be taken in no other way than as they are worthy of acceptance or rejection.

The tables which were brought before the Association contained records of many points which have been now omitted in order to reduce them. They contained an account of the number of previous labours, and the mode of delivery; the state, etc., of the os uteri; the location of the placenta, etc.; the exact line of the incision; and some general remarks on the condition of the patient before, during, and after the operation, etc. I have, however, embodied the deductions to be drawn from the record on most of the subjects above adverted to.

CHAPTER I.

On the Necessity of the Cæsarean Section as an Obstetric Operation.

IN an ill directed controversial ardour, Mr. Simmons, in his remarks addressed to Dr. Hull, declared that the Cæsarean section was universally and inevitably fatal, and proposed a compound operation of symphysectomy and craniotomy to supersede it. It was not long afterwards before he had an opportunity of putting in practice his highly lauded operation. He was consulted in the notable case of Elizabeth Thompson, whose pelvis (now in my possession) is extremely distorted. An examination of it must have brought conviction to his mind that some other means must be adopted in order to deliver her. It is to be presumed he renounced his proposed operation, as he discarded his patient, who was afterwards brought to the Manchester Lying-in Hospital, and delivered by the Cæsarean section.

Dr. Hull, at this time, endeavoured to settle the disputed question of the necessity of this operation; and the soundness and justice of his opinions were generally approved of by the profession. If this question had still remained undisturbed, it would have been unnecessary for me to interfere with this part of the subject. Within a few years, however, not only the necessity, but likewise the propriety, of its performance has been denied, and opprobrious

epithets employed (unworthy of the talented physician who used them), which, although totally unfounded, not only cast odium on the operation, but also reflect most unjustly on the character of those obstetricians who have conscientiously recommended it and boldly performed it. More recently, it has been declared by an obstetric physician, that the induction of abortion, the induction of premature labour, craniotomy, or these two last operations combined and applied according to the degree of distortion, would render the Cæsarean section altogether unnecessary.

The Cæsarean section is doubtless required whenever the pelvic apertures, or its cavity, are so diminished that a mutilated infant cannot possibly be drawn through. This diminution may be positively produced when the pelvic bones are distorted by mollities ossium, by rickets, or by irregular union of, or by a large deposition of callus on, these bones after fractures; or from exostosis, which may grow upon any portion of the bones.

The pelvis is also sometimes relatively so diminished by different kinds of large tumours which are lodged within the pelvis; some of which are loose, whilst others are immovably fixed so as to render this operation necessary.

An analytical statement of the causes which have rendered the performance of the Cæsarean section necessary in these kingdoms, will be found numerically to stand as follows. Of the seventy-seven tabulated cases, forty-three were produced by mollities ossium, of which thirty-two were English, ten Scotch, and one Irish. In fourteen cases, the pelvis was distorted from rickets, of which twelve were English and two Scotch.

In one case, the distortion was congenital (English), and was of a rickety character; in two cases, one English and one Scotch, the pelvis had been fractured.

In six cases, fibrous or other tumours existed in the pelvis; of which three were English, two Scotch, and one Irish. In two cases, there was an exostosis growing from the base of the sacrum; of which one was English and one Irish. In two English cases, carcinoma of the os and cervix uteri caused the obstruction. In seven cases, the cause is not recorded.

Nearly all the pathological causes enumerated above which render the Cæsarean section necessary are progressive; and most of them may proceed to such an extent as nearly to obliterate the apertures of the pelvis, or to block up the cavity.

I have in my possession, a distorted pelvis in which the brim is nearly destroyed, there not being a greater space between the descending lumbar vertebrae and the pubes on each side than the tenth part of an inch. The space between the lumbar vertebrae and the rami of the pubes is five-sixteenths of an inch, and the space between the jutting of the pubes near the symphysis is three-eighths of an inch.

So, likewise, exostosis, or tumours within the cavity, have grown so large as to prevent a finger from passing without great difficulty. These pelvic conditions may exist in a first pregnancy, or may come on at any time during the child-bearing period; and a woman who has had several natural and propitious labours may, in successive cases, have greater or less impediments existing, which may require different means for her delivery; or the pelvis may be naturally capacious in one labour, and in her next the

bones may be so distorted, or its cavities may be so filled, as to require the Cæsarean section.

Then, with such uncertainties as these, it is obvious that both the patient and practitioner may be completely ignorant of these organic conditions until pregnancy has either been considerably advanced, or even completed, and labour commenced.

Surely, the most benighted opponent to the Cæsarean section cannot be so mentally blind as not to know that young married women can not be compelled to submit to vaginal or other examinations in order that it may be ascertained whether there is sufficient pelvic capacity for a full-grown infant to pass through. But, supposing the practitioner to be acquainted with the state of the pelvis, the means recommended to supersede the performance of the Cæsarean section are quite inadequate to prevent its necessity in those higher states of distortion, etc., which have existed in most, if not all, of the cases which are tabulated. Ample testimony exists of the truth of the above remark in some of the cases contained in the tables.

Dr. Hull relates several cases, and within my own knowledge others have occurred, in which it was quite impossible to deliver the women after either embryotomy or craniotomy had been performed. Then, under these circumstances, what measures must be adopted for the delivery of the woman? Must she die undelivered with a mangled infant still in the womb? This event has been most unwarrantably allowed to happen. Again, ought the Cæsarean section to be performed to extract a mutilated infant? This practice has been pursued. These are weighty reasons why the Cæsarean operation should be considered as one, at least, of necessity. There are, however, other grounds to be spoken of, which further establish this proposition. No doubt every obstetrician will admit that it is absolutely necessary for the os uteri to be accessible when he intends to induce abortion: more especially, if this operation is to be performed by the aid of instruments. And when, at later periods of pregnancy, craniotomy is contemplated, it would doubtless be considered a *sine quâ non* that both the os uteri, the degree of its dilatation, and also that the presentation of the infant, should be ascertained before this destructive operation is performed. These important desiderata do not, however, always exist in cases in which the pelvis are highly distorted.

In twenty-one of the tabulated cases, the os uteri could not be felt: in twenty-one cases there is no account given, from which it is fair to conclude that it could not be touched—making together forty-two cases. In thirty-five cases, the os uteri was discovered with more or less difficulty. In sixteen cases, no part of the infant could be reached. In forty-one cases, we have no account; which omission affords negative or presumptive evidence that the presentation could not be ascertained, which together make fifty-seven cases. In twenty-one cases, the following presentations are recorded: in twelve the head, in three the hand, in two a hand and a foot, in one a foot, in one a hip, and in two the arms.

The foregoing remarks, and the above authenticated facts, are, I hope, amply sufficient to establish the proposition of the necessity of the Cæsarean section as a recognised obstetric operation. Although the subsequent observations do not relate to the necessity of the operation, yet I deem them so practi-

cally important that I have ventured to place them in this chapter.

In some cases of rupture of the uterus, the infant might be removed with more safety to the mother by an abdominal section, than by dragging it away either by the feet or by the crotchet. Trask's extensive statistics are very favourable to its adoption in some cases of this accident.

When a woman who is nearly at the full period of pregnancy dies, or if killed by accident, the obstetrician is, morally, socially, and professionally, bound to propose *post mortem* hysterotomy. Justice to the incarcerated (most likely living) infant demands an immediate decision, as too long delay would be hazardous to its life. It is, however, a well known fact, that the infant survives the death of its mother much longer than is usually supposed. In this empire, medical men are quite at liberty to exercise a free and conscientious judgment; they are not trammelled by theological dogmas, as they are in France and other countries.

CHAPTER II.

On the Statistics of the Cæsarean Section.

THE statistics of the results of the Cæsarean section, especially as concerns the mothers, are highly unfavourable. The general account stands as follows of the seventy-seven women whose cases are tabulated. Sixty-six, or 85.71 per cent., died; eleven, or 14.28 per cent., were saved.

The number of successful cases here mentioned is greater than is usually allowed to have taken place; and, therefore, this statement requires further explanation. They are registered as follows. Nos. 1, 12, 35, 36, 37, 49, 53, 57, 67, 68, and 71: of these. Nos. 1, 12, 36, 49, 53, 67, 68, and 71, perfectly and permanently recovered. Case No. 35—She also recovered; the wounds being nearly healed. She lived several weeks; but afterwards she died from epilepsy, to which malady she had been previously subject. Case No. 37—The woman recovered; and afterwards died from disease of the hip-joint.

There is, however, another case included in the deaths which ought, in my opinion, to be in some measure considered as one of recovery. She lived seven days; and so long as she was rationally treated, she went on favourably. But after the treatment had been injudiciously changed, she gradually grew worse and died.

The special statistics, or the results, of the cases in which I have been concerned are as follows. Of six women, four died, or 66.66 per cent.; and two were saved, or 33.33 per cent.

From the seventy-seven women, seventy-eight infants were extracted; one being a case of twins. Of which forty-six, or 55.97 per cent., were saved; and thirty-two, or 41.02 per cent., were dead. Nearly all these infants were dead before the operation, which might have been saved if it had been earlier performed.

The special statistics, or the number of deaths, in my practice stand thus. Of six infants extracted, three, or 50 per cent., were saved; and three, or 50 per cent., were dead. Two of this number were dead before the operation, one of which was putrid; the death of the other was doubtless chargeable to the operation, and was caused by a spasmodic seizure of its neck by the uterus during its extraction.

The risk to infants in Cæsarean births is not much greater than that which is contingent on natural labours, provided correct principles of practice are adopted.

If I dare venture to give an ideal comparative estimate, I should say, if it is supposed 1 per cent. be the mortality of natural labour, that consequent on the Cæsarean section may be stated as scarcely $1\frac{1}{2}$ per cent.

Original Communications.

REMARKS ON CERTAIN POINTS IN THE SURGERY OF CELSUS.

By H. LOWNDES, Esq., Liverpool.

[Read before the Liverpool Medical Society, Nov. 17, 1864.]

WHEN we look back over a space of eighteen hundred years to the Augustan era, we feel like a man who stands on a mountain-top, and who, looking over a vast valley full of little hills, sees afar off the top of another great mountain, and wonders whether it can be as high as that on which he stands.

We, "the heirs of all the ages in the foremost files of time", are apt to look with contempt on those who have preceded us in what we call the race; and yet, with all our vast material progress, we have much that may teach us not to be too proud-minded. May we not already be descending from our highest point towards a new series of dark ages, a new deep and long valley, bounded by some mighty mountain far off in futurity? To pursue the simile, in the art of poetry, we seem to have culminated in the two peaks of Shakespeare and of Milton, and can hardly hope to reach such heights again. In the art of painting, we can hardly hope again to see the days of Raphael and of Michael Angelo. In eloquence, that trio, Lord Chatham, Fox, and Burke, are unapproached in these latter times. Has our art of Medicine reached its culminating point too? Is Surgery declining since the days of Hunter, and Medicine since those of Sydenham? The reply is satisfactory; here we are indeed "the heirs of ages in the foremost files of time"; and although I fear our medical writers can make no pretensions to the chaste and classic style of Celsus, yet we may maintain that the height on which we stand is higher than that Augustan mountain separated from us by so many ages, and that we have not yet reached our greatest height. A well educated surgeon of the present day will have more resources than were possessed by John Hunter; and the physician of the present day, though he may not rival Sydenham in his elegant Latin—which, however, some say was not his own—will be, if not so brilliant, yet surely a less sanguinary practitioner.

After this prelude, which I hope will be excused, I shall proceed to show, from a few examples, how high the eminence on which surgery stood in the days of Celsus, and to compare its state, in some respects, with its present condition; while I may allude very briefly to that long and dreary interval to show how low the art has sometimes fallen.

Fractures. Celsus, in his general rules for the treatment of fractures, points out the necessity of bringing the broken ends into apposition at as early a period as possible by making proper extension and manipulation; but says that if this extension is not used at first, it must not be used at all until the swelling and inflammation have subsided. He directs

the limb, after it is set, to be wrapped up in linen cloths soaked in wine and oil, and applied spirally several folds one over the other, and over these a layer of linen covered with cerate. About the third day, as these become loose, they are to be re-applied, and the limb to be well fomented at the time; so, again, on the fifth. Either on the seventh or ninth day, the swelling having now subsided, if there be any displacement, it must be reduced; the limb is to be again swathed up, and to be secured with splints; and "the broadest and strongest splint should be applied to that side towards which the fracture inclines." The splints have straps applied round them, which are to be tightened every three days; but are only to exert pressure sufficient to keep the bones in their places.

In fractures of the leg or thigh, the limb is to be placed on a frame, with a foot-board to steady the foot.

In severe compound fractures, no extension is to be made until the wound is healing; but the limb is to be placed in the position that is least painful, and the wound to be dressed daily with oil and wine, and blood to be taken from the arm if there have not already been much hamorrhage. Compound fractures of the thigh, he says, where the bones have been greatly displaced, generally require amputation; those of the humerus less frequently. He says there is always shortening after fracture of the thigh.

Fractures that unite at an angle are to be broken again. In cases of ununited fractures, for this opprobrium of surgery is of ancient date, the limb is to be extended to excite fresh injury, "*ut aliquid laedatur*"; the ends of the bones are to be first separated and then allowed to rub together, "*ut coneurando exasperentur*", and that any intervening substance may be destroyed.

He gives judicious rules for the treatment of particular fractures, which my space will not allow me to enter upon.

Although the mode of treatment of fractures laid down by Celsus be careful and sound, yet in our day we are not obliged to recognise shortening as an inevitable result of fracture of the thigh; but while we appreciate the use of the long splint, and of starch and plaster of Paris bandages, we must remember how recent their introduction has been. The modern treatment of ununited fracture was both dangerous and ineffectual, until the method was devised of causing irritation in the ends of the bones by the introduction of ivory pegs into their substance; and we are indebted to a member of our Institution for another method, which, I trust, will be a still further improvement, by which the ends of the bones are securely joined together by the metallic drills that are to create the irritation necessary to the throwing out of bony matter.

Injuries of the Head. The remarks of Celsus on this subject are full of interest. He gives a description of a trephine exactly similar to that now in vogue, and gives careful directions for its use; but he uses it rather in cases where caries or necrosis of the skull exist to a limited extent, than in cases of fracture; and he only applies the trephine sufficiently deep to remove the diseased shell of bone, leaving the inner table.

In cases of fracture with depression, or in cases of caries requiring the removal of large portions of bone, he recommends a number of small holes to be made with a drill, and then to be united together with the chisel until the part to be removed is completely separated. After describing well the symptoms of fractures of the skull and their varieties, and after insisting on the importance of the use of the probe in their detection, he says that, in his time as in ours,

in every case of fracture or fissure of the bone, the older surgeons used at once to have recourse to their instruments with which they performed excision.

He (Celsus) recommends simple treatment, such as plasters soaked in vinegar, covered with wool steeped in the same substance, and the wound to be thus dressed daily up to the fifth day. Then, if the fever subside, or be but slight, if the appetite return and the patient sleep well, we are to persevere and apply healing ointment. But if during the first period of treatment, the fever becomes severe, the slumbers short and disturbed, the wound moist and unhealthy, with swelling of the glands of the neck, and if there are severe pains and an increasing distaste for food, "*tum demum ad manum scalpumque veniendum est.*" He points out that by excision we give vent to any fluid that may have collected under the fracture, and we remove any portion of the inner plate that may be pressing on the brain. He says, in depression, "*Ubi medium os desedit, eandem cerebri membranam urget; interdum etiam ex fracturâ quibusdam velut aculeis pungentibus.*"

In the later stage of his operation for the removal of bone, he recommends the use of a copper-plate to protect the membranes of the brain while the chisel is being used; but he does not describe anything that seems like our elevator for raising the depressed fragments.

It is indeed amazing that, after the varieties, the symptoms, and the treatment, of these injuries of the head, had been so clearly described by Celsus that we can find little to criticise, yet this knowledge, so valuable to the preservation of human life, should have faded from the earth; that in the long ages of war and strife that succeeded, the skilful surgeon was superseded by the wizard with his charm or amulet, or the wise woman, or the monk; that, in later times, when surgeons reappeared on the stage, they soon became infected with the *nimia diligentia medicinæ*, and adopted the practice that Celsus reprobates, of using the trephine in all cases of fracture, without waiting for symptoms.

Mr. Abernethy was one of the first English surgeons who took pains to discriminate between those fractures that required active treatment and those that were better without it; and, after quoting many cases, he said "there are, doubtless, some depressions of the skull that it would be absurd not to elevate by an immediate operation, for in them the pressure on the brain would of itself be productive of fatal consequences. The arguments which I have stated against the immediate performance of the operation, apply therefore, in my opinion, only to dubious cases; to those in which, perchance, upon the subsidence of the inflammatory symptoms, the pressure may be found not to be so great, but that it may be borne without detriment, though there is a risk that it may be detrimental." He points out that the wound made by the trephine is a vastly more serious lesion than many fractures of the skull are.

Sir Astley Cooper took the same view. Mr. Guthrie, the great army surgeon, was able to say in 1842, speaking of simple fractures: "They (our predecessors) believed the bone could not be fractured without an extravasation taking place beneath; and some took credit to themselves for placing wedges between the broken edges, in order to allow of the escape of the blood or matter which might be formed below it. That blood may be effused, and matter may be formed, is indisputable, even under the most active treatment; but that an operation by the trephine will anticipate and prevent these evils, cannot be conceded in the present state of our knowledge; and the rule of practice is at present decided that no such operation should be done until symptoms super-

vene distinctly announcing that inflammation, compression, or irritation of the brain, have taken place."

Thus we slowly recovered ground that had been lost for so many ages.

Varicose Veins. It is rather startling to find Celsus say that varices in the legs are easily removed. "Any vein" (he says) "that is troublesome is either to be destroyed by the cautery or to be cut out. If it is straight, or if transverse yet single, and if of moderate size, it is better to cauterise it; if it is crooked and doubled on itself, as it were, in circles, or when many veins are confused together, it is better to excise. In applying the cautery, the skin is to be divided and the vein exposed by the knife; then the vein is to be lightly pressed with a small blunt heated cautery, and care is to be taken that the lips of the wound are not burnt. Then the wound is to be dressed as an ordinary burn; and that appears to be with lily or other such leaves soaked in oil and wine. This is to be performed throughout the whole varix, at as many spots as necessary, leaving interspaces of four fingers' breadth."

In the cure by what he calls excision, but what seems to be at most removal of certain portions of the vein, he directs it to be exposed above at certain distances, and to be isolated from its attachment at these points; a blunt hook is then to be passed under it, by which it is drawn up, and then it is to be divided, or, as he rather seems to mean, the portions lifted up are to be cut out. The wound is to be brought together, and over this an agglutinating plaster is to be placed.

If this operation of dividing or excising the vein was so successful and so commonly performed as Celsus seems to say, its success must have been due to the careful manner in which the thorough division was secured, and to what seems a slight thing—the application of an agglutinating plaster. The effect of this would be to completely exclude the air, and exert sufficient pressure to keep the edges of the wound at rest.

In modern times, though Sir Edward Home made a trial of the ligature in the treatment of this complaint, and Sir Benjamin Brodie of the subcutaneous division of the vein, yet, in general, palliative measures alone have been used until the last few years. Now, several modes of cure are becoming very commonly used. Some use small issues, as recommended by Mayo and others. Mr. Erichsen passes a hare-lip pin under the vein, lays a piece of wax-bougie over it, and then applies the twisted suture round the pin and over the bougie. He says he has operated in between two and three hundred cases without any ill consequences. Mr. Henry Lee recommends another mode, which promises to be both safe and effectual. He passes two needles, an inch apart, under the vein; then, with a ligature over the ends of each separately, makes pressure sufficient to stop the circulation in the vein; then he divides the vein subcutaneously in the interspace. The simple subcutaneous division by Sir Benjamin Brodie was found dangerous; but I believe Mr. Lee's procedure, by sealing for a certain time the vein above and below the wound, will make the operation as safe and as effectual as possible; and it is worthy of remark, that it is founded on the same principles that seem to have led to the operation described by Celsus—namely, the necessity of dividing the vein, and the necessity of keeping the access of air from it.

Diseases of the Anus. The affections of the anus seem to have a peculiar charm for surgeons of the present day; and almost every year we have two or three new publications on the subject, that are, I have no doubt, equally interesting and valuable. It is refreshing, however, to find that Celsus compresses into less than two pages his directions for the opera-

tive treatment of external and internal piles and fissures of the anus, and yet leaves very little to be filled up by his voluminous successors.

Fissures—"scissa"—of the anus, when they have become indurated, are to be brought into view and excised, that a new surface may be left.

External piles—"condylomata"—are to be seized with a vulsella, and excised near their roots. In the case of internal piles, acrid purgatives are to be given, that the tumours may be extruded; then, if they be small, and their necks narrow, they are to be ligatured at their base with thread; and, if very large, a needle is to be passed through the base, and a ligature passed under the needle round the base. If the tumours are very numerous, they are not all to be tied at the same operation, lest so many tender cicatrices be left. The after-treatment includes fomentations and poultices.

In another section, he gives very good rules for the palliative treatment of these diseases.

The knife for the external, and the ligature for the internal pile, have not yet been superseded; but, I need hardly say, simple incision has taken the place of the more severe treatment Celsus indicates for the cure of fissures.

Wounds of the Intestines. In a wound of the abdomen, with protrusion of the bowels, Celsus teaches that the first thing to be considered is the state of the portion protruded; if it be livid or colourless, or black, and insensible to the touch, "*medicina omnis inanis est.*" If the small intestine be wounded, he thinks nothing can be done; if the large, it is to be stitched up. The man is now to be laid on his back, with his hips raised. If the wound in the abdomen be too small to admit readily of the return of the bowel, it is to be enlarged. The bowel then is to be returned—that portion first that was last extruded; then the patient is to be gently shaken, that the folds of intestine may fall into their proper places, and there repose. When these are all concealed, the omentum is to be considered; any black or dead parts to be cut off, and the sound parts to be returned. Then—and this is a point of very great interest—he says that the wound of the abdomen is to be sewn up; but that suture, either of the skin or of the "interior membrane," by itself, is insufficient; it must be of both. The deep threads are to be applied at first more closely than in ordinary wounds, because that part is so liable to motion, and so peculiarly subject to great inflammation. Two needles are to be threaded, and passed always from within outwards, and are to be used the one with the right hand, and the other with the left, and so alternately. So the interior membrane (meaning the peritoneum) is to be brought together, and then in like manner the skin. Then agglutinating applications are to be used; and the abdomen is to be gently bandaged. For the needles to be crossed in this way from hand to hand, keeping each hand actively employed, might puzzle the most ambidextrous; but we have here carefully described a mode of bringing together abdominal wounds that has been revived of late years by those who, with so much honour to themselves, have brought the operation of ovariotomy to so great perfection. Here, then, again we have a most useful procedure lying dormant through long ages of warfare, and only revived in our own day. In the Middle Ages, our ancestors were more eager to rip one another up, than skilful to heal the wound; and their leeches were content to apply their salves to the bloody swords.

That surgeons in the time of Celsus were very successful in healing abdominal wounds, we may infer from the fact that they did not scruple to operate for the radical cure of ventral hernia by removing a

large elliptical portion of integument and peritoneum, uniting the wound in the way just described.

Rhinoplastic Operations. These operations, which, in the perfection to which they are brought, constitute one of the triumphs of modern surgery, do not seem to have been practised on a large scale in the time of Celsus; but he gives directions for operating in cases of fissure or want of tissue from ulceration or injury about the nose, ears, and mouth; and his directions show that he understood the principles on which we now proceed. Speaking of an operation on the lip, he says new tissue is not to be created there, but is to be drawn from the neighbourhood. The mutilated portion is to be reduced to a square; from its interior angles—that is, from its lower angles, if the lower lip—transverse incisions are to be carried, extending completely through the tissue; then we are to bring these flaps together. If this cannot readily be done, we must further extend the two incisions in a direction curving towards the wound, dividing the skin only. The approximated edges and the transverse incisions are to be stitched up; while the lunated incisions are to be filled with lint, that they may granulate. In the operation for making a prepuce, when the glans penis was from any cause left bare, he recommends the skin at the neck of the glans to be brought over it, and there tied, leaving only space for the urine to escape; then the skin of the penis is to be divided by a circular incision near the pubes, taking care not to open the urethra or blood-vessels; the skin is then brought forward, and the denuded spaces filled with lint.

We can hardly understand how any one, *causâ decoris*, as Celsus puts it, would submit to this ingenious operation.

Fistulæ. Where there are fistulæ near the surface, that do not get well by injection, they are to be laid open, and any hard portion excised. If they extend deeply inwards, they are to be excised; if they communicate with a diseased rib, the diseased portion of the rib is to be removed by dividing the bone on either side of the fistulous opening. Abdominal fistulæ may be excised, if small; but not if so large that the wound in the peritoneum made in their removal could not be readily sewn up. *Fistulæ in ano* he prefers to treat with a seton of twisted threads, applied tight enough to make gentle pressure on the part it includes. It is to be moved about twice a day, and changed every third day. The patient pursues his ordinary avocations, and the part external to the fistula is gradually cut through. When the knife is used, he recommends two incisions to be made, so that a small slice of the integument may be removed, and a kind of pledget inserted, that the edges may not immediately cohere.

The Treatment of Wounds with great Hemorrhage. I shall conclude this part of my paper with a very curious extract from the directions given by Celsus for stopping hemorrhage from a wound. In cases where we have reason to fear an excessive flow of blood, he would first fill the wound with dry lint, and make pressure on that with a sponge wrung out of cold water. If that do not suffice, he uses lint soaked in vinegar. If that and remedies of a styptic nature fail, then we are to seize and tie the bleeding vessel above and below the point at which it is wounded, and divide it in the interspace, that the ends may retract, and yet may have their mouths closed.

This passage is so curious, that I ought to give it in the original, from the section entitled “*Curatio adversus profusionem sanguinis in vulncribus.*” “... Venæ, quæ sanguinem fundunt, apprehendendæ, circæque id, quod ictum est, duobus locis deligandæ intercedendæque sunt, ut et in se ipsæ coeant, et nihilo-

minus ora præclusa habeant.” Where this cannot be done, the actual cautery must be used.

This tying the vessel above and below the bleeding point was what Guthrie so strongly insisted upon; and it is curious that a knowledge of its efficacy did not lead to the use of the ligature by the ancients in amputations.

I have now brought briefly under your notice several points in the writings of Celsus that seem to me of great interest when we compare them with the surgery of the present day. No doubt a careful study of the works of Hippocrates and Galen would bring to light many more such points of interest.

I need not say in how many departments of surgery we have now, mainly through the more accurate knowledge of anatomy, left the ancients in the shade. It is enough to allude to the perfection to which herniotomy, lithotomy, and lithotripsy are brought; to ovariectomy; to subcutaneous operations; to the use of the ligature, and, I hope I may add, of acupressure in amputations; to the resections of joints; and to the different modes of curing aneurism.

It may be that there is no one point in surgery in which we can now gain a step in advance by consulting the ancient records of the art; but this is no reason that those records should be consigned to oblivion. In the words of Celsus himself, while we take care not to defraud those of the present day of the credit due to their discoveries or improvements, yet, when they have simply copied from the ancients, let them give the credit to the original authors.

I said I would refer briefly to the interval between the decay of medicine that followed the Augustan era and its revival, with the general revival of learning.

We are told that surgery rapidly retrograded after the time of Celsus, though there was a little revival among the Arabians in the days when the Moslems overran the world. Then the monks became the surgeons, and how the art prospered in their hands may be gathered from the fact that at length it was found necessary to issue a Papal Bull forbidding the clergy to shed blood, and they handed the lancet and the scalpel to the barbers who used to shave their heads; but as physicians, in the more hidden paths of medicine, the monks continued to practise with less scandal, and perhaps with not less effect. Passing to later days, I will make one or two references to some of our early English works on surgery. One Peter Lowe dedicated at his own house in Glasgow, in 1612, a *Discourse of the whole Art of Chyrurgery* to James Hamilton, Earl of Abercorn, trusting that “his lordship would accept in good part (even as Minerva harboureth her owl under the target, Cithæra the deformed Cyclops in her lovely bosom, and Apollo the night raven under the heavenly lute) his painful travels.” This book begins with a dialogue on the nature apparently of things in general, but its surgical teaching contains much that is good, and the author’s continual marginal references to the ancient writers show how much the author has availed himself of them. His book is written in black letter, but it is ages in advance of another and rather older black letter book to which I will soon refer; but first I will draw your attention to a translation published in 1685 of the works of John Mays, doctor of physic in Arnheim. He is very much troubled about the acid and corrosive nature of things. I will make two short quotations from his book, which is very cheerfully written; and first of an “ambustion.” “A man, 30 years of age, setting fire to gunpowder, burnt his whole face and both his hands, whence presently arose redness and exceeding pain; to assuage which the patient applied ink, which was, as it happened, ready at hand. Had you seen the patient in this

state, you would have affirmed you saw the devil, unless you could (with the Ethiopians) persuade yourself the devil is white; which opinion Sir Thomas Brown . . . seems to favour, contrary to the testimony of the holy scripture, which saith 'the dwelling of Satan is a lake of fire burning with brimstone'; but the smoke of brimstone burnt, as our above recited author philosophiseth, is known by frequent experience to whiten woollen garments, as stockings and other things; and hence he concludes, that whatsoever is found in hell must needs be white." The author goes on to say how he applied to the burn "onions with honey, that (with their abounding volatile salt) they might open the constringed and stopped pores of the cuticle, temperate the acid humors, and restore to them their usual circulation."

He also relates a case of "very great torment of the abdomen." "A maid, aged 40 years, had now for six weeks past complained of a most vehement dolor, yet not far extended, but exercising its tyranny in a very small part of the belly, and day and night most cruelly tormenting the patient, who had used very many remedies, both internal and external. She was purged and had a vein opened, but in vain; so that (after the use of these) she almost despaired of recovering her pristine sanity; in the meanwhile the external cutis in this pained part could not be distinguished from the sound parts of the belly. I being called, with my knife cut a small wound, which is vulgarly called an issue, and kept that open by a pea put in and daily renewed."

"The next day after the cutting that issue, the patient had ease of her pain, which from day to day did more and more lessen, so that it was wholly removed quickly after. . . . Some acido-corrosive particles in the affected part, were perhaps separated from the other particles of the sanguiferous mass with which so long as they lay involved they could not exercise their sharpness. . . . These acido-corrosive particles freed from their cells in which they before lay included and collected in a very small part of the abdomen, did with their sharpness in a wonderful manner, continually agitate the fibrils, and so inferred that almost intolerable torment which must necessarily cease when these corrosive particles were driven out with the pus through the issue."

But that we may sup full of absurdities we must turn to the old book I referred to before, published in 1590, and containing a translation of the *Secretes of the Reverende Master Alexis of Piemont*. The following is one of his remedies for the pleurisy. "Take a tooth of a wild boar, and if the pain hold him in the right side, ye must take the tooth of the right jaw; if otherwise, ye must take the left tooth; yet notwithstanding it hath been found by experience to be all one of which jaw so-ever it were." The scrapings of this are to be given with a little barley-water. "This hath always been found very good and true."

For a bad leg you are to "take the skin of a dog if you may get it, or if not a white lamb's, or the skin of a kid, and cut a piece of it as broad as the palm of your hand." This is to be smeared with an ointment composed of pine resin, galbanum, mastics, musk, amber, and civet, and applied.

The following is against the "disease or grief of the flanks and the colyke passyon, experimented and proved diverse times." "Take the dung of a black ass if you can get it, if not let it be of a white ass; and the dung must be fresh and new, the which you shall seethe and boil in white wine, putting to it a handful of annis, a little oil of chamomile, a little oil of capers, with a handful of bran." These are to be boiled for the space of a "miserere," and administered as an enema. Mice-dung is his remedy for

spitting of blood, swallows baked and powdered and mixed with honey for the squinancie or quinsie. Perhaps I cannot conclude my paper better than with the following "very good and present remedy for to heal the pestilence, in drawing out the venom from the botch or sore or other like accident." "Take a quick hen, and pluck the feathers from her a—" (the word here used has gone out of fashion), "and from the place whereat she layeth her eggs, and set her so that the said place may be upon the grief, and that she may sit upon the botch or sore, or the place of the plague, and hold her so a good while. Then you shall see that the said hen shall have drawn out all (or at least some) of the poison and infection, and that shortly after she will die. It shall be good to do this with two or three or more hens, immediately one after the other, the which will draw all the venom out of the sore."

This is not from the works of a Swift, lashing with almost obscene satire the weaknesses of the learned of his day, nor is it from the works of some obscure quack, but is the solemn teaching of a most famous doctor of Padua, which was then the most famous school of medicine. The work had been already translated into French and Dutch, and was dedicated to the Duke of Savoy, a noble prince, to whom, as the translator William Ward, says, "trifles or fables are not to be presented, not being a man under whose name or protection lies or vain inventions ought to be set forth." So here we have a lively picture of the sad estate of our art towards the close of the middle and indeed dark ages.

FAMILIAR PAPERS ON CHLOROFORM.

By THOMAS SKINNER, M.D., Liverpool.

I.—THE VALUE AND FRUITS OF "GOOD WORDS."

I PRESUME that there are very few of us unacquainted with the popular monthly serial called *Good Words*. I also presume that, however short of the mark the work may be to the expectations and attainments of some, we must nevertheless give the work and its distinguished editor all credit for the very best intentions, and wish *Good Words* God-speed, but not without some passing criticism.

About a year ago, a tale was published in *Good Words* called "Oswald Cray," written by the popular authoress of East Lynne, Mrs. Henry Wood. In the number for March 1864, there is introduced a long sensation article on pain where no pain exists, but where some surgical operation is to be performed. The gist of the tale, having reference to chloroform, is as follows. One of the leading characters, Lady Oswald, meets with a railway accident, regarding the nature of which, the reader is left in total darkness. Her medical men meet in consultation over her case; namely, a Dr. Davenal and Mr. Mark Cray. They conclude that some surgical procedure is necessary, but they differ as to the necessity of inducing anæsthesia by chloroform. It so happened that Lady Oswald preferred Mr. Cray to Dr. Davenal as the operator on the occasion, and when Dr. Davenal was assisting or rather carrying the nurse (who had fainted) out of the room, Mr. Cray on his own responsibility put Lady Oswald under chloroform. Dr. Davenal returns; the operation, whatever it was, is performed successfully; but the patient never rallies, and within "one poor hour" Lady Oswald is dead. The interval between the dangerous symptoms and actual death is pretty considerable; but it is well filled up by some very nonsensical talk between the doctors.

A more unlikely scene it is hardly possible to conceive; in fact, it is only necessary to place the facts before professional men, and they cannot but condemn the whole narrative as *sensational* in the extreme, and contrary to medical custom and etiquette in all civilised nations.

I fancy I hear the reader exclaim *cui bono*? Why allude to such nonsense? I reply, simply because *Good Words* is a most popular and influential magazine; it is extensively read, and to a very great extent it moulds the popular opinions of the day on a great variety of subjects—chloroform not excepted. It behoves us then to look alive and counteract this morbid influence, by each of us in his own sphere informing his friends and patients, as opportunity offers, that the whole tale told in it about chloroform is downright nonsense!

Will it be believed, that I have been informed in more quarters than one that *Good Words* is pledged to allow nothing into its pages that favours chloroform? I trust, for the sake of its excellent editor, that this report is false. In a conversation which I had with Professor Simpson the other day while in Edinburgh, we came upon the subject of the *chloroform sensation scene* in *Good Words*; and he said he had a good mind to ask Dr. Macleod to give him permission to write an article on chloroform for his magazine. If Dr. Simpson does so, we shall soon know "which way the wind blows."

Now for the "fruits of *Good Words*." I was lately consulted by a lady who had been suffering from *fistula in ano* for eight years or more. On being informed of the nature of the case, and that there was nothing for it but a cutting operation, she trembled all over; but I found that the trembling was not caused by the thoughts of the operation; it was at the thoughts of having to take chloroform, from the effects of which, like "Lady Oswald," she might never recover. On making further inquiry as to the origin of her fears, she told me that she had "read a tale called 'Oswald Cray' in *Good Words*;" that the very name of the work and of the editor were sufficient guarantees of the truth, or at least of the correctness of the story; and that it had so deeply impressed her of the dangers of taking chloroform, *particularly from those who boasted of having great confidence in the agent*, that she would rather postpone the operation until she could make up her mind." After a lapse of six weeks, and by dint of occasional reasoning with her and her friends, I prevailed on her at last to consent to be operated upon under chloroform. On January 10th last, I put her under chloroform and incised the fistula, without the assistance of any one but her nurse (my patient objecting to the presence of a stranger). The patient made a rapid and most satisfactory recovery, and is now as great an advocate for chloroform as she was previously the reverse.

Add to the above the following scene, also the fruits of *Good Words*. Shortly before I entered the house of my patient, her clergyman, a believer in *Good Words*, made his exit; and, immediately before inhaling the dreaded chloroform, she begged that her step-child might be brought to her bedside, "that she might kiss her, probably for the last time." I do not make these remarks in derision of the beautiful motives which dictated the actions, but merely to show the state of mind produced in my patient by the perusal of that nonsensical and far fetched scene described in *Good Words*.

I have only to add, that centuries may elapse before *Good Words* produces as much real temporal good to humanity, as chloroform has already accomplished in sixteen or seventeen years.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D. Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[Continued from page 137.]

THE next illustrations will be of cases of General Paresis. This term has been proposed in the place of "general paralysis", to which there is this fundamental objection, that, in the ordinary acceptance of that term, such a state would be equivalent to death. To avoid this absurdity, it was proposed to insert the word "incomplete". The name then becomes long, and is still inexact; and, moreover, does not separate those diseases with from those without insanity.

By "general paresis of the insane" is meant a peculiar form of mental disease, very common in asylums, having peculiar and well marked characters, and attended with mental unsoundness. And it must be distinguished from a general paralysis met with from spinal disease, and from the state produced by spirit-poisoning or alcoholism.

The scope of these papers does not admit of a discussion on abstract questions of pathology. It may be, however, stated that the French specialists consider that general paresis is a peculiar form or a distinct species of cerebral disease. To this opinion my own experience also leads; though I consider that those writers who view the paralysis as a mere epiphenomenon engrafted upon a case of insanity, or a mere complication or mode of termination of the disease, form a large majority of pathologists generally. I consider one cause of this difference of opinion to arise in a want of clear definition of the cases which are included in the term. There are examples of motor paralysis, undoubtedly, as from spinal disease, or even from cerebral disease, in various kinds of cases of insanity; and these are, as it were, accidents, not attributes, of this affection; and such accidents occur as one of the sequels of cerebral mischief, resulting from disorganisation of the nervous tissues. Such paralysis occurs in the asylums in all forms; as local—circumscribed; as hemiplegia, or paraplegia. Necessarily, these grave complications occur towards the end of the disease; for they contribute to the termination of life. But they occur also after various periods of the attack—sometimes in cases of very long standing, and in conjunction with various other symptoms, as in epileptic mania, in melancholy, or mania; or when the patient has passed into a state of dementia.

The disease meant by the writers on general paresis is different. It has its peculiar mode of attack, its peculiar progress and duration. The phenomena occur in a given order; though of course, as in all disease, the individual cases present certain variations.

The following cases are selected as typical examples of general paresis.

The first case is condensed from the reports, which extend over a period of two years and five months, with comments interspersed. The duration of this case is a fair average of the disease.

E. E. was admitted on November 17th, 1859, during my absence from the asylum. The history was gathered from her husband by my assistant. She was 33 years of age, married; the wife of a policeman; of plain education. She never had any children. The present was the first attack. There was

no hereditary tendency to insanity. She had always been temperate.

About four weeks prior to admission, she began to covet articles of luxury beyond her station; as dress and finery. She expressed a wish to ride in a carriage and six horses, and live in the pomp and splendour of a queen. She talked very largely; was restless and troublesome; excited, hasty, and altered in behaviour. She attempted to escape out of the house.

At the end of the week after admission, her case was reported to the commissioners thus: "Is labouring under acute mania, with exalted ideas; is noisy, garrulous, and destructive."

It may be here pointed out that my assistant, who had had some experience in the disease, makes no allusion to any previous melancholic stage. I take this to be pretty conclusive that none existed; for, though the notes are not by me, they came under my observation; and my attention had already been strongly directed to the first symptoms of general paresis. The notes at first are few and brief, owing to the work imposed by my own absence; but the patient's mental state is pretty clearly indicated by the terms used—"Is labouring under acute mania"—which is only in accordance with received views, that mania may terminate in paresis.

She continued in an excited and maniacal condition; being reported to be, at different times, noisy and destructive to her clothes, from admission up to December 17th, or for one month. Her violence caused her to be placed in seclusion for three hours on November 25th; three hours on the 26th; four hours on the 28th; for two hours on the 29th; for four hours on Dec. 1st; for two hours on Dec. 2nd; for one hour on the 7th; for two hours on the 11th; for one hour on the 12th; and on the 17th, it was reported that she had become quieter, and had requested to go to the laundry to work. She continued to work at the laundry industriously. On January 10th, she had a slight accession of excitement, which was allayed by an opiate. On January 23rd, it is reported: "Is now at work in the laundry; but is subject to occasional outbreaks of excitement, lasting only a short time; and manifesting only a little self-will and perversity of temper." She continued to progress favourably, and became quiet and rational, and, to an inexperienced eye, convalescent.

On April 20th, she was visited by her husband, who said "that he had been conversing with his wife for some time, and had found her perfectly sane and rational. He had never seen her so well in his life." This is quite what is usual; and very frequently the relatives set up their judgments against the medical adviser, and remove the patient from treatment. Many cases are thus lost sight of; and the patient is frequently kept at home for periods varying from months to one or two years; and not unfrequently, on readmission, are reported as cases of a second attack. A fallacy is thus introduced—that the primary attack may be mania, and that general paresis occurs in second attacks. I have pointed this out elsewhere (*Journal of Mental Science*, No. 48, Jan. 1864), where I have also shown that, out of sixty-one cases treated by me, not one occurred in a genuine second attack of insanity; but that five cases had been reported to be cases of second attack, which proved only to be cases in which a remission of the symptoms had taken place. I am disposed to believe that such remission of maniacal symptoms occurs generally in that proportion, or in five out of sixty-one cases.

The various modes in which the remission occurs have been studied especially by M. le Dr. Sauze (*Ann. Médico-Psychol.*, Oct. 1858).

Whether the symptoms ever are actually absent

in these reported remissions may be a matter of doubt. In the present case, the husband, who may represent the public, could detect no disease or change. This patient was examined specially by one or two medical friends, who pronounced her convalescent. To my eye, however, certain indications of the disease were evident; but I failed to convince or demonstrate their existence to the professional friends.

The symptoms or signs present at this period consisted in a peculiar facial expression. As the diagnosis at this stage is important, it may be here described. At first, the peculiarity is but slightly marked; but is of the same kind as when the disease is more advanced. The face then becomes an expressionless mask; the facial muscles partake all equally of the imperfect action; and the delicate lines and folds into which the facial muscles throw the integuments of the face, under the influence of the various emotions of the mind, are lost, or are formed clumsily and imperfectly. When the muscles act, the face is contorted; and when they are at rest, it is void of all expression. The cheeks are flabby and sleek; the mouth is straight; the levatores palpebrarum slightly let fall the eyelids, while the brow is raised or arched; and these two actions, which do not harmonise in health, give a special expression to the face—an expression, however, which is seen in drunkenness. Indeed, since drunkenness affects the muscles generally by impairing their action, many of the symptoms of the one state resemble those of the other.

It was a slight indication of this peculiar expression, coupled with the exalted notions at the commencement of the attack, that directed me to an unfavourable diagnosis.

Nov. 21st, 1860. General paresis, which had been gradually increasing for some time, was now very marked.

Aug. 19th, 1861. She was in good bodily condition, but feeble health. She took her food well, eating more than others. Catamenia regular. She was very tottering in her gait, and with difficulty went up and down stairs. She was often confused in her articulation, and indistinct; was slightly peevish, and would occasionally strike.

September. Articulation was more indistinct, stammering, and tremulous. She worked regularly at her needle, but performed her work rather more coarsely, and was slower.

Oct. 8th. The conjunctivæ were injected; pupils equal.

Nov. 1st. The mind was becoming more feeble; the voice more tremulous; pupils equal. The tongue was protruded without difficulty.

December. She was removed to the infirmary, on account of the increasing paralytic symptoms. She had been gradually becoming more feeble and tottering in her gait, and more imbecile in mind. Articulation was less distinct. The tongue was free from tremor. The right pupil was a shade larger than the left. Her expression was dull and without animation. The eyebrows were slightly elevated. She had a difficulty in pronouncing the letter "r" in rural; much contortion was produced in attempting it at the angles of the mouth and chin. The mind was very feeble. She could not say whether it was winter or summer.

Jan. 14th, 1862. Paresis and dementia were increasing. Paretic symptoms were worse in the morning. She gained strength as the day advanced. There was no difference of muscular power between the right and the left side.

Jan. 23rd. She was now very feeble, but had not lost flesh; sat with the head hung down; and rested

with her elbows on the chair, in an attitude of great prostration. On her attempting to move, considerable muscular agitation and trembling took place. The features were relaxed, heavy, and expressionless; the pupils were equal; the conjunctivæ were injected, and discharging thick mucus. She took little notice of what was passing. When she looked up, the eyelids drooped. The brow was arched. In speaking, the voice trembled; and there was considerable twitching of the lips and chin. She said she was "very well and very happy". Her appetite was good.

Feb. 3rd. She took to bed, being unable at last to stand. Pulse 72; no emaciation.

Feb. 6th. She began to play with the bedclothes. Dementia was increasing; sensation was generally appearing dull. She did not evince the least pain when pinched; tickling the soles of the feet produced only slight movement. (This last has been proposed as a diagnostic sign between spinal and cerebral disease; but the evidence appears to be equivocal.)

Feb. 19th. There was slight improvement in strength and mind; and variation in the state of the pupils.

March 3rd. Both pupils were dilated, and slightly irregular in contour.

April 11th. The mind continued to be slightly improved. Her general powers were failing. The pupils varied. Breathing was quick, with slight rhonchus. At intervals she gathered up the bedclothes.

April 12th. She died.

[To be continued.]

NOTES ON HERNIA.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

[Continued from page 546 of last volume.]

BEFORE applying the taxis, every surgeon endeavours to assure himself of the species of rupture which is the subject of strangulation, and the precise course the protrusion has taken. A hint may not be out of place that, to carry out this intention the more effectively, it is well to use the sense of sight as well as that of touch. Herniæ of different species sometimes resemble each other very closely; and a femoral, tilted by the superficial epigastric vessels over and above Poupart's ligament, may, especially in a female, be confounded with an inguinal, and so the taxis be applied with disastrous effect.

I have, in more than one instance, seen a first and erroneous impression conveyed by the touch, corrected, when, by the eye, the position of the tumour has been examined in relation to the processes of the ilium and os pubis, and the course of the connecting ligament. In the case of ladies, a surgeon often feels some hesitation in proposing an examination by the sight; but where so serious a disease exists, delicacy of feeling must give way to considerations affecting the welfare of the patient and the reputation of the surgeon.

As aids to the taxis, I have used, in almost every case where required, the warm bath, and esteem it beyond all other remedies. I have sometimes bled with benefit; and in two cases had the patients suspended by the legs, in the manner described by Mr. Griffin, but the latter was without advantage. I have never used suflation; but have tried the injection of cold water for the distension of the bowel, much on the same principle that injected air is supposed to act, but without success. I have little experience of chloroform. Topical applications of cold water have never seemed to me of any avail in femoral; but I have, in two or three cases, known

them succeed in old inguinal herniæ, where continued for a long time, the patient being at the same time laid in a favourable position in bed.

The taxis, as used by the surgeons with whom I have acted, as well as by myself, has never resulted in any harm; where unsuccessful, no prejudice has been done to the cutting operation; and where reduction has been accomplished, the health of the patient has promptly returned, unless, by the long continuance of the strangulation, peritonitis had previously come on, and then recovery was not so speedy.

A curious case once occurred in my practice, in a man who was a bootmaker and small farmer. He was the subject of inguinal hernia, which became strangulated, and he sent for me. I was unable at first to reduce it, and had to employ bleeding to faintness, when I completely succeeded. The man felt immediate relief and restoration. After due tarry with the patient, I left. Next day he prudently remained in bed; but having a good appetite, and knowing that some fresh pork had been obtained for the household, he requested to have some steaks for dinner, which were accordingly cooked and brought to him. He ate freely and with relish, and proposed to have some sleep after. In the course of some hours, as the bedroom seemed very quiet, the wife went upstairs to see how her husband was, and, to her astonishment, she found him quite dead. I got no *post mortem* examination in the case; but if I had, my attention would have been directed to the head rather than the abdomen, as the man had suffered some while before from ocular spectra and illusions, dependent, as the event seemed to show, on disease within the encephalon, which, at this particular juncture had resulted in death; the family, however, connected the hernia more closely with the result, and talking people intimated that the doctor probably did not thoroughly understand the complaint he treated.

Obstruction in old irreducible herniæ occasionally occurs, attended with symptoms resembling those of strangulation, although no additional protrusion has taken place. Several symptoms have been laid down as diagnostic in this condition; and Mr. Erichsen has remarked that, "where obstruction occurs in an old irreducible hernia, vomiting is not feculent." I, however, met with a case where vomiting much resembled that in truly strangulated hernia; and yet no new protrusion had taken place, the mischief having arisen from morbid action set up in an old adherent rupture, the condition of which was verified by an operation.

Sometimes a new protrusion exists with an old irreducible hernia, the strangulation of which is a condition co-existent with inflammation of the old rupture; in which case, reduction of the strangulated portion may not be attended with complete relief, because the disease in the other portion is not removed at the same time. I have known two cases lately, where the administration of a brisk purgative was attended with complete relief, at the same time that it assured the surgeon of the reduction of the strangulated portion having been effected. It is necessary to use much tact in these instances; for a purgative may otherwise be administered whilst strangulation exists—an undesirable practice, but still one that may occur without a practitioner being fairly chargeable with blame.

In a case of strangulated enterocele in connection with irreducible epiplocele, which came under my advice within the last month, the taxis so much reduced the size of the hernia, that the patient supposed it no larger than usual; and as the symptoms of obstruction were mild, the surgeon hoped they might depend on the morbid action excited in the

old hernia, and he ventured on purgatives, but as reduction of the fresh rupture had not truly been effected, the plan was of course abortive. When I saw the patient, the vomiting was decidedly feculent; and this, taken in conjunction with the other symptoms, determined the advice for an immediate operation. As the case was anomalous, the sac was opened before division of the stricture, and found to contain firmly adherent omentum, almost enveloping a small intestinal protrusion.

Strangulation had here existed for six days, and the parts were discoloured and in bad condition. Death occurred in another six days from peritonitis (verified by a *post mortem* examination), although the operation bade fair to be successful for the first four days.

[To be continued.]

A SUGGESTION FOR THE TREATMENT OF OVARIAN TUMOURS, BY COMPRESSION AND OBLITERATION OF THE TUMOUR AT ITS BASE OR PEDICLE.

By BENJAMIN W. RICHARDSON, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.

ON rising from the perusal of Mr. Spencer Wells's remarkable work on *Diseases of the Ovaries*, a suggestion has occurred to me, in regard to the treatment of ovarian tumours, which is, I believe, new, and which, if successful, would simplify the present operation to an extent that none, except those who have seen the operation performed, can understand.

My suggestion is simply to operate, so as to compress and obliterate the tumour at its base or pedicle, either by ligature or acupressure, and thus to cut off its vascular connection with the body; then to evacuate the fluid in the cyst, as far as is possible, by the trocar; and, lastly, to leave the cyst in the body to undergo natural shrinking and absorption.

The suggestion is based on the consideration, that an ovarian tumour is, after all, virtually an enormous aneurism. True, it is filled only with the water of blood, a little albumen, and a little saline matter; but all the fluid is derived from blood; and when death occurs, it is as from slow hæmorrhage. To cut off, therefore, the blood-supply from the tumour, would be to prevent the secretion of new fluid, and to stop the nutrition of the sac altogether.

From the comparative ease with which the ovariotomist turns out the sac, when the abdominal walls are laid open, I cannot assume that the cyst derives any important blood-supply, except from its base; from the point, that is to say, where it originally was developed. If this be the anatomical fact, it follows that the nutrition of the cyst can be commanded at the base; and that to tie or otherwise compress the cyst there, and cut off all vascular communication from it, is simply equivalent to the performance of Hunter's operation on the femoral artery for the treatment of aneurism in the popliteal space, and is the same as removing the cyst itself.

The details of the operation, subject to modification, would be the following.

1. The patient being under chloroform, a trocar should be passed into the cyst: the trocar should be so constructed, that, without the necessity of removing it, the current from the tumour could be stopped at any moment, as the operator should direct.

2. When the body is relaxed to a proper extent by the withdrawal of fluid, a small incision should be made over the base of the tumour, and the parts dis-

sected down until the tumour is reached. An incision such as is made for tying the common iliac artery would probably suffice.

3. The tumour reached, the operator would isolate its neck as low as possible, with the finger, and would then cast two strong ligatures, an inch apart, round the neck, with a large aneurismal needle. He might now entirely evacuate the tumour of its fluid contents, through the trocar, and then tie his ligatures; or he might tie the first, and draw off the fluid afterwards.

4. The ligatures, cut off close, might be let remain in the abdomen; and, the wound being closed and pressure being applied to the abdomen, the cyst, I think, might be left without danger.

I have here suggested the compression of the neck of the cyst by a ligature, to apply which requires an incision. But in so doing, I only insist on the act of compression, not necessarily on the incision. I see indeed, if the principle be correct, that the details may be much simplified. It would not be difficult—for example—to pass through a very small incision, a long acupressure needle behind the tumour, and by a figure of eight twist round the extremities of the needle outside the abdomen, to bring the neck of the cyst fairly up to the abdominal wall and secure its compression.

Or it might be possible to obliterate, subcutaneously, by means of a needle and thread only; I mean by passing a long curved blunt-pointed needle armed with a strong thread, and introduced into the abdominal cavity by a subcutaneous incision, clean round the tumour at its base, and by tying the thread, after the needle was withdrawn, in a firm slip noose that should grasp the pedicle of the cyst with the required force for compression.

Again, a clamp might be invented to open round the neck of the cyst, like the blades of a lithotrite, and to close by a screw movement upon the neck, and destroy the vascular connection.

If the principle thus suggested be sound, it will admit of application in all cases of ovarian tumours demanding operation. But it has the advantage of being applicable in cases where the present operation is impossible; I mean in cases of multilocular cyst, or where the cyst is fixed too firmly by adhesions. It might be best to try the operation by compression in one of these cases first; in a case where, the present operation being hopeless, the patient must die, unless some other operation be at hand to save.

12, Hinde Street, February 27th, 1865.

THE FRENCH ACADEMY OF SCIENCES has offered for 1866 a prize of 20,000 *francs* for the best essay on the question: The Preservation of Limbs by Preservation of the Periosteum.—The academy has awarded the Lalande medal, the highest astronomical prize in the gift of the academy, to Mr. Richard Carrington, of Redhill, the indefatigable observer of solar spots.

MÜTTER LECTURESHIP ON SURGICAL PATHOLOGY. The late Dr. Thomas D. Mutter left to the College of Physicians of Philadelphia the sum of \$30,000, and his extensive collection illustrative of surgery and surgical pathology. The conditions having been complied with—the chief one being the erection of a fire-proof building within a specified time, adapted to the purpose of the College—it has come into possession of the thirty thousand dollars, the interest of which is to be expended in making additions to the museum, paying a curator, and sustaining a course of lectures on some department of surgery—the lecturer to be appointed annually by the College. The choice of the College of Physicians of a person to deliver the first course of lectures has fallen on Dr. John H. Packard, who has begun a course on surgical pathology.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

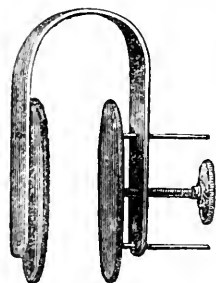
LIP-TOURNIQUET.

By AUGUSTIN PRICHARD, Esq., Clifton.

[The following is a description of the lip-tourniquets shown by Mr. Prichard at the last meeting of the Bath and Bristol Branch of the British Medical Association.]

Each little instrument consists of a piece of hard and polished steel, bent like the letter U. To one arm is fixed an oval steel plate, seven-eighths of an inch long and half an inch wide, covered by a flat and firm cushion of vulcanised India-rubber. The other arm bears a similar plate, which is steadied by two steel rods, and moved by a fine central screw.

The wood-cut, which is of the exact size of the original, will make the account more intelligible.



Application. The first described arm is introduced within the angle of the mouth, and presses against the mucous membrane at any convenient spot; and then the moveable plate is screwed gently down until the cheek is pressed as firmly as may be advisable.

These little instruments have been tried in a case of cancer of the lip, where they answered very well. They would be useful in any operation about the lips, and especially in hare-lip.

The sets hitherto have been made by Messrs. Dell, No. 43, Broad Street, Bristol.

Reviews and Notices.

TRAITÉ THÉORIQUE ET PRATIQUE DES MALADIES DE L'OREILLE ET DES ORGANES DE L'AUDITION. Par le Docteur J. P. BONNAFONT, Médecin principal à l'Ecole impériale d'application d'Etat-major, etc. Avec 22 Figures intercalées dans le Texte. Pp. 665. Paris: 1860.

[A THEORETICAL AND PRACTICAL TREATISE ON DISEASES OF THE EAR AND OF THE ORGANS OF HEARING. By Dr. J. P. BONNAFONT. Paris: 1860.]

THE author of this work informs us that his attention has been directed to the study of the ear and its diseases during thirty years. In 1830, he carefully dissected the organ, and conceived the design of constructing an instrument for examining the external auditory canal; but this project was interrupted by his being employed in military service. M. BONNAFONT, however, has throughout continued, both in

military and in civil practice, his investigations on diseases of the ear; and hence, as he observes, the work which he has published is the result of long continued observation.

The book commences with an introduction, in which, after some remarks on the present state of aural pathology and therapeutics, the author takes into consideration the physiology of the ear, and gives especially a sketch of the various opinions held regarding the functions of the ossicles, the membrana tympani, and the muscles of the middle ear. The conclusions at which he has arrived are summed up by him as follows.

"1. The membrana tympani, in place of simple movements of general tension and relaxation, undergoes partial tensions and relaxations, under the influence of the petro-malleal and pyramido-stapeal muscles. 2. These two muscles constitute the only active powers of the movements of the tympanum and the chain of ossicles; and they are antagonists, as regards the portion of the membrane which they separately render tense. 3. This membrane may vibrate under the influence of sounds which strike it, but cannot transmit them to the deeper parts of the ear without undergoing degrees of tension and relaxation by the action of these muscles. 4. Although the soundness of the tympanic membrane is not absolutely necessary to hearing, its injury always produces an aberration in the perception of sounds. 5. In perforations of its anterior part, the ear is less accessible to grave sounds; while the contrary holds good for acute sounds when its posterior part is similarly injured. 6. The ossicles of the middle ear are not absolutely indispensable to the mechanism of hearing, provided always that the stapes only remain in place. 7. The fall of the stapes, by allowing the escape of the fluids contained in the vestibule and labyrinth, always induces deafness with a rapidity which is in bearing with that of the discharge of the fluid. (This conclusion entirely conforms with that which M. Flourens has deduced from his experiments on birds.) 8. In this case, if the ear has preserved a little hearing, it will indeed be sensible to the least noise, but it will have lost all power of receiving the simultaneous impression of several sounds. 9. The necessary conditions for a good musical ear should lie (apart from the intellect) in a perfect concord between the malleo-tympanic articulation on one side, and the membrane of the tympanum and its moving muscles on the other. 10. Examinations made on several distinguished singers have demonstrated that the membrane is disposed in them so as to receive the sounds equally and directly on its entire surface. 11. An oblique and very inclined direction of this membrane, with regard to the axis of the auditory canal, constitutes a vicious disposition, which, whilst weakening the hearing, renders the ear very ill adapted to certain sounds." (P. 30.)

In the twelve chapters of which the work consists, the author treats of the Diagnosis and Treatment of Diseases of the Ear; of the Diseases of the External Ear, Auditory Canal, Membrana Tympani, Eustachian Tube, Tympanum, and Auditory Nerves; of Deafness; of Ear Trumpets and other Acoustic Instruments; of the Deaf and Dumb; and, finally, he offers some Medico-legal Considerations on the Deaf and Blind.

In the fourth chapter, on Diseases of the Auditory Canal, the author has entered elaborately into the consideration of polypous and fungous tumours; to which, as he thinks, sufficient attention has not been paid. He treats of, 1, the position, character, and

form of polypi of the ear; 2, the symptoms which they produce; and 3, their treatment.

Polypi of the ear, he says, may arise from any part of the canal or of the membrana tympani; and are met with more frequently near or in the latter membrane than at the orifice of the canal. In structure they are analogous to nasal polypi, allowance being made for the difference in structure of the lining membranes of the ear and nose. They may be vascular, mucous, vesicular, or fibrous. Mucous or fibrous polypi, not connected with the tympanic membrane, are more easy to destroy completely than those which arise from the membrane or from the tympanum itself. Carcinomatous tumours cannot be removed in such a manner as to ensure their non-reproduction.

A polypus in the ear, having filled the canal, tends to grow in one of two directions; either outwards through the meatus, or inwards towards the tympanum. What it is that determines the direction taken in each case, is difficult to comprehend.

When a polypus arises from any part of the two external thirds of the canal, it generally produces merely symptoms denoting more or less obstruction; viz., more or less deafness; purulent discharge; and, when the polypus has attained such a size as to press on the walls of the canal, pains which are increased by the movements of mastication. The deafness in this case is merely symptomatic—the hearing is suspended, not destroyed.

On the other hand, when a polypus tends towards the tympanum, the results are much more severe. When its point reaches the membrane, the patient feels a vague pain, principally referred to the throat and the orifice of the Eustachian tube. The tympanum sometimes becomes habituated to the pressure, if it be always equal; hence the hearing undergoes various alternations, but at last becomes permanently affected in proportion to the size of the polypus and the amount of pressure which it exercises. If the tumour continue to grow in the direction of the tympanic cavity, it commonly produces severe pain at the base of the ear, increased by mastication, coughing, or deglutition. In such cases, a quantity of air is driven through the Eustachian tubes into the tympanic cavity, the membrane is pressed back against the polypus, and an increase of pain is produced, which radiates to the scalp and face on the same side. Without having much headache, the patient has dazzling of the eyes, vertigo, and sometimes vomiting. In the acute stage, the gait is also unsteady, as if the patient were intoxicated. These symptoms sometimes attain considerable intensity, but cease suddenly on the occurrence of a sanguineous discharge from the ear. The polypus then diminishes, and the patient may experience comparatively little inconvenience for months or even for years, until it again enlarges.

In the course of time, the polypus may become more hard and consistent, and less susceptible of great variation in size; and, the tympanic membrane and chorda tympani becoming apparently habituated to the pressure of the tumour, this ceases to produce any other symptom than more or less deafness. In such cases, if the polypus be carefully removed, the membrana tympani is found covered with a whitish layer and strongly pressed inwards. If the disease be not of sufficient standing for the membrane to have become adherent to the wall of the cavity or

the articulation of the malleus with the incus to have become ankylosed, attempts may be made to draw the membrane outwards by an instrument, or to drive it out by blowing of air through the Eustachian tube. When these means fail, M. Bonnafont makes a small opening in the membrane, and introduces a curved blunt probe, by means of which he endeavours to detach the membrane from the walls of the tympanum. This plan, he says, almost always produces a notable improvement in hearing.

Sometimes the membrana tympani is perforated by the polypus; which then enters the tympanic cavity, and almost always destroys the ossicles. If the membrana tympani be not entirely destroyed, it forms a neck which strangulates the polypus, producing from time to time very severe pain.

In the treatment, M. Bonnafont approves of tearing away the polypus when it is attached to the walls of the auditory canal; but reserves excision or ligature for polypi attached to the membrana tympani. Of all these operations, he prefers excision; which, he says, can be performed on polypi seated in any part of the auditory canal. He describes at length the instruments which he uses, the mode of performing the operation, and the treatment which should follow.

M. Bonnafont notes, that it has been doubted by several modern aural surgeons, as Wilde, Tynbee, Triquet, Menière, and Deleau, whether hearing is restored after the removal of polypi from the ear. He believes, on the contrary, that, when the auditory nerve is not affected, the removal of a polypus will necessarily affect an almost immediate improvement in hearing; and he relates a case in support of this opinion.

In speaking of the Diseases of the Membrana Tympani, M. Bonnafont notices that Itard appears to have been astonished to find that perforation of the membrane sometimes, instead of producing deafness, only rendered the hearing more acute. He explains the difference of results in the following manner.

“As a general rule, when the hearing is very fine and delicate, and the tympanic membrane is in a normal state, any accidental perforation of necessity produces more or less considerable injury of hearing; while, when this faculty has been already diminished, either from thickening of the tympanic membrane, or from weakness of the muscles of the middle ear (provided that there be no organic lesion of the auditory apparatus or nerve), perforation of the tympanum produces an amelioration in proportion to the extent of the opening, provided that the chorda tympani nerve be not involved.”

There is much matter of interest and of practical value in this volume, which renders it worthy of a place along with the standard works of aural surgery which we possess. The author has done good service in placing before the profession the results at which he has arrived from a long experience; and those who are interested in aural surgery will find some useful hints in the volume. We must add, that Dr. Bonnafont shows a fair acquaintance with the writings, not only of the aural surgeons of the continent, but of Tynbee, Wilde, and others who in this country have specially studied the diseases of the ear.

WE beg to remind the members of the Association that the annual subscription is now due. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MARCH 4TH, 1865.

POLICE REGULATION OF PROSTITUTION.

LAST year the House of Commons passed an Act which had for its object the superintendence by the police of prostitution in certain garrison towns of this country. A Committee on Venereal Diseases has since been appointed by the Government; and it is generally understood that its labours, if of any service at all, will be so by recommending some prophylactic method of dealing with the disease—in fact, that they will propose a system of registration of prostitutes, something after the manner practised in certain continental countries. This way of dealing with prostitution—of legalising it by bringing it under the management of the police—appears of late to have found great favour with many members of our profession; and we believe that there has been expressed a hope that this way of attempting to control prostitution and the spread of venereal diseases will not be limited to the districts where soldiers are collected together in large bodies, but will be generally adopted throughout the country.

For many obvious reasons, the indirect patronising of prostitution by the Government, by an Act of Parliament, has been generally regarded in this country as repulsive, in a certain sense, to the moral sentiments of the community. At all events, every one will admit that this feeling, even though it be a foolish prejudice, cannot be overlooked in considering the subject; and we, therefore, may fairly assume that those who propose such an unpleasant remedy, for the purpose of diminishing the spread of syphilitic disease, are bound distinctly to show that it has proved effectual where it has been properly tried. Those who wish the system of registration of prostitutes introduced into this country are influenced, we suppose, mainly by the consideration that thereby the spread of venereal diseases will be arrested. They can have no great admiration of such a system *per se*; and we suppose, therefore, accept it as the less of two great evils.

Now, whether Government, in publicly managing prostitution, does or does not do an evil thing for the sake of doing good; and whether it be or not, under certain circumstances, right to do evil in order

to get at a great good,—it is no business of ours here to inquire. But what we think the profession and the public have a fair right to ask of those who propose a legal recognition of prostitution is this, that they show clearly and satisfactorily that the system answers the purpose required of it, and produces the good which is asserted of it, in those countries where it is adopted and has been long in operation. Has this good ever been satisfactorily shown? We think not. It seems to have been taken for granted, without proper inquiry, that the system, where it is in operation, must have produced all the good predicated of it. But its admirers have not produced their proofs—have not come forward with their figures and facts to demonstrate that venereal diseases have been sensibly diminished, for example, in France, by the governmental regulation of prostitution. They have not shown that venereal diseases are less common in France than they are in England. They have not given grounds for the belief that venereal diseases are more common in London, for example (*pro ratâ*), than they are in Paris. It will hardly do, in such a case as this, to argue that the regulation of prostitution *must* diminish the spread of these diseases. They who patronise the system are surely bound to give good reason from facts to prove that it has done so where it has been in operation. Surely, if it has produced the wished-for effect, there should be no difficulty in establishing the fact.

We wish in no way to prejudice the case; but we simply ask of those who are desirous of introducing the system here, to demonstrate its utility elsewhere. In our opinion, it is hardly enough to show that in some small garrison towns, and under certain peculiar and rigid adoption of police and military regulations, venereal diseases have been diminished amongst a given body of soldiers. If the system is to be introduced generally into this country, we ought to have some good reason given us for the belief that venereal diseases are less common amongst the French community at large than they are amongst the English community at large. Now, we would appeal to any medical man who has studied medicine in Paris: Has he seen any signs in hospital practice, or has he been led by anything which he observed of the matter in Paris, to lead him to believe that such is actually the case? Have the remarks of his teachers there ever tended to bring him to such a conclusion? Has he not, we might ask, on the contrary, been struck by the universal and prominent manner in which the disease and its methods of cure are everywhere brought under his observation in Paris?

If we turn to French authorities on prostitution, we find no satisfaction. Duchâtelet himself declared that under the system, as carried out in France, venereal diseases were spread widely, and the "wise

measures of the Administration rendered all but useless"; and he explained the fact thus. He asserted that what he called "clandestine prostitution"—

"That which is exercised in secret, and unknown to the police, is of far greater importance than public prostitution. Through it, innocence is perverted and corrupted; it braves and paralyses authority, and propagates with impunity the most fearful contagion and the highest immorality." (Vol. i, p. 471.)

Duchâtelet tells us that where there is one registered prostitute, there are nine unregistered females who practise prostitution in Paris—i. e., whom the police cannot touch. Consequently, only one out of ten women who spread venereal diseases come under the hands of the police in Paris—there, where prostitution is actually under the surveillance of the law. And what was Duchâtelet's remedy for the evil? The only one he had was this; viz., to multiply in all directions the licensed houses of prostitution! Duchâtelet may have been wrong in his calculations; but those who say he is are bound to prove where his error lies.

Some time since, there were in Paris, an authority tells us, 4,206 registered prostitutes; and the number of "clandestine" prostitutes at the same time, who were not registered, were calculated at from 40,000 to 60,000. Of what avail, as Duchâtelet asked, was it to supervise the 4,000, while the 40,000 to the 60,000 escaped all supervision?

Again, one of the main reasons which have led to the proposal of introducing the system of supervision of prostitution here, is the deplorable condition of our soldiers in reference to venereal diseases. But, here again, is it clear that the system where in operation has produced all the good anticipated of it? Is the French army, for example, with the benefit of a police regulation of prostitution, in a much better condition than the English army? To those who think and say so, we recommend the study of the Medical Statistics of the French Army for 1862, lately published by authority. In an analysis of that Report, given by a French journal, we read as follows.

"Syphilis is the most cruel scourge of the army. Rather more than one-fifth of the whole number of days of treatment of diseases of soldiers is devoted to patients suffering from venereal diseases. If these days of treatment were divided amongst the whole army, every soldier in it would be four days under treatment for these diseases. And, as it appears that the average time during which each venereal patient is under treatment is from twenty to twenty-five days, it follows that every year one out of every five or six soldiers is affected with venereal disease. And then, again, as every conscript passes at least six years in the service, it follows that, as a rule, every soldier contracts the disease once at all events during that time."

Surely, facts of the kind here referred to demand a satisfactory explanation at the hands of those who recommend here a Governmental supervision of

prostitution. We do not say, that they are incapable of explanation; we do not say, that some more effectual system than the French one might not be invented; nor do we wish in any way to prejudice the general question. All we ask for is, that some reasonable proof should be given of what is generally assumed to be a positive fact; viz., that the general police regulation of prostitution sensibly diminishes venereal diseases in a community. We have stated facts which seem—at all events, until explained away—to throw grave doubt on the correctness of the assumption.

HOMEOPATHY.

THE London Homœopathic Hospital has had a field-day, its annual dinner. About 140 gentlemen were present we read; and amongst them we find distinguished individuals. The great Lord Ebury was chairman; Dr. Rae, the arctic traveller, was there; Professor Masson and Mr. Hughes ("Tom Brown"), men of *Macmillan's Magazine*; etc.

The noble President, in giving "The Health of the Queen", expressed the very vain hope that, if unfortunately her Majesty should ever require assistance, she would send for a homœopathic doctor.

Dr. Rae, in proposing the "Defensive Forces of the Country", remarked that though the army and navy had not yet adopted the practice they had met to aid, he had tried it in all climes and in all countries, and had found it a very excellent friend.

Mr. Hughes ("Tom Brown") warmly advocated the principles of homœopathy, and concluded by proposing "The Health of the Patrons of the Institution". He would not adopt the motto of homœopaths, and say "Similia similibus curantur"; but, as they had so many good names on the list, he would say "Similes similibus procurantur".

The noble Chairman adverted to the unfair opposition offered to homœopathic practitioners. Such conduct appeared to him to be degrading to the medical profession. One of the most eminent of that profession, a short time before his death, which occurred recently, condescended to write "the most unmitigated twaddle" in urging his objections to the principles of homœopathy. He was, however, happy to find that the new school of medical treatment was progressing most rapidly and successfully, and that almost every day brought converts to the cause from the very centre of the enemy's camp. The hospital was in a high state of efficiency, and had already succoured 45,000 patients. There were, however, forty beds at present vacant from the want of funds. The demand for homœopathic practitioners was gradually increasing; and further medical assistance was much wanted in the hospital. In his own immediate neighbourhood there was great room for an experienced man, as he (Lord Ebury) knew five or six noblemen residing near him who were warmly in favour of the homœopathic principles. A portion of the medical community had drawn lines of circumvallation around them, and had done their best to starve them out. They were not starved out yet. There was a number of deserters from the enemy's camp; and the last he heard from them was that, at a presentation to a successful medical man in Liverpool, the gentleman, much to the surprise of all present, had declared his belief in homœopathy, and an-

nounced his intention of devoting the remainder of his life to the propagation of its principles.

Dr. Yeldham proposed "The Memory of Hahnemann". Hahnemann had raised himself from the humblest position, and by his industry, genius, and courage, carved out a niche for himself in the temple of fame. He discovered the folly and hollowness of the old practice of medicine, and after years of study enunciated the principles of homeopathy amid a storm of opposition and persecution that met him on all sides. He was ultimately obliged to fly to Paris, where he expired at the age of 92. In whatever aspect they viewed Hahnemann—like the Apollo Belvidere—he was beautiful, symmetrical, and grand. He raised medicine, which at the best was a mystery, into a noble and God-like science. He proved that man was born for a higher destiny than to be blistered, bled, and physicked.

The toast was drunk in solemn silence.

Lord Ebury is a great reformer, as we all know. He is teaching our Bishops how to manage matters ecclesiastical, and to reform the Church Liturgy. He has long attempted to persuade doctors that they are all a set of blockheads; and that homeopaths alone have the true key to the healing art. No doubt he dabbles in a variety of other ingenious expressions of his reforming tendencies; and we dare say we may add, really innocent tendencies. That Lord Ebury is a small man, we have all of us long known. He has given the world too many occasions to take measure of his mental calibre. And if, therefore, we allude to him at this moment, it is because he has gone out of his way publicly to insult a great man of our profession. Lord Ebury insulted the profession when he said that "one of the most eminent of that profession, a short time before his death"—referring, of course, to Sir B. Brodie—"condescended to write the most unmitigated twaddle about homeopathy". Lord Ebury, in this case, again showed a want of sense as well as of good taste; for it so happens that his son is at this moment canvassing the electors of Westminster. Of course, the son is not answerable for the sayings and doings of the father; but assuredly such public abuse of Sir B. Brodie by the father is not likely to render the medical profession of Westminster very enthusiastic in the cause of the son. However, he has made some amends by informing us that there is a grand opening for a homeopath in his own immediate neighbourhood. If Lord Ebury be not, in this instance, drawing on his imagination for his facts, we will venture to guess that the supply will not long remain behind the demand.

MR. PERRY, Inspector of Prisons, calls the attention of the Home Office to the following state of things in the Coldbath Prisons. One could hardly have imagined such facts could be at this time of day. They really take us back to the state of prisons in the days of the philanthropic Howard.

"The prisoners have amounted in the last week to

the extraordinary number of 1940. Allowing that all the old cells were habitable at night, there would still remain between 600 and 700 prisoners unprovided with cell-accommodation of any kind. The only manner in which this great excess of prisoners can be lodged at night is by placing them in large rooms or dormitories, some of which have hammocks hung in rows to the number of 120 to 160 in a room, and others have beds upon the floor, which, like the hammocks, are so close together that the boards can scarcely be seen between them. It cannot be pretended that the prisoners have not the means of communicating by speech with each other in these dormitories; for, although two officers remain in each room all night, they have no opportunity of perambulating the rooms on account of their crowded condition. Another disadvantage under which the officers on watch are placed is that the offensiveness of the rooms, and the consequent oppressiveness of the atmosphere, render it a matter of much difficulty to keep themselves awake, especially as they have not room to walk about. It is needless to observe upon the gravity of the moral evils which must result from committing persons not already corrupted to the last degree to a prison under these conditions, especially when, from the want of proper cells, many hundreds of persons are placed closely together on benches picking oakum, or as closely in crowded refectories taking their meals; but it may be safely affirmed that no such person as I have supposed can pass through an ordeal without a degree of contamination which almost forbids the expectation that he can escape from becoming a permanent member of the criminal class."

THE requisite amount having been speedily subscribed, the fund raised to indemnify Dr. Bowen for his expenses in the recent action has been closed. The sum of £246:17 has been collected. The law charges in the case amounted to £189:12; the expenses for printing, postage, reporting, etc., amount to £7:14:6; leaving a balance of £49:10:6. At a meeting held at the Liverpool Medical Institution on February 24th, it was resolved unanimously that the surplus be appropriated to the Medical Benevolent Fund.

To discuss the last murdering act of Townley's, his suicide, whether it was or not the act of a sane man, seems to us a pure waste of time and ink and paper. Of course, those who brought him in mad when he was alive, will find an additional justification of their verdict in this last act of his. And also, of course, those who set him down as a responsible murderer, will be content to remark on the suicidal event: 1. That the jury might just as reasonably have brought in a verdict of *felo de se* as the one they gave; 2. That we are not bound to take the verdict of a coroner's jury as the absolute expression of their opinion on suicidal acts—such verdict being notoriously very often guided by feelings of respect for the living relatives of the suicide; and 3. That suicide is after all no proof of a man's being mad. If any of those men of science who considered Townley a lunatic murderer, can find a comfortable

confirmation of their opinion in his self-murder, no one need wish to deprive them of such consolation. But to attempt to argue further on the subject, on the strength of this additional act of his, really seems to us to be a game which will not pay for the candle.

At the recent meeting of the North Wales Branch. Mr. Griffith called upon the members to take up the generous challenge offered by Mr. Carden of Worcester, and, in their joint capacity as a Branch, raise one of the ten fifties, as proposed by Mr. Carden, for the Medical Provident Society. Before the meeting broke up, a large sum was already subscribed—sufficient to ensure the success of Mr. Griffith's proposal. We hope that other Branches will follow the example of the North Wales Branch, and so ensure the addition of a large sum of money to the Provident Society.

THE proceeds of the Propert Testimonial Fund are to be applied to the purpose of founding an Exhibition for the benefit of the Foundation Scholars of the Medical Benevolent College. This is done by the Committee, in accordance with the generous wish of Mr. Propert himself. The Fund has already reached the sum of £700; but the friends of Mr. Propert, and, we need hardly add, the friends of the College, are anxious that the Fund should amount, at all events, to £1,000, in order to secure £30 a year to the exhibitors. We doubt not for a moment that the few hundreds still required will be at once forthcoming; and that his professional brethren will be proud to join in acknowledging the long and energetic services of Mr. Propert, by seconding him in this latest benevolent act with which his name will be permanently associated.

DR. ROBERTSON, of the Sussex Asylum, has published some figures which tell most unanswerably against the management of Bethlehem Hospital. Our readers may remember that when we last spoke of the propriety of taking Bethlehem into the country, we remarked, that probably, if the Governors were to look a little more closely into their affairs, they would find that their money might do a good deal more than it does at present. Our supposition is completely substantiated by these figures. From them it appears that a patient in Bethlehem costs *per annum* more than double of a patient in the Sussex Asylum. Dr. Robertson says that Bethlehem's funds are enough to keep gratuitously five hundred patients of the middle class. And the fact seems to be, that the public do not take full advantage of the place, and because it is not situated in the country. The total admissions of curable cases show, on the last triennial period, a decrease of 378, or two-fifths." Moreover, notwithstanding their expenditure, the Governors

had last year a balance of nearly £4500, besides investing £1600 in land. How the Governors can answer figures like these remains to be seen. We can well understand that London men might be found to approve of the present state of Bethlehem—men not accustomed to sanitary or scientific considerations; but surely men of the counting-house and the ledger must open their eyes when they see spread before them Dr. Robertson's balance-sheet, comparing the expenditure of Bethlehem with the expenditure of the Sussex Asylum.

THE Royal Medical and Chirurgical Society is still a very flourishing body, as we learn from the Report read at the annual meeting on the 1st inst. It still increases in number and in funds, and therefore in the favour of the profession. It numbered 627 Fellows at the end of last year, and no fewer than eleven new members were elected at the last ordinary meeting of the Society. To its library 384 new works were added during the past year. Many valuable presents were also made to it. Mr. Curling gave sixty-nine engravings—portraits of medical practitioners; and Mr. Charles Hawkins ninety engravings. A medal, a likeness of Tiedemann, was presented by his widow to the Society; and one of Dr. Jenner by Dr. Babington. The President, Mr. Partridge, on vacating the chair, had again occasion to detail the losses which the Society had sustained in many valued Fellows who had died during the past year. Especially was remarked the very excellent summary which he gave of the life and labours of the late Dr. Senhouse Kirkes; and the details of that lamented physician's last illness, and his Christian resignation to the decrees of Providence, made a deep impression on the Fellows. The high services rendered to science by the Scientific Committee were also alluded to, and warmly acknowledged by the Society. The Council took the opinion of the Society as to the propriety of continuing to publish the *Proceedings* as well as the *Transactions* of the Society. The Council thought, for several reasons, that the *Proceedings* might be done away with; and a summary of the papers, not published in the *Transactions*, given in an appendix to the volume of *Transactions*. But the Society did not agree with the Council; and passed a resolution to the effect that they wished the *Proceedings* continued; and that the Secretaries would publish them more frequently, and bring them out at an earlier date, than they have lately done. An attempt was also again made to induce the Society to reduce the rents of the Pathological and Obstetrical Societies; but the attempt, as on former occasions, completely failed. We believe that only five hands were held up in favour of lowering the rents. It may, therefore, be said, that the feeling of the Royal Medical and Chirurgical Society was unanimous on the point;

and it is to be hoped that the subject will not again be brought before the annual meeting. It was not shown, on the one hand, that the rents were too high; nor did it appear, on the other, to the Fellows of the Society, that they were in any way called upon, out of mere motives of scientific fraternity, to expend their money in developing either the Pathological or the Obstetrical Societies. The Royal Medical and Chirurgical Society very wisely considered that it was quite as able to advance science by spending its money itself, as by handing over its resources—which it would do, if it let its rooms below their value—to other societies for a similar purpose. Votes of thanks were then given to the President and other officers: and the annual meeting then closed, after some lively debating, in very perfect harmony.

THE statement of the receipts and expenditure of the Society for Relief of Widows and Orphans of Medical Men for the year ending November 30th, 1864, has just been issued. The income of the Society for the year is set down as being £51,953:19:3; this including the sum of £47,567:10:7 returned by the Commissioners for the Reduction of the National Debt, £30,000 has been invested in permanent debenture stock of several railways; and £18,294:10:7 has been invested in the public funds. The grants for relief and self-maintenance amounted during the year to £2166:10. Thirty-one members had been elected since the publication of the last annual statement; twelve had died; and nine had withdrawn. The total number of members is now 462; and 52 widows and 21 children of deceased members are receiving relief from the funds of the Society. The expenses of the Charter, which has come into operation, are set down as £316:10:9. We are glad to find that the number of members in this most useful institution is steadily increasing.

DR. ROGER, physician to the Children's Hospital in Paris, lately brought before the Hospital Medical Society a Clinical Study of Infantile Syphilis. His conclusions are as follow.

In the first observation given, we find proof of a spontaneous dying-out of the syphilitic diathesis in the course of several successive births—a confirmation of the law, that the mother of a child affected with hereditary syphilis does not contract syphilis by suckling her own child, when she herself is infected; and an example of the transmission of syphilis from the child suckled to the nurse. 2. A syphilitic lesion of the mouth having been observed in most cases of transmission of syphilis from the child to the nurse, we must suppose that, in the case referred to, the inoculation was effected by some unobserved lesion of the mouth. Where no such lesion exists, the liquid of syphilitic coryza may be the infecting agent. 3. In cases of syphilis where the nurse and the child are simultaneously affected, the commencement of

the disease in the breast is presumptive evidence that it arose in the child; whilst absence of mammary lesion, and signs of syphilis in other parts of the nurse's body is presumptive evidence against the nurse. 4. Observations given show examples of syphilis acquired by kissing and merely touching the child. 5. Syphilis is not an obstacle to the regular development of cow-pox. 6. Congenital syphilis is rare, with the exception of pemphigus and visceral diseases which are intrauterine affections. 7. The statistics of 249 cases show that hereditary syphilis, in more than half the cases, appears before the end of the first month, and in seven-eighths of the cases before the end of the third month. From which it follows, that infantile syphilis is probably hereditary if it appear before the end of three months, and acquired if it appear after that time. Hence, also, we should select as sources of vaccine matter children who are more than three months old. 8. Syphilitic pemphigus is readily distinguished from the simple pemphigus. The early appearance of the disease—at birth or within two months afterwards—and the situation of the bulli on the palmar and plantar regions are positive signs of its syphilitic origin. Psoriasis and herpes on the same parts also indicate their specific nature. Onychia in the newly born is a lesion even more characteristic of syphilis than it is in the adult. 9. The well known frequency and gravity of syphilitic coryza have been clearly shown. In one instance was given an example of syphilitic laryngitis in a child 8 months old. 10. Bony lesions, or tertiary symptoms, are very rare in children, and difficult of diagnosis. 11. The evolution of infantile syphilis is sometimes very rapid. 12. As regards prognosis and curability of the disease, distinction must be made between cases affected with congenital syphilis, in which the viscera are probably affected, and cases where the disease appears some weeks after birth. The first sort are almost certainly fatal; the latter cases are generally readily cured by mercurial treatment. 13. A preventive mercurial treatment in children born of syphilitic parents is quite useless. The medication must begin only when the disease appears. The direct treatment of the child is infinitely more effectual than its indirect treatment through the mother. 14. Internal treatment is the best. Facts show that infantile syphilis treated in time by mercury may be completely cured, and without danger.

In the November number of the *Annali Univers. di Medic. di Milano*, Dr. Gritti gives an account of clinical experiments made by him in the Milan Hospital with the alkaline and earthy sulphites externally applied. He employed the sulphite of soda as lotion (ten parts in 100 of water); and also as an ointment, mixed with a glycerole of starch, which he highly praises, as being free from smell and rancidity—820 grammes of pure glycerine are mixed with 100 grammes of sulphite of soda, then are added 80 grammes of starch: the mixture is gently heated in a bath until it becomes of the consistence of a soft paste. This ointment should be spread on the linen at least twenty-four hours before it is used. The chief uses of the sulphites, as used in solution, are—1, diminution of the secretion; 2, diminution and removal of bad odours; 3, rendering viscous and preventing the spread of bad secretions; 4, destroying the elementary constitution of pus; 5, hastening

repair; 6, diminishing the sensibility of the surface; 7, hastening cicatrisation.

M. RAYER, the reporter of the Commission appointed by the Academy of Sciences on Pellagra, speaks thus of the work of M. Roussel:

"M. Roussel's work is very complete, and is the result of extensive reading, of personal observations made during his travels, and of communications obtained from other observers. It contains a full description of pellagra. We find in it an account of the nervous symptoms which appear at its outbreak; documents of every kind; a critical summary of the opinions of Landouzy, of Billod, and of Benvenisti; an excellent history of the disease; a full discussion of the connexion between pellagra and the eating of diseased maize—maize affected with a fungus called *verdet* in French, and *verderame* in Italian. M. Roussel expresses a strong opinion as to there being a toxic influence presiding over the development of endemic pellagra. In a word, his work is a cyclopædia of pellagra. The Commission, therefore, proposes that the Academy shall accord to M. Roussel its prize of 5000 francs."

A NEW journal has appeared at Brussels, entitled *L'Art Médicale*. It is to be published on the first and third Sundays of each month.

A few weeks ago, a monument to Riberi was inaugurated in the University of Turin. The ceremony was splendid, and was attended by many of the nobility and some of the royal princes.

On February 3rd, Rokitansky was solemnly invited to perform, and performed, the first *post mortem* examination made in the new hospital at Vienna (Rudolph's Hospital).

REMOVAL OF FOREIGN BODIES IN THE EAR.

In a recent number of the *Bulletin Général de Thérapeutique*, M. Guersant makes the following remarks on removal of foreign bodies from the ears of children.

If we except the concretions of cerumen that are principally met with in the aged and rarely amongst children, it must be said that foreign bodies in the external auditory canal are more often observed in youth than at more advanced ages. For our part, we have seen a considerable number of them in hospital and private practice.

The bodies thus met with are very diverse: hardened cerumen, pebbles, stones extracted from rings, or ear-rings, pearls, peas, shells, beans, fragments of glass-tubes, balls of paper, seeds, etc. Insects have been mentioned, but we have not on any occasion met with them.

All these foreign bodies, when they remain in the auditory canal, principally those which swell up, may occasion severe accidents: such as inflammation, suppuration, buzzing, cerebral symptoms, meningitis. Hence it is important to relieve, as soon as possible, children who have in their ears a pea, or a seed, which may swell up on becoming moist. The surgeon ought, before all, to ascertain with accuracy that a foreign body exists, because very dangerous attempts have often been made in cases where no

such body has been present. If, after the patient has been placed in a proper position, and the light has been directed into the canal, the foreign body is recognised, the surgeon ought to act differently, according to the case.

1. The foreign body may be a fluid: such as water in swimmers, or oil. In these cases, a single shake given to the head has sufficed to make the fluid flow out.

2. Sometimes there is hardened cerumen. A simple ear-pick, previously dipped in oil, will allow this concretion to be expelled. It may be necessary first to soften the cerumen by several injections of luke-warm water, or of oil or glycerine.

3. Peas, beans, seeds, or balls of paper swell and soften. They may be caught and hooked out sometimes easily enough, either with small forceps, or with a small short hook.

4. Hard bodies, as pebbles, shells, hard seeds, can be removed in several manners. As was very anciently advised, and as has been done by Menière, injections may be employed. We have, says M. Guersant, very often used these means, and for all sorts of foreign bodies. It is necessary, however, to act in a certain manner, with much perseverance; and the relations ought to be shown how to practise these injections, because it is often necessary to repeat them several days following before success is obtained. In order to apply injections, it is well to procure an Eguisier's irrigator, fitted with a straight tube and filled with cold, or better with luke-warm water. The child should be wrapped in a cloth, folded several times double, so that the arms are thus kept wrapped up; the cloth ought to surround the neck of the child, in order to avoid wetting it. The head should also be held in a somewhat inclined position, and a basin should be placed under to receive the water. The surgeon should direct the pipe of the irrigator into the auditory canal, propelling the jet of water very slowly at first, so that it may pass between the foreign body and the walls of the canal, strike on the membrane of the tympanum, and in its return drive out the foreign body, which will sometimes escape after the first injection. It is important that the surgeon, at the time of performing the irrigation, should draw the lobe of the ear alternately upwards, downwards, forwards and backwards, in order to modify the direction of the jet. The operation should be repeated several days following, if no results follow the first injection; and the relatives should be instructed how to make the injections. M. Guersant has seen cases in which the foreign body has only been removed after persevering for eight or ten days. When this means is not attended by success, the instruments which appear most likely to succeed, are simple small forceps, which are always useful in cases of soft bodies, paper, lint, etc.; or better, the ordinary scoop or Leroy d'Etiolles' small scoop. In many cases, the instrument should be guided principally along the lower side of the canal. As the introduction of scoops is always more painful than the use of injections, and gives rise to more struggling on the part of children, M. Guersant observes that, when it is necessary to use this means, we should not hesitate to employ chloroform. When the child happens to be manageable, besides the inclined position of the head, M. Debout has recommended the mouth of the patient to be opened. It is sufficient to introduce the end of the little finger into the external auditory canal, and to make the lower jaws move in order to become convinced of the enlargement undergone by the canal each time the condyle of the jaw leaves the articular surface. This attitude facilitates the employment of all the preceding operations; but that which it aids most is the employment of injections.

Association Intelligence.

BRANCH MEETING TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [General.]	Medical Department, Old Library, Birmingham.	Thursday, March 9th, 1865.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of this Branch will be held at the Ship, at Faversham, on Thursday, March 16th, 1865, at 3 P.M.

Notices of papers or cases to be communicated, should be sent immediately to the Honorary Secretary.

ROBERT L. BOWLES, L.R.C.P.,

Honorary Secretary.

Folkestone, March 1st, 1865.

NORTH WALES BRANCH: INTERMEDIATE MEETING.

The Intermediate General Meeting of this Branch was held on Friday, Feb. 24th, 1865, at the house of Dr. Roberts, Hafod Elwy, St. Asaph. In the unavoidable absence of the President (Dr. Williams of Mold), at the commencement of the meeting, T. T. GRIFFITH, Esq., of Wrexham, was unanimously voted to the chair. There were sixteen members present.

The members of the Council of the Branch proceeded at 12 o'clock noon to despatch the executive business, particulars of which are subjoined.

Treasurer's Account. The following was the statement made.

Receipts.

Balance in hand on the 1st January, 1864...	4	5	1
Amount of half-crown subscriptions and arrears received from the 1st of January, 1864, to the 31st of December, 1864.....	4	2	6
	8	7	7

Disbursements.

The Secretary's official expenses, as per account, made up to the 31st Dec., 1864 ...	6	14	9
Balance in favour of the North Wales Branch on January 1st, 1864	1	12	10
	8	7	7

Annual Meeting. It was agreed to hold the annual meeting at the Royal Hotel, Rhyl, on Tuesday, July 4th, at 11.30 A.M. for the transaction of the business of the Council, and at 12 o'clock noon for the General Meeting.

President-Elect for 1866. Dr. Conway Davies of Holywell was recommended (subject to confirmation at the annual meeting) for the office of President-Elect for 1866.

Medical Provident Society. Mr. GRIFFITH brought forward the subject of the Medical Provident Society, and advocated in an eloquent manner the claims of the Auxiliary Fund. He stated his views respecting the proposition so generously offered by Mr. Carden of Worcester; and wished that the members of this Branch would meet the challenge, and in their corporate body raise the sum of £50, so that one of the ten £50 could be guaranteed. He hoped, he said, that the other Branches of the Association would do likewise; and that those which con-

sisted of double or treble the number of members would increase their contributions in proportion. He then headed the list with a handsome subscription; and, after it had been handed round to the gentlemen present, the sum of £22:6:6 was collected.

It was decided that circulars should be sent to all the absent members of the Branch inviting their subscriptions; and that Thomas Taylor Griffith, Esq., of Wrexham, be requested to act as treasurer, an office which he kindly accepted.

Papers and Cases. The following were read.

1. On Hydrocele. By T. T. Griffith, Esq., Wrexham.

2. On Bronchocele. By T. Eyton Jones, Esq., Wrexham.

3. On Asthma; with Remarks upon Dr. Hyde Salter's Views. By O. Roberts, M.D., St. Asaph.

4. Case of Aneurism, benefited by the Internal Administration of the Iodide of Potassium. By J. Conway Davies, M.D., Holywell.

5. Case of General Phlebitis. By E. Williams, M.D., Wrexham.

6. Case of Gall-Stones, where an immense number passed away, some of a very large size. By Ll. Lodge, Esq., St. Asaph.

7. Case of Acute Peritonitis, terminating in general Abscess of the Peritoneum, which discharged by the Navel. By J. R. Hughes, M.D., Denbigh.

8. On Softening of the Brain; with Observations on Mental Diseases. By G. Turner Jones, Esq., Denbigh.

9. Case of threatening Paralysis in a person 65 years of age. By O. Roberts, M.D., St. Asaph. Amaurosis had suddenly come on, with a pulse of 140, feeble. All the symptoms were removed by venesection to the amount of four ounces. The amaurosis returned in twenty minutes, when further venesection to six ounces removed all symptoms permanently.

10. On Carbolic Acid; its Use and Composition. By W. Williams, M.D., Mold.

11. Case of Acute Glaucoma, cured by Iridectomy. By A. E. Turnour, M.D., Denbigh.

12. Case of Severe Injury to the Eye. By T. Evans Jones, Esq., Llanasa.

All the above papers and cases elicited long and interesting discussions; and after being thus profitably occupied for upwards of three hours and a half, the business of the meeting was brought to a close.

Dinner. All the members present, with the Rev. Mr. Browne, vicar of St. Asaph, and others, were hospitably and sumptuously entertained at dinner in the evening, by Dr. Roberts, at his residence, Hafod Elwy, and were delighted with the cordial reception given them by their worthy host.

HIPPOPIAGY. The question has advanced, and there can be no longer any doubt that horseflesh is wholesome, agreeable to the taste, rich in nourishing properties, and destined to fill up a void in the food of the working classes. France contains more than 3,000,000 horses. These animals are renewed every twelve or fifteen years, for after a time horses are no longer useful for work. The fifteenth part of 3,000,000 is 200,000, and if we set aside 50,000 unfit for food from disease, there still remain 150,000 healthy animals, which would furnish 6,000,000 lbs. of food. That weight is equivalent to the meat furnished by 90,000 to 100,000 head of cattle. Horseflesh is very often eaten as *filet de bœuf aux champignons* in the Palais Royal. In Denmark it is publicly sold; and at Vienna there are seven special butcheries, where, in 1862, 1,954 horses were retailed at an average price of 62 francs.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

JANUARY 26, 1865.

HENRY LOWNDES, Esq., in the Chair.

Gastric Ulceration. Mr. RAWDON exhibited specimens of extensive ulceration of the stomach, and perforation of the cæcum.

Uterine Tumour. Mr. HAMILTON narrated the following case. On Nov. 17, 1864, he was called to see a lady who supposed herself threatened with a miscarriage. She had been married three years, and had miscarried twice previously. On the present occasion, she considered herself to be in the third month of pregnancy. She was suffering from severe pain in the back, and in the lower part of the abdomen, accompanied with the discharge of clots of blood. An uterine examination could only detect what felt like a clot of blood just within the os uteri. The treatment consisted in the administration of styptics, and free doses of opium to relieve pain. For three weeks she remained much in the same condition; the pain rather increasing in intensity, and being confined to a spot immediately above the left horizontal ramus of the pubes. On careful examination of this part, a hard substance could be distinctly felt through the abdominal parietes, of about the size of an orange, and very tender on pressure. The pain increased in severity; and to relieve it both opium and morphia failed. There was a total loss of both sleep and appetite, together with a weak pulse. Her condition was, under these circumstances, considered to be exceedingly critical. Vaginal examination could detect nothing further than a thickened and indurated condition of the uterine wall; the tumour felt through the abdominal parietes remaining much the same in size, but more tender on pressure. Four weeks after the commencement of the attack, there were evidences of a purulent discharge taking place *per vaginam*. From the history prior to this attack, a recurrence of syphilis was suspected; but as there were no indications, special treatment was not employed. Since her marriage in March 1861, the lady had suffered from several attacks of syphilitic psoriasis, which appeared to have been communicated from her husband, who was suffering from the same disease six weeks after marriage. In his case, the eruption manifested itself chiefly over the scrotum and hands. Primary disease had been contracted by him some months prior to his marriage, and the first appearance of the eruption on the wife was six months after marriage. A mercurial plan of treatment was adopted; and a few days prior to the present attack, she expressed herself as feeling perfectly well. Shortly, however, Mr. Hamilton was called in again, and found her in the condition already described. On the appearance of pus in the discharge, and with this syphilitic history, bichloride of mercury in doses of 1-32nd of a grain, was given every four hours, but without any abatement of the symptoms. Calomel was then substituted in quarter-grain doses every four hours, combined with mercurial inunction. This plan of treatment speedily resulted in an entire cessation of the pain. Her condition now improved daily.

On January 8th, 1865, she was seized with a sudden pain in the back and loins, lasting two or three hours, and then subsiding. Eight hours afterwards, she passed *per vaginam*, without pain, a tumour of about the size of a goose's egg; which, from its appearance, must have been separated for several days

before it was passed. On cutting into the mouth it presented the characteristics of an ordinary fibrous tumour; but careful examination failed to detect anything like a pedicle. The tumour was exhibited to the Society.

Dr. Shearer, Mr. Steele, Mr. Hakes, Dr. Skinner, and Dr. Telford took part in the discussion that followed.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, FEBRUARY 2ND, 1865.

J. C. LANGMORE, M.B., President, in the Chair.

REMARKS ON THE ANTECEDENTS AND TREATMENT OF PHTHISIS PULMONALIS. BY C. DRYSDALE, M.D.

IN order to speak of the treatment of phthisis, the author said it was absolutely essential that the antecedents of the disease should be well studied, and, if possible, removed. This would not only prevent a large number of cases of the disease, but give the best hints as to the treatment of any particular case. In 1780, a squadron, in ten weeks' cruise, had 2,400 men laid up with scurvy, a disease now rarely met with. He would, therefore, glance briefly at the causation of consumption.

Authors, such as Lugol, Piorry, Walshe, and Edward Smith, who had used the numerical method, had found that the parents of one-fourth of their consumptive patients had had the complaint. *Scrofula* in the parents is a frequent antecedent. *Aged parents and very young parents* are liable to phthisical offspring. *Excessive sexual indulgence* or masturbation in the parents, or generative debility, is a frequent antecedent. *Intemperance*. The children of drunkards, or even of gouty persons, are liable to phthisis; and Copland and others have considered *excessive tobacco-smoking* in the parents as a frequent antecedent of rickets and phthisis.

Personal Antecedents. Employment. Dr. Greenhow had stated that, if the mortality in England and Wales from diseases of the respiratory organs, including consumption, could be reduced to the proportion found in the most favoured districts, there would be an annual saving of forty-five thousand lives. Dr. Christison's contribution to the knowledge of the causation of phthisis was the most important of all, in the author's opinion. He shows that the amount of mortality from phthisis in towns is in a greater ratio than the ratio of their general mortality. Speaking of Scotland, he says the annual mortality from phthisis is 237 in 100,000. Dividing the mainland into towns of 10,000 and upwards, and the rural mainland, the mortality from phthisis is, in the towns 333, and in the country 186. In Glasgow, it rises to 385 in 100,000; whilst in Berwickshire, a fine rural country, it is 104 in 100,000; the annual general mortality of Glasgow being 1 in 38, and that of Berwickshire being 1 in 70. In England, Dr. DRYSDALE remarked, where the annual mortality, though low, was higher than that of Scotland—being 1 in 45 annually in England, and 1 in 48 in Scotland, 1 in 51 in Sweden, and 1 in 55 in Norway—the same law holds good. Thus in Hertfordshire, a very rural county, the annual number of deaths from consumption is 179 in 100,000; it is 363 in 100,000 in Liverpool (a most unhealthy town), 331 in 100,000 in Manchester, and actually 402 in 100,000 annually in Merthyr Tydfil. In London, it is 273 in 100,000. Dr. Christison mentions that there are spots where the natives born and reared there are not subject to phthisis; viz., the western islands of Scotland, where there are no towns. Hence the theory is pretty clearly made out, that towns, with their unwhole-

some occupations, are the main causes of this terrible disease. Thus we must lament the recent augmentation of the size of our large towns, whilst the population of the rural districts is nearly stationary.

Other Personal Antecedents. Alcoholism, in the author's experience, frequently produced consumption. Copland and others had laid great stress on the effects of sexual excess and masturbation. Dr. Edward Smith found that 22 per cent. of his own consumptive patients had had *involuntary seminal emissions*. Mental exertion too severe and long continued, *sad emotions, disappointed ambition, or love*, lead frequently, among the educated classes, to decline. *Seasons.* The influence of seasons is indeterminate. *Climate or topical influence.* Consumption is found in all climates, and evidently depends far more on the employment of the natives of any country, than on other circumstances. In South Africa, according to Livingstone, the disease is not found among the savage tribes south of the Zambesi. *Poverty.* According to Villermé, Lombard, etc., the disease is much more frequently met with among the poor than the rich. The author observed, that the way in which poverty acted was, in this country, that it drove the peasant from his rural occupations into the town, where, in addition to poverty, there was unwholesome occupation, such as grinding or slopworking, to exhaust them. He quoted examples from the daily papers, of death by starvation among the London work-people, as being frequent; and of want as leading frequently to decline. Dr. Edward Smith's evidence showed that the cost of food weekly for the silk-workers was 2s. 2½d.; needlewomen, 2s. 7d.; kid-glovers, 2s. 9d.; shoemakers, 2s. 7½d.; stocking-weavers, 2s. 6½d., per adult. And Dr. Smith adds: 1. No class under inquiry exhibited a high degree of health; 2. The least healthy are the kid-glovers, needlewomen, and Spitalfields weavers; 3. The average quantity of food was too little for health and strength. Great towns, then, Dr. Drysdale remarked, caused consumption by the unhealthy occupations, conjoined with the poverty of the work-people. The more unhealthy, too, the occupation, the worse remunerated in many instances. The fact of their being unhealthy kept all who could afford a choice out of their ranks; but the destitute offspring of a Hampshire or Wiltshire labourer with a large family had no choice. He was penniless and uneducated, and thus became a candidate for occupations of unwholesomeness, varying from the Sheffield grinder to the slopworker of Whitechapel; and thus phthisis abounded. The evil commenced, he said, with the enormous families brought into the world by the country labourer, of all men the most uneducated and improvident. Thus Mr. Fawcett, at Brighton, in January last, says: "I know our agricultural labourers well; and, I ask, what is their condition? It is this, that their wages are so small that no parent can afford to send his children to school, and insufficient to provide them with the bare necessities of life." Consumption, the author said, was now one of what Mr. Malthus had called the *positive checks* to population in this country, and had taken the place of those rapidly destructive epidemics of former days, still met with in less prudent countries, such as India and China. It was consumption we ought now to endeavour to prevent, even more than fevers, about which so much was talked. Mr. Darwin, in his *Origin of Species*, as well as Huxley and Lyell, had, like all scientific men who had examined the subject, given in their adhesion to the doctrines concerning the tendency of population to exceed the food provided for it: these doctrines were propounded by Mr. Malthus in 1799, and were now axiomatic. This tendency of all animals

and vegetables to reproduce their species too fast for subsistence is true of man even in his present state of civilisation; and hence the less thoughtful and the uneducated classes were continually bringing into the world a large number of unfortunate children, who, being ill nourished and cared for, were early cut off either by rickets, scrofula, or phthisis. "Nature," said the discoverer of this law, Mr. Malthus (*On Population*, vol. ii), "cannot be defeated in her purposes. The necessary mortality must come in some form or other; and the extirpation of one disease will only be the signal for the birth of another, perhaps more fatal." Mr. J. S. Mill has forcibly remarked on the sentimentality observable on this question: "Whilst a man who is intemperate in drink is discountenanced and despised by all who profess to be moral people, it is one of the chief grounds made use of in appeals to the benevolent, that the applicant has a large family, and is unable to maintain them. Little advance can be expected in morality until the producing large families is regarded with the same feelings as drunkenness or other physical excess; but whilst the aristocracy and clergy are foremost to set the example of incontinence, what can we expect from the poor?" (*Political Econ.*, vol. ii, note.)

The author had entered thus at length into the question of poverty as depending on population and capital, in order to account for the amount of consumption and early death among the labouring classes, being caused by their too rapid multiplication of families. A remarkable confirmation of this was afforded by Dr. Smith's questions from 1,000 hospital patients affected with phthisis. Thus he found that the parents of his patients had had, on an average, 7.5 children. In some of the families, there were as many as twenty-three children. We can well imagine to what privations in early life these patients had been exposed by the reckless fecundity of their parents.

Pathological Antecedents. Measles and typhus fever, with diarrhoea and dysentery, were not unfrequently the precursors of phthisis; and all causes which tended to lower vitality might produce it, either in the parents or offspring.

Treatment. Before the sixteenth century, the treatment of the disease was rational, since Hippocrates, Celsus, etc., prescribed open-air exercise and good food. It was Paracelsus and the iatro-chemists and astrologers in the sixteenth century, who had introduced the use of specifics, such as mercury and antimony, in the treatment of the disease; and their crude theories had more or less influenced their successors up to this hour. Dr. Griffith had introduced his mixture into the treatment of the disease; Cullen used acetate of lead for hæmoptysis. Dr. Wells tried all kinds of drugs on his patients. Dr. Hughes Bennett, in 1853, had, in his work on *Fatty Diet in Consumption*, given a death-blow to the experimental or specific school in the treatment of this disease. Nevertheless, even the most eminent physicians had a great tendency to relapse into the special treatment of consumption; and, in 1861, we find Dr. Beau, of the Hôpital de la Charité, treating his consumptive patients with pills containing two grains of carbonate of lead, several during the day, in order to cure the disease. M. Piorry, too, had asserted recently that, in the first stages of induration of apex without softening, inhalations of iodine vapour frequently effected a cure; and, although this plan had not crossed the English Channel, the Atlantic had brought a most enthusiastic advocate of inhalation as a cure for consumption. Dr. Churchill had said of his hypophosphites, "I regard these as prophylactic and curative in every stage of phthisis. I know that they will prove, not only as sure a remedy in con-

sumption as quinine in ague; but also as effectual a preventative as vaccination in small-pox"; and a recent critic in the *Lancet*, September 1864, seemed to believe Dr. Churchill. Dr. Drysdale said he was afraid the critic in the *Lancet*, like other able men, had lost his logical powers for the moment, since the hypophosphites had been proved to be quite inert by a commission of the Academy and by Dr. Quain. Dr. Sales-Girons' instrument for pulverising liquids was a most useful one in palliating cases of ulcers in the larynx or trachea in consumptive patients. It was praised by Trousseau and by Drs. Sieveking and Gibb, etc. Dr. Cotton had read, before the Medical Society, a paper, giving the result of his experiments at the Brompton Hospital on cases of uncomplicated phthisis, by means of a host of remedies, each tried on twenty-five cases; viz., phosphorus, liquor potassæ, hydrochloric acid, iodide of potassium, iodide of iron, etc. Such experiments, the author thought, were far worse than useless; and indicated that the method of conducting therapeutical inquiry was still in its infancy. The experimenter takes a number of cases of the disease, occurring in individuals with all varieties of idiosyncrasy. Some die, some get better, some get worse. But time has elapsed; the patients have lived well or ill; and their circumstances have changed—a host of facts have occurred vitiating the experiment. The true method of therapeutics in this case is the deductive one; and this was the idea also of the best writers on this melancholy disease, such as Williams, Walshe, Hughes Bennett, and Parkes. Dr. Williams (*Lancet*, April 1862) says, "The proper treatment seems to be that which is calculated to improve nutrition." There are few remedies of any importance; but one stands apart, cod-oil. Dr. Walshe makes scarcely any reference to any other drug in the treatment of phthisis, but cod-liver oil, which is, he thinks, most efficacious in the third stage. Dr. Hughes Bennett much objects to the *nimia diligencia medici* in phthisis; and insists that acetate of lead is of no use in hæmoptysis; and that the treatment, to be successful, must be as simple as possible, consisting of cod-liver oil, exercise, and good food. (*Principles of Med.*) Dr. Parkes, admitting the value of cod-liver oil, yet lays far the greatest stress upon abundant exercise in the open air, with plenty of good food, for the cure of the disease. He never mentions any drug in the treatment. (*Hygiene*, 1864.)

Climate. The best climate for the phthisical is that wherein they can take the most open-air exercise. For those inclined to bronchitis, nothing can be better than the climate of Upper Egypt, which, in January and February, has an average temperature of 64° Fahr.; in spring, Mentone seems admirably adapted for bronchitic cases. To persons—the immense majority of the consumptive—who must work in order to live, the best advice, perhaps, is, that they should emigrate to South Africa or Australia, and there, abandoning all in-door occupations, which they can do in a new country, although this would be out of the question in over-peopled countries like this, betake themselves to some out of door occupation. This would cure hosts of cases. Persons not liable to bronchitis, should live as much as possible out of doors, and take as much exercise as their strength permits. The Crystal Palace was an admirable resort.

Summing up these results, the author said, pulmonary consumption does not exist in all localities. It is very hereditary; and is found in the children of parents exhausted by overwork of body or mind, by intemperance, or by weakened organs of generation. It is mainly caused by the unwholesome occupations followed in towns, which confine the citizen

without sufficient air and exercise. Poverty, which is due to over-population causing low wages, is the principal source of crowding into towns; since the prolific country labourer brings up a large family without either education or means of livelihood, and these must accept the most unwholesome occupations for very low wages. Lastly, the treatment as well as the prevention of phthisis consists entirely in attention to air, exercise, and good food; and no drug specific can ever be expected to be discovered for a disease, which is evidently a blight of the vital powers.

Finally, he related several cases that had come before him of recovery from the disease.

Correspondence.

MEDICAL ERRORS.

LETTER FROM GEORGE JOHNSON, M.D.

SIR,—Dr. Barclay tells us that "there ought to be, and must be, a firm basis laid in inductive reasoning for our medical beliefs." It is remarkable that, in maintaining this opinion, he appears to consider that he stands almost alone in the profession. We fancy that we hear him exclaiming, with the prophet in the wilderness, "I, even I only, am left." "The philosophy of induction," he says, "has been lost sight of altogether" in medical science; and the cures reported by the homœopaths will bear comparison with hundreds detailed in medical periodicals, and even in the standard works of medical literature.

These statements, proceeding from one so eminent as Dr. Barclay, will, without doubt, be highly appreciated by those to whom they apply. It appears to me, however, that these sweeping assertions do a great injustice to the labours of many members of our profession, who, during the last quarter of a century, have been cutting the ground from beneath the edifice of homœopathy, not by writing and talking much of logic and the canons of induction, but by showing what is the true nature of disease,—what the natural process of cure,—in what way art may assist or hinder this process,—and what, therefore, is the real influence of treatment. The homœopaths have shown, as they think, that such diseases as cholera, acute pneumonia and pleurisy, typhus and typhoid fever, acute renal dropsy, and others, may be cured by globules. We have shown, and are daily showing, that recovery from all these diseases may take place by the unaided efforts of nature; and we are constantly, though perhaps slowly, learning when and how to interfere beneficially in the treatment of disease.

The question between Dr. Barclay and me is mainly one of pathology. What is the nature of that disease which we call cholera? and in what particular? What is the relation between the gastrointestinal symptoms and collapse? Dr. Barclay believes that some of the worst symptoms result from thickening of the blood by loss of its serum; and he infers that to increase the intestinal discharges is an irrational and a mischievous practice. I, on the contrary, maintain that the vomiting and purging are the means by which a natural cure is effected; and that to oppose this curative effort of nature by opiates and astringents is as injurious, as it would be to suppress the eruption of scarlet fever by exposure to cold. It is obvious that, between those who maintain these antagonistic views as to the nature of a disease, there can be no agreement on the question of its treatment.

I have reason to believe that some of your readers would be interested in having this most important subject of the nature of cholera systematically brought before them in the pages of the JOURNAL. I purpose therefore, with your permission, to send you from time to time, in as condensed a form as I can, the main facts and arguments which have led me to the conclusion that the theory adopted by Dr. Barclay is erroneous, and its practical application to the treatment of cholera is mischievous. Whether your readers agree with me in my conclusions, or whether they dissent,—some probably will do one, and some the other,—all will, at any rate, see that I have more and better reasons for my opinions than Dr. Barclay in his book has given me credit for. I am, etc.,

GEORGE JOHNSON.

11, Savile Row, February 2nd, 1865.

NEURALGIA AND HYPOSULPHITES.

LETTER FROM T. HAYES JACKSON, M.D.

SIR,—Last autumn I was attacked with neuralgia in my back, left thigh, and leg; the pain extending to the heel. After this, I had dysentery and low fever. Three weeks' treatment cured the dysentery and fever; but the neuralgic pain became more acute. For three months, I suffered "many things of many physicians"; and twice tried change of air in an elevated situation.

Nothing better, I was next advised to try Buxton; so I "threw physic to the dogs", and proceeded thither; and, as the lady said when she had resided in Turkey "that she lived like the Turks", during my sojourn of seventeen days among the Buxtonians, I became an amphibious biped. I returned, much relieved from pains; but, alas! Buxton waters were only for the past, not for the future. In a few weeks, the pain became more agonising; and I lay in bed for days a gaunt specimen of mortality stuffed with drugs, potent and impotent. Hypophosphite of soda having failed to relieve (in September last) in ten grain doses (as recommended in an able article written by Dr. Radcliffe, in the BRITISH MEDICAL JOURNAL for November 1863), I determined to make a second trial of the hypophosphite of soda in much larger doses. I began with a drachm three times a day in beef-tea. In a few days, the effect was magical; the pain that I had endured for six long weary months subsided; and now I hope to enjoy better health, and thank God for all his mercies.

I am, etc., THOS. HAYES JACKSON.

Darlington, Feb. 23rd, 1865.

UNQUALIFIED ASSISTANTS.

LETTER FROM A. B. STEELE, Esq.

SIR,—As your correspondent, Dr. Willett, has appealed to the professional public against the ruling of the judge of the County Court as to the rights of those who employ unqualified assistants, I feel tolerably confident, that the profession as a body will confirm the decision of the court, and will recognise the justice and propriety of the verdict, however personally inconvenient it may be to the plaintiff.

In the interests of the public and the profession, as well as in accordance with Section XL of the Medical Act, the legal maxim, "*Qui facit per alium facit per se*," has, in my opinion, been legitimately acted upon in this case. To entrust an unqualified deputy with the management of a branch practice five miles distant from the residence of the principal, appears to me an unwarrantable and dangerous abuse of the privilege which, within proper limits, is useful and expedient; namely, the employment of medical stu-

dents as "improvers", to assist a practitioner, under the immediate and constant supervision and control of his own more experienced and competent guidance. I am, etc., A. B. STEELE.

Liverpool, February 25th, 1865.

Medical News.

APOTHECARIES' HALL. On February 23rd, 1865, the following Licentiates were admitted:—

Clarke, William Hughes, Bernard Street, Russell Square
Spencer, Lionel Dixon, Newcastle-on-Tyne

At the same Court, the following passed the first examination:—

Bobart, William Mathews, Derby

APPOINTMENTS.

*BUDD, S., M.D., elected Consulting Physician to the Exeter Dispensary.

*ELLIOT, W. H., M.D., elected Consulting Physician to the Exeter Dispensary.

*SHAPTER, Thomas, M.D., elected Consulting Physician to the Exeter Dispensary.

ROYAL NAVY.

BRIETZKE, Henry, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

BRIDGFORD, Richard F., Esq., Assistant-Surgeon, to Plymouth Hospital.

CRAIG, Hugh B., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.

DAVIDSON, Samuel, Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.

FERGUSON, Robert, Esq., Assistant-Surgeon, to the *St. Vincent*, for the *Seabark*.

LEWIS, John S., Esq., Assistant-Surgeon, to Haslar Hospital.

MARTIN, James, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

NELSON, Robert, Esq., Assistant-Surgeon, to Haslar Hospital.

SIMPSON, John, Esq., Assistant-Surgeon, to the *Edgar*.

SMART, Henry S., Esq., Assistant-Surgeon, to the Artillery Division of Marines.

STEWART, James, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

STEWART, William H., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*, for Plymouth Hospital.

SWEETMAN, Stephen, Esq., Assistant-Surg., to Greenwich Hospital.

MILITIA.

WALTER, J., Esq., to be Assistant-Surgeon Kent Artillery Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BLAIR, T., Esq., to be Hon. Assistant-Surgeon 10th Ayrshire R.V.

COOPER, W., Esq., to be Assistant-Surgeon 1st Gloucestershire A.V.

HUTCHINSON, G. S., Esq., to be Honorary Assistant-Surgeon 1st Norfolk A.V.

M'GEORGE, S. J., Esq., to be Assistant-Surgeon Liverpool R.V.

TREND, T. W., Esq., to be Assistant-Surgeon 4th Administrative Battalion Hampshire R.V.

BIRTH.

CURGENVEN. On February 27th, at 11, Craven Hill Gardens, the wife of J. Brendon Curgenven, Esq., Surgeon, of a daughter

DEATHS.

CATHERWOOD, Alfred, M.D., at Hoxton, aged 62, on February 19.

CHALDECOTT. On February 26, at Dorking, aged 36, Mary Kate, wife of *Charles W. Chaldecott, Esq.

GIRDWOOD, James, Esq., Surgeon, at Falkirk, aged 67, on Jan. 29.

JONES. On February 16th, at Sydenham, aged 39, Eliza, wife of Edward Jones, M.D.

MACRATH, Miles M., Esq., Assistant-Surgeon R.N., at Hongkong, aged 29, on December 16, 1864.

MARSHALL, William, Esq., Surgeon, at Antwerp, aged 39, on Feb. 1.

MURRELL. On February 15th, at Lewes, Harriet, wife of William H. Murrell, Esq., Surgeon.

Rix, Samuel B., Esq., Surgeon, in South Africa, aged 23, on December 13, 1864.

ROUSE. On February 17th, Elizabeth, widow of Richard D. Rouse, Esq., Surgeon, late of Great Torrington, Devon.

STONE. On February 17th, at 60, Fetter Lane, aged 15, Mary Eliza-beth, second daughter of Erasmus Stone, L.R.C.P.Ed.

Taylor, John H., M.D., at Guildford, aged 79, on February 13.

WYATT. On February 19th, at 31, Adelaide Road, aged 6 weeks, Jessica C. A., daughter of G. R. Wyatt, M.D.

MISS BALY, the late Dr. Baly's sister, has been favoured by Her Majesty with a residence in the palace at Hampton Court.

THE DALY CASE. A Committee has been formed to collect subscriptions to defray the expenses of Mr. Norton, incurred by him in connection with the case of Timothy Daly.

TESTIMONIAL TO DR. SWALLOW. The members of the South London Medico-Ethical Society have given Dr. Swallow, their Honorary Secretary, a silver cup, as an expression of their thanks for his valuable services to them rendered.

BARON LIEBIG AND SEWAGE. It has been moved and carried in the Common Council of London "that the thanks of this court be presented to Baron Liebig, President of the Royal Academy of Science at Munich, for his very valuable and elaborate communication upon the subject of the utilisation of sewage; and that the same be ornamentally written on vellum, framed and glazed, at an expense not exceeding twenty guineas, and transmitted to Baron Liebig."

JUSTICE TO SCOTLAND. In the House of Commons last week, Mr. Black asked the Lord Advocate whether the penalty which was incurable by the medical practitioners of Scotland under the 41st section of the Act 17th and 18th Victoria, cap. 80, was repealed by the 14th section of the Act 23rd and 24th Victoria, cap. 83; and, if not, whether he intended to take the necessary steps to procure a repeal of that enactment, and so place the medical practitioners in Scotland on a footing of equality with the medical practitioners in England and Ireland. The Lord Advocate said that the clause referred to had not been repealed, though the penalty had been considerably relaxed. He did not propose to introduce any measure on the subject.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY. At the annual meeting of this society, held on the 1st inst., the following officers and other members of the council were elected for 1865-66. *President:* James Alderson, M.D., F.R.S. *Vice-Presidents:* Frederick Weber, M.D.; William R. Basham, M.D.; Samuel A. Lane; John Simon, F.R.S. *Treasurers:* H. A. Pitman, M.D.; Spencer Smith. *Secretaries:* H. W. Fuller, M.D.; John Birkett. *Librarians:* A. P. Stewart, M.D.; Luther Holden. *Other Members of Council:* A. W. Barclay, M.D.; Edmund L. Birkett, M.D.; Stephen J. Goodfellow, M.D.; Edward Meyron, M.D.; Henry Oldham, M.D.; Oscar M. P. Clayton; Holmes Coote; George Critchett; Charles H. Moore; Alfred Poland.

HEALTH OF THE METROPOLIS. In the week that ended last Saturday, the births in London and nine other cities or boroughs of the United Kingdom were 4,330; the deaths 3,301. The annual rate of mortality in the week in those ten large towns was 31 per 1,000 persons living, and less than in the previous year, when it was 32. The number of deaths in London, returned for the week, was 1,590. The actual return is in excess of the estimated number by 85. The mortality from scarlatina was less than it had been in many previous weeks; the deaths were 34. Typhus, which also shows a decline, was fatal in 69 cases. Phthisis was fatal in 165 cases, bronchitis in 242, pneumonia in 83, and heart-disease in 80 cases. Four persons were killed by horse conveyances. Sixty-seven persons died at the age of 80 years and upwards, 2 of whom were women who had attained the age of 94 years.

MEDICAL ETHICS IN AMERICA. A correspondent of the *Philadelphia Medical and Surgical Reporter*, in an article on the "points of contact in the boundary line between the legitimate profession of medicine and

quackery," laments that there are in America some who fail to observe this line of demarcation. One could, he says, be led to pity and forgive a poor young practitioner who might be tempted to sell his professional rights for a mess of pottage; but when those of mature years and in affluent circumstances descend from their sublime position to practise the "hoens poens" healing art, they become most worthy of derision. Even in New York and Brooklyn, where medical men are blessed with every privilege which could enable them to maintain their professional dignity and honour, there are those to be found who have dared to sow tares among the wheat. The violation of professional etiquette is the first step usually taken toward quackery. There are medical men who hold themselves ready not only to attend but to retain patients when their regular physician cannot be found, and assume charge of patients before the attending physician has been discharged or paid his bill, whenever such patients may desire a change. There is another trick practised in this locality—we hope it is unknown elsewhere—by some who are not blessed with the most admirable spirit. When they require counsel, or when those who employ them do so, they avoid calling in any member of the profession in their own city, lest it might be thought that any brother practitioner was possessed of skill superior or equal to their own. It appears that there are physicians in New York and Brooklyn who are in the habit of calling to their aid in treating their patients a New York gentleman whom we hardly think qualified to be a consulting physician or surgeon. This gentleman makes himself known in public as a practical manipulator and electrician, and professes to cure a vast number of infirmities by rubbing, pinching, squeezing, etc. He has, it appears, the power of giving new vitality to paralysed muscles, and of rubbing out sprains, palsies, gout, and rheumatism at the points of patients' toes and fingers; so wonderful is the efficacy of his touch. We understand that his treatment is particularly appropriate to the delicate sex, and the doctors, who are shocked at the thought of treating female diseases, send their sound lady patients to him to undergo his treatment. So imposing is the reputation of this man that some of the New York doctors send him many of their patients to be treated, and also have him to visit others at their own homes for the purpose of rubbing them up to the standard of health. As the doctors have now had considerable experience with the manipulator, they must be pretty well skilled in his system of practice, and we would expect to see them rubbing out disease themselves; but as they have not, so far as we know, used the remedy, it would appear that they believe the manipulator has healing in his fingers. If these doctors are so far enslaved by the marvellous and superstitious as that, we would recommend them to give up the tedious study of science. They make very good candidates for a place in the ranks of clairvoyants and astrologists, and the members of the regular profession will, no doubt, excuse them for retiring from among them if they are so disposed. We sincerely hope, however, that these doctors are not past redemption, and that they may be led to see the depravity of their professional condition, and to turn from it to the path which belongs to every man of true science. They have it in their power to belong to the number of those whose highest ambition is to maintain the reputation of the medical profession. The profession of medicine in America is fast approaching to that high position which it has never attained in any other nation. We hope soon to see the day when the medical corps will be as jealous of their rights as they are now skilled in science; when the line of demarcation between the re-

gular profession and quackery will be as broad as that between christianity and infidelity, and even the lowest will be above all mercenary transgressions.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Epidemiological Society, 8 P.M. Dr. Smart, R.N., Deputy Inspector-General of Fleets and Hospitals, "On Diphtheria at Bermuda"; Dr. Swarbeck Hall, "On Vaccination in Tasmania"; Dr. Lawson, "On the Epidemiology of the Cape of Good Hope and Natal."—Medical Society of London, 8 P.M. General Meeting for the Election of Officers and Council. Dr. Sanson, "On Chloroform in Surgery."
TUESDAY. Pathological Society of London, 8 P.M.
WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Edward Smith. Gullstonian Lectures. "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nutrition, Food, and other Physical Agencies in Health; and to certain States of Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Obstetrical Society of London, 8 P.M. Mr. Rowse, "Marks on the Neck of a New-born Child"; Mr. A. Harris, "Membrane Expelled Some Days before Labour"; Dr. Meadlow, "Remarks on a Case of Monstrosity."—Medical Society of London, 8 P.M. Anniversary.
FRIDAY. Royal College of Physicians, 5 P.M. Dr. Edward Smith. Gullstonian Lectures. "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nutrition, Food, and other Physical Agencies in Health; and to certain States of Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

REGISTRATION OF DISEASE.

MONTHLY RETURN of new cases of disease coming under treatment at Pauper and Public Institutions. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore).

4 weeks ending January 28, 1865.				
	A.	B.	C.	
Small-Pox	3	—	—	7
Chicken-Pox	13	—	—	8
Measles	91	7	—	46
Scarlatina	42	63	—	27
Diphtheria	2	1	—	5
Whooping-Cough	26	1	—	60
Croup	1	5	—	1
Diarrhoea	117	32	—	211
Dysentery	15	4	—	2
Erysipelas	32	6	—	34
Insanity	33	2	—	17
Bronchitis and Catarrh	1135	245	—	1280
Pleurisy and Pneumonia	85	6	—	46
Carbuncle	—	—	—	4
Accidents and other diseases ..	4513	620	—	3145
Totals	6183	994	—	5123

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

W. D. M.'s very clever verses are, we fear, hardly suited for our JOURNAL.

L.—We should say that it is undoubtedly libellous to publish an untrue statement, to the effect that a surgeon operated in a case, in which he knew recovery was impossible, for the sake of the fee. Any man who so acted would, in the opinion of the profession, be regarded as little better than a cold-blooded villain.

F. O.—The case of accidental poisonings at Quebec, lately recorded in the journals, was said at the time to have been caused by tincture of digitalis. But we find from a paper in the *Canada Medical Journal*, that death was probably caused by tincture of aconite. We are not surprised that our correspondent should have noticed the discrepancy. Certainly, very large doses of digitalis have been administered in delirium tremens without producing poisonous symptoms—a fact which renders it probable, that in Montreal the deaths were not caused by digitalis, as stated in the papers.

THE WOODHALL AND ASHBY SPAS.—SIR: Mr. Jackson will find an account of the latter spa in *A Descriptive and Historical Guide to Ashby-de-la-Zouch*, etc., published in 1831. The analysis given in that work shews the springs to contain muriates of lime, soda, and magnesia sulphates of lime and soda; and carbonates of lime and iron; also bromine. Mr. Thos. Kirkland would probably, if applied to, give information on this subject. More recent and fuller information regarding this spring, as well as that of Woodhall, will be found in Dr. R. M. Glover's work on *Mineral Waters*, pp. 119-21. See also Dr. Althaus' *Spas of Europe*, p. 131, for the Ashby-de-la-Zouch spring. The Woodhall spring is not noticed by the latter author. I am, etc., R. W. FALCONER, M.D.

Bath, February 27th, 1865.

DR. EDMUNDS AND CORONERS' INQUESTS.—SIR: As an attack has been made upon Dr. James Edmunds' manner of giving evidence at coroners' inquests, where the reputation of medical men have been concerned, I think it no more than just that every one who has experienced very opposite and gentlemanly behaviour from Dr. Edmunds, should at the present time come forward and express the same.

I must therefore state that, some months ago, I had been attending a child, who died; when some dispute arose between the grandmother of the child (who had the care of it) and a neighbour, who declared the grandmother had poisoned the child. An inquest was demanded, and obtained; Mr. Humphreys ordering Dr. Edmunds to perform the *post mortem* examination. Dr. Edmunds wrote to me, in a very polite and gentlemanly manner, to attend the *post mortem* examination, which I did; and when he found I had not been summoned to attend the inquest, was instrumental in my being so.

I am not aware that Dr. Edmunds had any previous knowledge of me. I am, etc., R. H. LEIGH, L.S.A.

59, Barbican, City, Feb. 28th, 1865.

COMMUNICATIONS have been received from:—Mr. AUGUSTIN PRICHARD; Mr. A. R. STEELE; Dr. W. H. O. SANKEY; Dr. THOMAS SKINNER; Dr. RADFORD; Dr. DURANT; THE REGISTRAR OF THE MEDICAL COUNCIL; Dr. S. H. STEEL; Mr. H. LOWNDES; THE HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Dr. R. W. FALCONER; Dr. DOBELL; Dr. T. H. JACKSON; Mr. D. KENT JONES; Mr. J. WALTER; Dr. WILKS; Mr. A. G. ROPER; Dr. W. H. MURPHY; Dr. FITZPATRICK; Mr. CURRIEVEN; Dr. GEORGE JOHNSON; Dr. RICHARDSON; Mr. R. H. LEIGH; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Dr. SCHOLFIELD; Mr. R. L. BOWLES; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; and Mr. STONE.

BOOKS RECEIVED.

1. The Spirit of Nursing. By Harry Jones, M.A. London: 1865.
2. Observations on the Psychological Differences which Exist among the Typical Races of Man. By Robert Dunn. London: 1864.
3. For and Against Tobacco. By B. W. Richardson, M.A., M.D. London: 1865.
4. A Handbook of Obstetric Operations. By W. S. Playfair, M.D. London: 1865.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

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F.R.C.P. EDIN. AND F.R.C.S. ENG., ETC.,

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CHAPTER III.

On the Maternal and Infantile Mortality.

HAVING, in the preceding chapter, placed before my readers a full and trustworthy statistical account of the results of the Cæsarean section in the cases in which this operation has been performed in Great Britain and Ireland, I shall next endeavour to prove what the causes are which have occasioned such a fearful fatality of the mothers, and how far they unavoidably belong to the operation. I shall then speak of the infantile deaths and their causes.

To satisfactorily and faithfully accomplish this investigation, the mind ought to be free from all partiality in favour of the Cæsarean section and from all prejudice against it. The deductions on which we seek to establish practical principles ought, as far as possible, to be drawn from well established facts. However true this rule in general is, there is more or less difficulty in strictly observing it on the subject now under our consideration. Most of the cases, in my humble judgment, have been related more for the object of swelling the already fatal list, than for the purpose of pointing out the mischief which existed previously to the operation, and the real causes of death.

I.—*On the Causes of Maternal Mortality.* The constitutional state of most of the women who underwent this operation, was very unfavourable for its performance. Forty-five of them laboured under progressive and incurable disease; many of them were bedridden, and were also unable to discharge their social duties. Many others wanted that perfect or conservative constitutional power to enable them to bear without danger so important an operation.

In most of these cases, the practitioner was ignorant of their nature until his assistance was required during labour, and therefore he could not adopt preparatory measures. In all capital operations, the risk is greatly enhanced if such means have been neglected. The blood must be depraved in such subjects, and consequently the secretions and excretions must be unhealthy; hence the necessity of taking such steps as tend to correct organic or functional derangement. Constipation is nearly an invariable attendant on ordinary pregnancy; and, in many cases, fecal accumulations to a great amount occur. But when distortion of the pelvis exists, this is much more likely to happen, in consequence of the mechanical impediment offered by the great projection of the promontory of the sacrum and lower lumbar vertebrae to the downward passage of the fæces. The cervical and oral portions of the uterus, which are thrown backwards against this osseous

mass, tend to compress the intervening gut. The same effects, to a greater or less degree, are produced when large tumours exist in the pelvis. The numerous evils which arise from neglected bowels are not only experienced during pregnancy, but also during the puerperal state. Such are peritoneal inflammation, puerperal irritation and exhaustion, etc. If, then, such serious diseases occur during the puerperal state after ordinary labours, from causes which are remediable, is it not very probable that the same mischief might happen after Cæsarean cases, in which these causes do exist in a still higher degree?

Labour, if unduly protracted, is nearly always attended and followed by a considerable number of very serious evils.

These mischievous effects vary considerably according to the duration of the labour—to the nature of the cause and the degree of the mechanical impediment which obstructs the passage of the child through the pelvis. And, therefore, it is obvious, different measures must be adopted according to the relative degree of obstruction. We ought, however, always to consider a lengthened duration of labour, from whatever cause it arises, as more or less unfavourable to both the mother and her infant. In all such cases, we should be extremely watchful, and timely adopt those measures relatively required for the delivery of the woman before any injury is inflicted on, or irreparable mischief is done to, the pelvic tissues or organs. It must be understood, that all the dangers of protraction increase after the rupture of the membranes and the discharge of the liquor amnii. It is also a well established fact, that the dangers both to the mother and to the infant increase in a ratio proportionate to the duration of labour. I soon learned, from my hospital practice, that the rules laid down by systematic writers on midwifery, on the treatment of protracted labour, were most mischievous.

To the students of my class, I invariably and urgently inculcated the necessity of an early performance of all obstetric operations, either manual or instrumental, as being of the highest importance, and as especially tending to save the lives of both mother and infant when those instruments were used which are compatible with its life.

In the year 1843, I delivered a short course of lectures to many members of our profession, in which I urged the propriety of an early performance of all obstetric operations, especially of the Cæsarean section; and pointed out the progressive dangers of protraction. At this time, I had no tables to guide my opinion, with the exception of those of Dr. Breen in his observations on the management of tedious labour. (*Edin. Med. and Surg. Journal*, vol. xv. p. 161.) These tables clearly show that dangers increase with the duration of labour. Since this period, Professor Simpson has most satisfactorily proved this fact. It may not, perhaps, be considered irrelevant briefly to mention the effects of labour when unduly and unwarrantably prolonged, in order that a comparison may be made between them and those which have been found existing after the Cæsarean section, and which have been most unjustly attributed to this operation.

Sometimes febrile excitement occurs, accompanied with a quick pulse, hot skin, great thirst, and furred tongue. If means of relief be not afforded, more alarming symptoms soon follow. The tongue be-

comes covered with sordes; the pulse becomes more feeble; and sinking and exhaustion take place, followed by death. Apoplexy, or hæmorrhage from the lungs, may occur in women predisposed to these diseases; or the large vessels of the heart may suffer. Atony of the uterus happens, giving rise to flooding. Active or sudden rupture of the uterus frequently happens. There often takes place a destruction of tissue in the cervix uteri, from the contusion which this part sustains by the forcible pressure of the child's head against the pelvic bones. The os uteri is sometimes separated from the cervix. In other cases, gangrene of the cervix and os has taken place. Inflammation of the cellular tissue of the pelvis occurs, with its consequent infiltration, suppuration, and abscess. At other times, the textures of the different pelvic organs are destroyed, and sloughing takes place, which makes intercommunications between the vagina and the rectum, or between the vagina and the bladder, constituting recto-vaginal or vesico-vaginal fistula, with a train of evils which make the life of the woman most miserable.

The nervous system may be considerably influenced by the Cæsaean section, as it is by most, if not all, other capital operations, the effect of which is termed "shock". This has been asserted to be a frequent, an unavoidable, and an uncontrollable cause of the woman's death. If an abstract view only be taken of the condition of the patient after the operation, then this statement would in some measure appear to be true. But a careful consideration of all the preceding contingent circumstances which existed in each of the recorded cases, and more especially of those which have occurred to myself, leads me to a different conclusion. All the patients, in whose cases I have been concerned, bore the operation with great fortitude and moral courage; and some of them expressed themselves as having endured less pain than they had felt from one of the labour-throes. There was not any manifestation of shock produced by the operation, which did not exist before its performance. If women who had not been endangered by previous disease, or who had not suffered from the effects of protracted labour, died suddenly, or in a few hours, after this operation, without any rally, then it would be reasonable—nay, quite right—to attribute their deaths to the shock occasioned by it. But the fact is otherwise, as nearly all those patients registered in the tables laboured under an incurable disease, and had been a considerable time in labour. I here insert the durations of the labours in sixteen of the tabulated cases, in which sinking, exhaustion, or the effects of shock, are stated as the real cause of death. In one, it was twelve days; in one, it was ten days; in one, it was seven days; in one, it was six days; in one, it was four to five days (in this case, turning had been unsuccessfully attempted, and afterwards craniotomy ineffectually performed, during which operation the vagina was lacerated); in one, it was a hundred and two hours; in one case, it was three days and a half; in three cases, it was three days (one of these women died from disease of the lungs); in one, it was sixty to seventy hours; in one, it was sixty hours; in one, it was thirty-six to forty hours; in one, it was thirty-five hours; in one, it was thirty-four hours; in one, it was twenty hours. One was only twelve hours in labour. She was greatly reduced in vital power by unavoidable hæmorrhage (placenta prævia); she had also bronchitis and epi-

leptic convulsions both before and after the operation.

These cases require no further comment, than to say they afford sufficient evidence of the real cause of death, which truly cannot be attributed to the operation.

Hæmorrhage with shock is stated to have been the cause of death in some of the tabulated cases. The duration of labour in these women is noted as follows. In one, it was fifty-four hours; in one, fifty-five hours; in one, fifty-six hours; in one, seventy-two hours; in one, thirty hours. In this case, there had been a considerable loss of blood before the operation; but very little was lost afterwards. Embryotomy had been unsuccessfully performed, the uterus ruptured, and the os separated from the cervix uteri. In one case, the labour lasted eighteen hours. There was very little blood lost during the operation; but internal hæmorrhage afterwards took place. There were three pints of blood found.

Hæmorrhage has been alleged to be one of the causes of the fatality of this operation. Dr. Hull, however, in two or three parts of his controversial writings, denies that serious danger occurs from this cause; but a strict analytical inquiry of the tabulated cases proves that this assertion is not correct, but that a greater or less quantity of blood is sometimes lost. In several instances, the discharge was considerable, and perhaps may be said to have been dangerous. The peculiar sources whence blood issues during this operation are from the incised edges of the abdominal and uterine parietes; and, when the placenta is in the way of the incision, it may be cut, and then blood issues from its divided structure. Hæmorrhage sometimes proceeds from the uterine arteries, and from the large sinous openings, and also from the surface of the placenta when it is partially separated; and, when this organ is torn, blood is discharged from its disrupted textures, as happens after ordinary labour. In the seventy-seven cases, it is recorded that in twenty there was no blood lost; in twenty-four, very little was discharged, varying from two to seven ounces in quantity; in five cases, there were seven to ten or twelve ounces; in four cases, there were fourteen to twenty-four ounces discharged. In twelve cases, the extent of loss is not definitely stated; but the following expressions are used, as "very considerable," "profuse," "a gush," "really frightful," "not alarming," "great and welled up." These statements are so vague as to be completely valueless, and cannot enable us to judge whether the patients were really endangered by it. We know too well what varying accounts are given by different persons as to the quantity of blood lost on ordinary occasions, to receive the above terms as evidence of a positively serious loss. It is very probable that the amount of blood lost in most of these cases did not exceed that which is discharged after ordinary labours.

In four of the cases, chloroform was administered; and in one, etherisation was used before and during the operation.

In twelve cases, the placenta was cut upon; in one of which there were twenty to twenty-four ounces of blood lost; in one, fourteen to sixteen ounces; in one, ten to twelve ounces; in two, a considerable quantity was lost; and in seven or eight, the quantity was very trifling.

In two cases, the epigastric artery was divided; but there was little bleeding, and it was readily stopped.

In seven cases, the blood issued from the uterine tissue during the incision.

It has been asserted that these accidents (in Cæsa-rean cases) depend on causes which are not very much within obstetric control. This statement is, however, very far from true. In the majority, the sources whence the blood flows are, as has already been mentioned, the same as those whence it issues in other cases of flooding.

The complete contraction of the uterus must, if possible, be obtained: and the placenta must be promptly removed. The latter part of this rule can always be easily and effectually carried out; but there is more difficulty to fulfil the former part of it, as the contractility of the organ is considerably impaired. This is a common effect after protracted labour. In most of the Cæsa-rean cases, the operation was not performed until the power of the uterus was completely worn out; and in many cases its tissue was disorganised. The relative and comparative tolerance of the loss of blood in such cases should be duly considered: and as far as possible this accident should be guarded against. It is not, however, true that "the resources of art can effect but little," or to look upon it as a certain contingency upon the operation.

The vital powers of most of those women who underwent the Cæsa-rean section were at a very low ebb previously to the commencement of labour, and were further seriously exhausted by its duration.

Inflammation of the peritoneum is considered as a frequent cause of death after the Cæsa-rean section. This serous membrane is usually more susceptible to morbid disturbance after labour than it is at ordinary times: so that it cannot be wondered at, that this disease is sometimes found in Cæsa-rean cases, especially if the previous management of the labours, and the real condition of the patients at the time of the operation, are duly considered. The duration of the labours of the women who had peritonitis is as follows. In one, it was six days; in one, three days; in one, sixty-one hours; in one, sixty hours; in one, fifty-three hours; in one, fifty-two hours; in one, forty-eight hours; in one, forty hours; in one, thirty-eight hours (craniotomy was unsuccessfully performed in this case); in one, thirty hours (turning was unsuccessfully attempted, and craniotomy was afterwards ineffectually performed); in one, eighty-two hours (attempts were unsuccessfully made, the membranes being ruptured, to induce premature labour; and afterwards craniotomy was performed without success). Other periods are to be noted—twenty-four, twenty-nine hours, etc.; and in one the labour lasted only thirteen hours, but in this case the uterus was stitched with the Glover's suture. In one woman, the duration of her labour was fifty-four hours; she had flooding before the operation. In another woman, whose labour lasted ten days, it is stated that she had peritoneal inflammation, in conjunction with the effect of shock.

In two or three cases, the lower portion of the cervix and the os uteri were gangrenous. The violent and constant pressure of these portions of the uterus betwixt the head of the infant and the irregular projection of the distorted pelvis cannot be unlimitedly continued without producing

either laceration or disorganisation, or complete destruction, of their tissue.

It is alleged that the abdominal and uterine wounds have been found in very different states, most of which are said to have shown a feeble reparative power and a perverted action.

When the vital powers are good in cases of an operation, we have conservative and restorative action immediately set up; but, if they are impaired by the existence of positive disease, or by protracted labour, unhealthy action takes place: and, instead of healthy surfaces, flabby and oedematous edges of the wound are seen; and, instead of an adhesive effusion, there is a dirty sanious discharge, and the uterine wound is said to be found generally gaping. Although remarks on the bad state of the wounds are made to depreciate the value of the Cæsa-rean section, yet it cannot be a matter of surprise that they should sometimes present such very unhealthy aspects, if the previous constitutional and local condition of nearly all the women upon whom it has been performed be justly considered.

Another cause of danger is supposed to be the reduction which goes on in the puerperal uterus, so as to regain its pristine size. This change is considered antagonistic to the reparative action necessary to heal the wound made in the Cæsa-rean section.

The entire vascular system of the puerperal uterus is very considerably altered: and the supply of blood to it is consequently very much lessened from that which existed during its gravid state. This change, together with a process of absorption which is now set up, at least partly causes its diminution of size. But this organ may be, as it is stated, reduced in bulk by a general degradation of its tissue: of which the abundant presence of fat-globules in the lochial discharge, and in the *débris* which covers the interior of the organ, is ample evidence. These are natural changes, and not pathological; and, if there be a reduction of bulk in the uterus, there is simultaneously a relative diminution in the size of the wound. It has yet to be proved whether the alteration which the puerperal uterus naturally undergoes will in any way interfere with the process of reparation.

The want of union of the edges of the uterine wound by adhesion or by granulation is traceable to causes which have already been frequently mentioned, rather than to the natural organic changes above stated.

Tetanus has been considered a cause of maternal death after the Cæsa-rean operation: but I am not aware that this disease is so recorded in any of the tabulated cases. Professor Dubois told me that a patient of his had an attack of this disease in two or three weeks after the operation, and it proved fatal. This disease, it is said, occurs after other obstetric operations; and it sometimes occurs after abortion.

The bursting open of the wound becomes a cause of danger, by allowing the protrusion of the intestines. The attenuated state of the abdominal parietes, which sometimes exists in extreme cases of *mollities ossium*, occasions this accident. It happened in three cases, in which no attempts were made either to replace the protruded bowels, or to approximate the retracted integuments. This, however, was a great omission. As an example of the necessity and propriety of returning the intestines, if they unfortunately escape through the wound, I refer to the

case (one of recovery) of Mrs. Sankey. (See *Lond. Med. Gazette*, vol. xlvii, p. 804.)

Frequent examinations *per vaginam* are often productive of very serious mischief. Inflammation, followed by suppuration and sloughing, are not unusual results. Two or three examples will be found reported, in which great tumefaction of the external genitals and an inflamed state of the vagina existed. These results are alone attributable to frequent and unwarrantable interference.

Long and ineffectual attempts to deliver by the perforator and crotchet are highly dangerous. Contusion, lacerations, inflammation, infiltration, suppuration, and sloughing, are consequences which are not unusually to be found in cases in which violent efforts have been made to drag a mangled infant through a contracted pelvis.

II.—*On the Causes of Infantile Mortality.* The fœtus *in utero* sometimes dies from diseases which occur in its own system, and also from morbid changes in the structure of the placenta, which interrupts the supply of blood from this organ. These causes are not, however, confined in their operation to any particular class of cases. The duration of labour exercises very great influence upon the infant. If the membranes remain entire, and the liquor amnii undischarged, it will endure the continuance and violence of the labour-pains for a considerable length of time without injury. But after this event has happened, there is much more risk of mischief; and the danger increases in a ratio proportioned to the length of time the labour is protracted. The deaths of the infants which have occurred in Cæsarean cases are generally to be attributed to the long continued and violent pressure which they have endured during labour.

There is, however, another cause of infantile death which more especially belongs to the Cæsarean section. I mean the spasmodic seizure of the neck or body of the infant during its extraction through the incised opening of the uterus. In general, there is no difficulty experienced in these cases in withdrawing the infant from the uterus; but sometimes some portion of its body becomes so firmly grasped by the uterus in its passage through the incised opening that great difficulty is experienced in extracting it. There is, however, more danger to the infant when the neck is seized by the uterine grasp than when it is held by any other part of its body. In such cases the body of the infant has been most easily brought along until the shoulder had passed, when the neck is instantaneously seized, and so firmly held, as to require long and continued efforts to be made in order to extricate the head.

The fact, that the uterus in natural labour is energetically roused to expel the placenta which has been separated, first led me to attribute the seizure of the neck of the child during the Cæsarean section to the partial or complete detachment of the placenta. It has lately been doubted whether this theory will suffice to explain it, as "numerous instances are recorded in which the placenta either protruded through the incision, or was found lying loose in the uterine cavity, and in which no inordinate contraction ensued." I am, and was from the first, aware of the truth of this assertion, from an accurate analysis and tabulation of all the published cases; but, notwithstanding the apparent force of this objection, my opinion remains the same.

There are seven cases (two within my own knowledge) in which this event happened; and, as far as I can ascertain, the placenta has been partially or entirely detached in all these cases, or at least presumptively so.

How far the violent uterine action may resemble the spasm of hour-glass contraction, I cannot determine; yet analogy would lead me to think it did.

There is only recorded one (another case) in which the infant was grasped round the abdomen above the hips; the head, shoulders, and trunk, having been first drawn forth. The child was previously dead; and the only effect recognised was the squeezing out the meconium into the uterine cavity. Turning had been unsuccessfully attempted; and during this operation, it was found that there was hour-glass contraction. Does not the occurrence of hour-glass contraction before, and seizure of the child's hips after, the operation, favour the above mentioned opinion?

Clinical Lecture

ON

THE GERMS AND VESTIGES OF RHEUMATIC FEVER.

Delivered at the Royal Infirmary for Diseases of the Chest.

BY

HORACE DOBELL, M.D.,

PHYSICIAN TO THE INFIRMARY.

I PROPOSE to-day, gentlemen, to bring before you two classes of cases, specimens of which are always under treatment at this hospital.

In one, we see the most formidable effects of disease, damaging and incapacitating vital organs; in the other, a few marked symptoms of functional disturbance, producing temporary pain or discomfort. At first sight, there does not seem to be any connexion between the two; but I shall endeavour to show you that they are, in truth, but episodes in a continuous story, although often widely separated by time and circumstance.

The detailed notes of all the cases are on the table. The first case is that of G. T., aged 33, case-maker, admitted a fortnight ago, complaining of great oppression and tightness across the front of the chest, much increased by exercise; occasional vertigo and cold sweats; distressing palpitation, and short cough; quite unable to follow his work. He had old standing valvular disease, the vestiges of rheumatic fever fourteen years ago, from which he had suffered no particular inconvenience until he engaged in a day's rowing a week before admission; but this undue exertion had put his life in peril. Treatment directed to the relief of his oppressed thoracic circulation, and complete rest, have in fourteen days removed all his painful symptoms, and he is able to resume his occupation.

The next case is that of G. H., aged 40, a lithographic pressman, who was admitted for the first time two years ago, in a condition very similar to that of the last man (G. T.), and discharged in a few weeks with similar satisfactory relief. He was cautioned that, if he continued to follow the same laborious occupation, it would eventually kill him. This caution he

recklessly disregarded; and you will see by the notes that he has, in consequence, returned to this hospital every few months, each time worse than before, and each time obtaining less complete relief, as his organs have become more and more damaged. He is now, as you have seen, in a most perilous condition, and will never again be able to return to work. When first admitted, he had disease of the aortic and mitral valves, the vestiges of rheumatic fever. Now, the incompetence of the valves is more marked than before; and he has also great dilatation of the heart, retrograde congestion of all his vital organs, pneumonia of the left lung, considerable anasarca and albuminuria, and he is much exhausted.

These two cases, which are only examples of the class of which we see such numbers at this infirmary, serve well to illustrate the valvular damages which may result from rheumatic fever; the sort of complications which may follow the valvular disease; the striking and pleasing relief which can often be obtained by simple rational treatment; the great influence of habits and occupation upon the course of the disease; and they show how absolutely necessary it is that these should be strictly regulated, if we wish for any permanence in the relief obtained by treatment. But I have introduced them now for the purpose of reminding you of the grave importance which we must always attach to these vestiges of rheumatic fever.

It is to the next class of cases that I wish to direct your more especial attention to-day. They are so numerous here, that we are apt to get tired of them. They appear so simple, and, as a rule, are so easily relieved by a little regulation of the diet and a few weeks' medicines, that I do not wonder if you have considered them utterly devoid of interest or importance. A long course of clinical observation, however, has taught me to regard them in a very different light; and I wish to bring them before you to-day in an aspect and relationship which, I hope, will quite alter your ideas of their import, and give them a peculiar interest—an interest such as we attach to a commonplace-looking egg, so soon as we discover that, instead of being that of a bird, it may be developed into a python.

I refer to the cases which every day you see me mark with the letters "A. D.," to signify acid dyspepsia. A very simple group of symptoms, monotonously similar in most of the cases, serves for a correct diagnosis.

1. Pain at the epigastrium, coming on within an hour after food, generally within half an hour, very often within a few minutes, especially excited or aggravated by cheese or malt liquor.

2. Urine very acid, of high specific gravity, high coloured, and depositing urates on cooling, and uric acid crystals after standing some time; often suddenly changing to limpid and low specific gravity, but quickly returning to the other condition.

3. Tongue red at the tip, with elevated papillæ; often red at the edges also.

4. Appetite usually good, often very good, especially for animal food.

5. Epigastrium tender on pressure.

Such are the features of the majority of the cases, of course complicated and modified by the existence of other diseases, the habits of the patients, etc.

The most marked of these is the time at which pain begins after food: it is very soon after. Sometimes we find an old neglected case in which the pain comes on later, even an hour and a half, or, rarely, two hours after food; but, if it be a case of acid dyspepsia, you will find, on close inquiry, that when the symptoms first set in, the pain was directly after eating; and that the time of its onset

has become later and later. In these cases, too, the appetite will be bad, instead of good; and the food will often be vomited. They are, in fact, exceptional cases, in which the digestive power has become paralysed by the neglect of the original disease. With these exceptions, if the pain does not begin till more than one hour after eating, the case is not one of acid dyspepsia. To demonstrate these exceptions, I may mention to you Case 64,297, domestic servant. She complained of pain in the pit of the stomach, beginning from one to two hours after food, with much flatulence; but said that when it began, five weeks before admission, it came on much sooner after food; and as the complaint yielded to treatment, the pain came on sooner and sooner after food, till it ceased to come at all. In Case 64,525, the food was brought up undigested; and in Case 64,207, there was no appetite and no taste for food on admission; but when the complaint began, two months before, the appetite was very good.

So much, then, for the symptoms of this complaint. The next point is as simple and as striking as the symptoms; viz., that the cases almost invariably get well in a few weeks under a very simple plan of treatment.

1. We order them to take out-of-door exercise, and to attend to the condition of the skin.

2. We forbid them to take malt liquor or cheese, and allow whisky or brandy instead; and advise water to be drunk freely.

3. We neutralise the secretions by soda and potass in full doses, with lemon-juice or citric acid; then follow this with an alkaline stomachic powder of soda, potass, ginger and calumba before meals; and, if the patient be weak, give iron and quinine to finish. Sometimes we have to put a very small blister over the pit of the stomach, but not often. This alkaline plan of treatment must be thoroughly carried out; and it is surprising what large quantities of alkali are often required. If you find the symptoms obstinate, you will be sure to find that the secretions are still too acid: they must be completely neutralised at the onset; and then you will quickly find the tongue lose its red tip and edges, and there will be no more pain after food. This feature in the treatment brings me to the point upon which all the interest turns—the link which connects these common cases of acid dyspepsia with the cases of disease of the heart.

It lies in the fact that this acid dyspepsia is a symptom of a rheumatic state of the system. If you inquire into these cases carefully, you will discover in the majority a rheumatic history. You will find that they belong to rheumatic families, or that they have themselves been the subjects of rheumatic affections. This fact is illustrated by many cases now under treatment.

Case 64,035 had rheumatism two years ago.

Case 64,207 had frequently suffered from rheumatism.

Case 64,525 had been subject to rheumatism in the limbs.

Case 62,690 had rheumatic fever six years ago.

Case 61,827 had acid dyspepsia three years ago, and pleurisy and rheumatism at this hospital two years ago.

Case 64,297 had rheumatic fever badly thirty years ago, and slightly since.

Case 62,635 has had rheumatic fever every two or three years for eighteen years.

A patient admitted this morning with acute acid dyspepsia never had any rheumatic affection; but her parents and nearly all her brothers and sisters were rheumatic. One brother and her father had had rheumatic fever.

And these are only examples of what I shall be

able daily to point out to you, as fresh cases come before us.

There is every reason to believe that the acid, which is found in such quantities in the stomachs of these patients, is either identical with or closely allied to the *materies morbi* of rheumatism—the acid which must exist in excess in the organism before a person can have rheumatic fever.

Whether it is first generated in, or poured into, the digestive tract, and afterwards absorbed into the blood, may be open to question; but, whatever be the exact order of events, it is quite certain, from clinical observation, that it appears in the stomach very early in its career of mischief, and there gives rise to the symptoms of acid dyspepsia, which may, therefore, be taken as an important signal for alarm, never to be disregarded. It shows that the enemy is collecting his forces for an attack.

For this reason, as you may have observed, I seldom discharge patients who have been under treatment for acid dyspepsia without giving them directions for their future management, and the prescriptions of their alkaline medicines to be resorted to whenever they find the symptoms of their complaint returning. By adopting this plan, I have known many persons keep free from rheumatic fever and rheumatism for years, who previously had been subject to periodic attacks at short intervals.

If you inquire into the histories of persons who are subject to rheumatic fever, you will find, as a general rule, that they frequently suffer from acid dyspepsia; and, if you inquire into the histories of persons subject to acid dyspepsia, you will generally be able to make out either that they have suffered from some rheumatic affections, or that they belong to rheumatic families. In these two sets of cases, then, which are so numerous at this infirmary, we see the two ends of a long and sad story. So far as I am aware, the connexion between them has never before been specially pointed out; but I believe that I cannot too strongly impress upon you the importance of bearing in mind, when you get into practice, the fact that acid dyspepsia and valvular disease of the heart are to be regarded as the germs and vestiges of rheumatic fever; and that, if you keep in check the acid dyspepsia, you will not have the rheumatic fever; and that thus you may prevent the occurrence of the valvular disease.

A CONVENT CHANGED INTO A LABORATORY. We have, in the *Moniteur Scientifique*, the announcement of a grand chemical school which Signor Cassola has opened at Naples. He has hired a large convent and turned it into a laboratory. Italy did much for alchemy, the great grandfather of chemistry, and monasteries were the homes of science in the middle ages. Let us hope, then, that Signor Cassola's establishment will flourish and produce abundant fruits.

SPONTANEOUS GENERATION. The commission appointed to review the experiments of M. Pasteur and his opponents, MM. Pouchet, and others, relative to "*Spontaneous Generation*", report entirely in favour of M. Pasteur, and therefore oppose spontaneous generation. The report establishes that fermentable liquors may remain either in contact with confined air, or exposed to air which is often renewed without changing; and that if changes do take place, and organic beings are generated, this result cannot be attributed to the gaseous elements, but must be caused by solid particles introduced with air, and of which it may be completely deprived. Some of the experiments were objected to by the supporters of heterogenesis, and the commission will make further researches when warmer weather arrives. (*Chem. News.*)

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

SAMARITAN HOSPITAL.

ACUTE TRAUMATIC PERITONITIS: VENESECTION: RECOVERY.

Under the care of T. SPENCER WELLS, Esq.

THE following case is a very striking confirmation of the truth of the principles advocated by Dr. Markham in a lecture on Blood-letting in Inflammation, published at page 107 of our present volume.

A housemaid, single, 22 years of age, the subject of a tumour of the right ovary, was submitted to operation by Mr. Spencer Wells on Feb. 6th, 1865. The cyst was exposed by an incision five inches long, and was tapped and emptied; but the pelvic connections were so intimate that Mr. Wells made no attempt to separate them or to remove the sac, but closed the wound at once, uniting the trocar-opening in the cyst to the abdominal wall by a hare-lip pin, as bleeding was very free from the vessels in the cyst-wall. A very acute attack of peritonitis came on. In less than six hours after operation, the pulse was up to 120, the respirations to 48; the skin very hot, the lips dry, the tongue parched, and thirst excessive. But, as the aspect and voice were both good, Mr. Wells waited two hours longer; hoping that free perspiration might come on, and give relief. But, eight hours after operation, there being even greater heat of skin, the pulse 136, respirations 52, and vomiting had begun, he took ten ounces of blood rapidly from the arm in a full stream. In half an hour, the pulse fell to 124, the respirations to 48, and the pulse became fuller, though it remained incompressible. In another hour, though the pulse remained at 124, the respirations sank to 40, and she vomited for the last time. The next morning, eighteen hours after operation, the pulse was 120, respirations 28; the skin hot, but perspiring. There was much thirst; and the tongue was quite dry all day, but it became moist towards night; and the pulse had sunk to 104, and the respirations to 30. After this, there was nothing further to note beyond gradual convalescence. As she had only two small opiates in the first thirty-six hours after operation, the venesection alone seems entitled to the credit of cutting short a very acute attack of traumatic peritonitis. Probably no other remedy could have had anything like such an effect.

We need say nothing at present as to the treatment of the ovarian cyst; as it will depend upon circumstances, whether Mr. Wells will wait until the tumour in growing elongates its pedicle, or whether it may be desirable to inject iodine, or to insert a drainage-tube.

LEEDS GENERAL INFIRMARY.

STATISTICAL TABLES OF THE OPERATIONS PERFORMED FROM JANUARY TO JUNE, 1864, INCLUSIVE.

[Concluded from page 169.]

Amputations of Arm for Accident.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 21	Mr. Smith	Circular.	17 days	Death from pyæmia.	The entire integument was stripped off the lower half of the left arm and the upper third of the forearm, and the remaining soft tissues were severely bruised.
2	M. 16	Mr. Teale	Rectangular.	6 days	Death from exhaustion consequent on gangrene of the stump.	This was a secondary amputation through the middle of the arm, performed fifteen days after a severe crush of the right elbow, in consequence of the forearm having become gangrenous. A line of demarcation had formed immediately below the elbow. The stump was attacked by gangrenous inflammation, which rapidly extended as high as the trunk.
3	M. 36	Mr. Nunneley	Circular.	18 days	Death from acute pneumonia and pleurisy.	The right forearm had been very severely crushed by a heavy stone falling upon it. As the injury to the soft parts extended considerably above the elbow, the amputation was performed above the middle of the arm. The stump became intensely inflamed a few days after the operation; the inflammation rapidly spread to the side of the trunk, where a large abscess formed, and pleurisy of the same side supervening, the man sank.
4	M. 44	Mr. Nunneley	Single flap.	18 days	Death from pyæmia and secondary hæmorrhage.	A stone, weighing 5 cwt., fell upon the right forearm, rendering it a mass of pulp, and severely crushing the soft parts about and immediately above the elbow. A long oval flap was taken from the inner side of the arm, and the humerus cut through about its middle. On the fifteenth day, symptoms of pyæmia were manifested; and on the day of his death, very free bleeding from the stump took place.
5	M. 9½	Mr. P. Teale	Circular.	25 days	Recovery.	The right arm was torn away by machinery at the elbow-joint, and the soft textures were lacerated to the extent of three or four inches above the elbow. Amputation, three inches below the shoulder-joint, was performed. The stump healed entirely by the first intention.
6	M. 39	Mr. S. Hey	Single flap.	49 days	Recovery.	This man's injuries were very severe, and were caused by his having been wound round a shaft in a mill. They were—compound fracture of left humerus at its middle, with protrusion of bone; compound fracture of left radius and ulna near the wrist, and protrusion of both bones; and fractures of the third or fourth upper left ribs. A large oval flap was taken from the outer side of the arm, and the humerus cut through immediately below the shoulder-joint. Most of the wound healed by the first intention, and the rest quickly by granulation. His recovery was without a drawback.

Amputation of Arm for Disease.

1	F. 34	Mr. Nunneley	Circular.	23 days	Death from pyæmia.	Inflammation of the left elbow-joint had been set up fourteen years before her admission by a severe blow. In three weeks, however, she was quite well, and remained so until eight months before she applied at the hospital, when, without any assignable cause, the joint again inflamed. When amputated, the joint was found to have been quite destroyed. Well marked pyæmic symptoms set in six days before her death. Pyæmia was not prevalent in the hospital at the time.
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Amputations of Forearm for Accident.

1	M. 9	Mr. Teale	Rectangular.	27 days	Recovery.	The left hand and wrist were completely crushed by cog-wheels. The long rectangular flap was taken from the posterior aspect of the forearm. His recovery was rapid and uninterrupted, and an excellent stump was obtained.
2	M. 35	Mr. Smith	Circular, with side slits.	41 days	Recovery.	The left wrist was very severely crushed, and the hand nearly torn off by a carding-machine. The amputation was performed through the middle of the forearm. He recovered well, with a good stump.
3	M. 22	Mr. Wheelhouse	Circular.	27 days	Recovery.	The right hand was completely pounded by a steam-hammer. His recovery was without a drawback. After his discharge from the hospital, several abscesses formed from time to time in the forearm and arm.
4	M. 23	Mr. Teale	Circular, with side slits.	42 days	Recovery.	The right hand was chopped off through the middle of the metacarpal bones. Circular amputation was performed at the wrist-joint; the ends of the radius and ulna were left intact. Recovery was delayed by the formation of abscesses near the stump. When he left the hospital, all had healed.

Amputations of Forearm for Disease.

1	F. 64	Mr. Teale	Rectangular.	65 days	Recovery.	The operation was performed on very extensive caries of the right carpus and metacarpus, of twenty-five years' standing, the great discharge from which had worn the patient down to death's door. Repeated attacks of cutaneous erysipelus delayed his recovery. The stump itself, however, healed well; and at the time of her discharge from the hospital, was quite sound.
2	M. 44	Mr. Nunneley	Double flap.	10 days	Death a few weeks after his discharge from the hospital, from some head affection.	Destructive inflammation of the right wrist-joint had been set up by a sprain nineteen months before his admission. The disease had destroyed not only the wrist-joint, but had extended to the carpal articulations, and was continuing to spread, in spite of treatment. After the operation, the stump nearly healed by the first intention, but opened out, and became stenchy, and the inflammation extended up the forearm. The end of the ulna made its way through the posterior flap. At the time he left the hospital, he was in a very feeble condition, and afterwards he gradually sank.

Amputations of Thigh for Accident.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 16	Mr. Smith	Circular amputation above knee.	3 days	Death from shock.	He fell between two railway trucks, one of which passed over his right leg and knee, crushing the parts very severely. He never rallied after the operation.
2	M. 15	Mr. Wheelhouse	Secondary rectangular amputation above knee.	9 days	Death from exhaustion.	Forty-three days before the amputation, he had been run over by several waggons in a coal-pit, whereby he had sustained the following injuries:—fracture of right femur above the condyles, with protrusion of the shaft to the lowermost part of the ham; fracture of the shaft of the left femur; and severe laceration of the left leg. From pressure upon the popliteal vessels, the right foot became gangrenous. As a line of demarcation formed below the knee, amputation was performed immediately above that joint. He sank without making a satisfactory rally.
3	M. 38	Mr. Nunneley	Double flap (anterior and posterior) amputation through lower third of thigh.	62 days	Recovery, with good stump.	Almost the entire left leg was smashed by a luggage train passing over it. A great portion of the stump united by the first intention, and the remainder by healthy granulation.

Amputations of Thigh for Disease.

1	M. 10	Mr. Smith	Rectangular amputation in lower third.	48 days	Recovery, with excellent stump.	The right knee-joint was destroyed by strumous disease of two years' duration. The whole stump united by first intention, the healing process having gone on with great rapidity. His stay in hospital was prolonged by a slight attack of phagedenic inflammation of the transverse cicatrix, which ceased, however, without having done any material damage to the stump.
2	F. 34	Mr. Nunneley	Double flap. Lateral.	47 days	Recovery, with very good stump.	The amputation was performed for disease of the left knee-joint of twelve years' standing, which was still progressing, and wearing down the patient, by the constant suffering it induced. The whole stump united by first intention.
3	F. 14	Mr. S. Hey	Circular amputation through the middle of the thigh.	47 days	Recovery, with excellent stump.	The condyles and lower three inches of shaft of right femur were expanded to twice their normal size by infiltrating encephaloid disease, the commencement of which dated seven months before the amputation. There were no enlarged glands, and the health of the patient had not suffered beyond what might be attributed to the pain, which, during the last two months, had been excessive. The stump healed rapidly by first intention. The patient remains well, with a perfectly sound stump (November 1864).

Amputations of Leg for Accident.

1	M. 28	Mr. Smith	Irregular. Flap taken from outer side of calf.	18 days	Death from pyæmia.	The left ankle had been very severely crushed by the fall upon it of a heavy hoist. The symptoms of pyæmia began eleven days before his death.
2	M. 26	Mr. Smith	Posterior flap taken from middle of calf.	6 days	Death from exhaustion.	A severe compound fracture of the lower ends of the right tibia and fibula, with wound of posterior tibial artery, had been caused by the fall of a heavy piece of metal; considerable hæmorrhage had followed. After the operation, a slow but continuous oozing of blood from the stump took place. He remained for some days in an exhausted state; and died without having ever made a fair rally.
3	M. 35	Mr. Wheelhouse	Posterior flap amputation just below the knee.	9 days	Death. Gangrene of stump and diffuse inflammation.	The left leg had been very severely crushed by the fall of an arch. Two days after the amputation, the stump opened out, and assumed an ashy and sloughy appearance. The gangrene soon spread nearly as high as the knee, and the tissues in the lower two-thirds of the thigh were intensely swollen. He died exhausted by the intensity of the mischief.
4	M. 48	Mr. Wheelhouse	Rectangular amputation above ankle.	58 days	Recovery, with good stump.	The left foot had been completely smashed by the wheels of a heavily laden railway truck. One half of the stump healed by first intention; the rest slowly by granulation. He went to work as soon as he left the hospital.
5	M. 25	Mr. Nunneley	Anterior and posterior flap amputation through middle of leg.	8 days	Death from exhaustion, consequent on diffuse inflammation of the stump.	A railway engine and tender passed over the left foot, and completely pulpified it as high as the ankle. The amputation was commenced immediately above the ankle by a circular incision; but, in consequence of the damaged appearance of the deeper tissues, the calf was transfixed higher up, and a long posterior flap there obtained; this, with a shorter one taken from the front aspect, made a good cover. Most of the anterior flap sloughed; the whole stump became intensely inflamed; and, whilst the disease was rapidly spreading above the knee, the man died exhausted.

Amputations of Leg for Disease.

1	F. 27	Mr. S. Hey	Rectangular amputation.	36 days	Death from pyæmia.	The patient was exceedingly delicate, having been worn down by eleven years' extreme suffering and continued discharge from the carious bones of the left tarsus. After the amputation, she progressively weakened; and, five days before her death, well marked symptoms of pyæmia were manifested.
2	M. 23	Mr. Teale	Rectangular amputation.	34 days	Recovery.	Disease of the right foot had commenced eighteen months before his admission, with acute inflammatory symptoms; and, at the time of amputation, the ankle-joint and tarsus were hopelessly involved. The stump, which was treated entirely without dressings, healed rapidly and well.
3	M. 20	Mr. Nunneley	Single flap taken from posterior and outer aspect of leg.	17 days	Recovery.	The right ankle and tarsus were affected with strumous disease of twelve months' standing, and the soft parts on the outer side of the foot were in great part destroyed by phagedenic inflammation, which he had suffered from during a previous residence in the hospital. The oval flap taken from the calf united by first intention; but his complete recovery was delayed by three or four obstinate ulcers, which formed along the line of union.

Amputations through Foot for Disease.

No.	Sex and age.	Operator.	Nature of operation.	Stay in Hospital after operation.	Result.	Remarks.
1	M. 16	Mr. Teale	Chopart's amputation.	62 days	Recovery.	The anterior part of the right foot had been very severely injured by a fall of earth eleven months previous to his admission. The whole of the metatarsal and the anterior row of the tarsal bones were fused together, as it were, and upon the dorsum of the foot were several copiously discharging sinuses, which led to diseased and dead bone. The lad's health was very evidently suffering from the continuance of the disease. After the amputation, the extreme edges of both flaps sloughed, the stump opened out, and subsequently healed very slowly by granulation.
2	M. 17	Mr. Nunneley	Chopart's amputation.	75 days	Amputation above ankle.	The right foot became the seat of strumous disease in its anterior part eleven months before his admission; and at the time of operation was so much implicated, as to be beyond hope of recovery. For the first three weeks after the removal of the diseased bones, the stump went on healing rapidly and well; but at the end of that time, repair somewhat suddenly ceased, the flaps separated, and sent forth large, flabby, readily bleeding granulations; the whole stump became boggy and swollen; and the patient's general health ceased to improve. In this condition—which refused to yield to the most generous treatment—he was sent out into the country, in the hope that he might benefit by change of air. For sequel, see Table of Amputations of the Leg, for July 1864.

Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

URINARY SYSTEM. (*Continued from p. 192.*)

2. *Diabetes.* Two cases of diabetes have fallen under my notice as out-patients during the last two years. One was a girl aged 16, who had twice before been much benefited by treatment for the same disease. The second case was a coachman, who had been exposed to much fatigue and late hours when serving in that capacity. This man was admitted as an in-patient.

In reference to the pathology of the disease, we must admit that we are at present ignorant of the changes which take place in the system, producing the diabetic condition. From the marked influence of ethers, ammonia, and other stimulants, upon the stomach, in this disease, I am disposed to attribute very much to the influence of the sympathetic and pneumogastric nerves; but the *modus operandi*, and whether they exert an influence as direct excitants, or merely receive the impression of an abnormal condition of the blood generated by disturbed hepatic function, is not at present known.

In the treatment of the disease, the regulation of the diet is, of course, of the first importance. This may be comparatively easy to effect in private practice; but in the case of the poor, and especially among the out-patient poor, who cannot be made to understand the necessity for abstaining from bread, potatoes, apples, etc., it becomes a very difficult task to teach them "what to eat, drink, and avoid." Animal food of all kinds, including fish and eggs, may be taken; from which, however, Dr. Pavy excludes liver, a favourite article of diet with the poor.

I was once consulted by a gentleman suffering from diabetes, who had eaten three hundred partridges during the progress of the malady.

In allowing broths and soups, we should be careful to direct that they be not thickened.

In reference to bread, two or three ounces of the brown aerated bread, toasted, may be allowed night and morning. I have tried both the bran and almond breads; but I am not certain that greater advantage was gained from their use than in the allowance of the small portion of toast above referred to.

Cheese and butter are not objectionable. Greens, spinach, water-cress, mustard and cress, and salads,

but not beet-root, may be taken; and they materially assist the patient in persevering with an animal diet. Potatoes, carrots, parsnips, turnips, and peas are objectionable, and must be forbidden.

Of beverages, tea and coffee, without sugar, and with but a spare quantity of milk. Dry sherry, claret, or weak brandy and water. Sometimes, from debility, bitter ale may be needed; and occasionally I have fancied that sound porter has, by improving the general tone, acted favourably.

In reference to medicines, the great indication is to keep up a due supply of nervous power in the digestive organs; and, with this view, a combination of ammonia with soda, chloric ether, and opium, sometimes answers well.

Some years ago, a medical friend urged me to try the effect of the so-called chlorodyne in diabetes, which, he said, had been taken with great advantage by a nephew of his own, with the sanction of the late Dr. Bright, under whose care he then was. The dose which had been found to agree best, after many experimental trials, was twenty minims three times a day, in water or camphor mixture. I tried it in the first case that occurred, and I have prescribed it in several instances since; and in none has it failed (provided that the disease be not far advanced) to give great relief to the patient, more especially by removing thirst, diminishing the quantity of urine, and rendering his feelings those of comparative health. It benefits to this point, but fails in removing the sugar from the urine. As an unacknowledged composition, I should not have referred to it, had it not proved decidedly useful in cases under daily observation. I have tried creasote; but in one case only did it appear to do good. Cod-liver oil is a valuable medicine as a tonic in this disease; and the preparations of iron may also be given with great advantage, if the patient become weak and anæmiated.

The diabetic should wear very warm clothing; and the more his system can be invigorated by being much in the open air, the greater will be the prospect, *ceteris paribus*, if not of recovery, of prolongation of life.

3. *Enuresis.* Functional incontinence of urine has obtained in three cases among the out-patients—one in a boy, aged 8; and two in females, aged 14 and 16, both having menstruated regularly. As a rule, this affection occurs more frequently in boys than in girls; but I have found it to continue longer, and to be more troublesome, in the latter sex than in the former.

Enuresis of the character that we are now considering depends upon perverted nervous tone, inducing irritability of the bladder, which contracts upon its contents before the sensation of uneasiness and desire to evacuate is excited; and with this

there exists often a weakened condition of the sphincter itself.

The treatment, to be effectual, must be decided. A large blister over the sacrum seldom fails to alleviate, if not to cure. With this, the extract of belladonna, in full doses proportioned to the age of the patient, combined with the sulphates of iron and quinine, or the tincture of the sesquichloride of iron, generally effects a cure.

In cases of incontinence of urine occurring in the hysterical female of more advanced age, the disease will often baffle for a long period the best regulated treatment.

GENERATIVE SYSTEM.

The medical cases included under this head, with the exception of leucorrhœa, have been simply those affecting the due and healthy discharge of the catamenial function; and the following observations apply only to these simple idiopathic forms of functional disturbance, quite unconnected with organic or structural lesion.

1. *Amenorrhœa*. This form of disease constitutes a very common out-patients' malady; and, in the two years upon which these notes are based, suspended menstruation affords the majority of all the cases of uterine disorders under consideration.

Amenorrhœa arises for the most part either from local plethora, or from anæmia and defective nerve-tonic; the former cases presenting the appearance of rude health or superabundant circulation, while the latter is attended with general constitutional debility.

In the treatment of amenorrhœa from plethora, the vascular system requires relief, by reducing the over-energetic action, upon which the suspended menstruation frequently depends. For this purpose, I have found no medicines act better than alkalies with colchicum, and spirit of nitrous ether. The following formula answers exceedingly well, and is generally effectual in re-establishing the flow, when suspended from tonic or plethoric influence.

(Ph. Lond.) R Potass. bicarb. ʒiiss; potass. nitrat. ʒiij; tincture colchici ʒi; spiritus æther. nitrosi ʒiij; mist. camph. ʒviij. M. A sixth part three times a day.

A steady use of aperients, combined with a light unstimulating diet and warm clothing, must be had recourse to at the same time.

In the atonic variety, the regulation of the digestive organs, and subsequently the chlorate of potash with iron, will be the best remedies. Warm clothing, stimulating pediluvia, and change of air, are also highly important auxiliaries to the treatment.

The diet should be light, with sherry or claret, in preference to malt liquor; and exercise taken daily in the open air, but not sufficiently prolonged to fatigue unduly, or to exhaust nervous tone.

2. *Menorrhagia*. In this form of functional uterine derangement, we find the plethoric and atonic conditions equally influential as excitants to the disease, as in the case of catamenial suppression.

In forming a diagnosis, it will be necessary carefully to distinguish between the excessive amount of menstrual flow which is almost natural to some females, and the persistently recurring hæmorrhage, whether periodical or otherwise, which, by destroying the balance between loss and reparation, and thereby deteriorating the general health, constitutes true menorrhagia.

In the treatment of menorrhagia depending upon plethora, moderately sustained purgation, induced by the sulphate of magnesia, will be beneficial. With this I often give the bichloride of mercury, in doses of one-twentieth or one-sixteenth of a grain, at

bedtime; and during the day, a mixture of the citrate and nitrate of potash, with the aromatic spirit of ammonia.

If the hæmorrhage depend upon atony, or relaxation of fibre, large doses of the dilute sulphuric acid, either alone or in combination with gallic acid, will be necessary.

If there be decided anæmia, the sulphate of iron, in grain doses, combined with the sulphuric acid, will often prove a useful addition. In obstinate cases, the ergot of rye in full doses, with digitalis, may be advantageously tried.

In the treatment of menorrhagia depending either upon plethora or atony, the horizontal posture should be strictly maintained. The more severe cases, requiring plugging the vagina and the use of styptic injections, scarcely fall within the category of out-patients' maladies.

3. *Leucorrhœa*. The next most frequent form of sexual derangement which has obtained has been leucorrhœa. This is a disorder of much greater frequency and obstinacy in the larger manufacturing towns, where young females are confined and crowded in hot workrooms, than is seen in the agricultural districts, where these exciting causes of debility exist in a less degree. Cases of leucorrhœa constitute, however, a large proportion of those who apply for relief as out-patients at our hospitals and dispensaries.

The disorder may be acute, or chronic; but, in the very great majority of instances, it is essentially chronic, and depending upon a deranged and debilitated condition of the general health.

Having satisfied ourselves that the uterus is structurally unaffected, we shall find that strict attention to the general health, and mild local applications, will in the majority of cases be sufficient.

The acetate of potash in scruple-doses acts in many cases very favourably upon the discharge. With this I usually combine the aromatic spirit of ammonia. If the digestive organs will bear it, steel may be given with great advantage in addition.

In reference to strong astringent vaginal injections, I have been much disappointed in their use. If there be evidence of subacute inflammatory action of the mucous membrane, the liquor plumbi subacetatis dil. will be serviceable; but in the more common forms, resulting from constitutional debility, cold water, injected into the vagina in a continuous stream, will be, I think, the best local remedy. The water should be quite cold, and injected for some minutes at a time, so as to make an impression upon the capillaries of the mucous membrane. Cond's fluid, in the proportion of one to two drachms to the pint, will remove the faint sickly odour from the discharge, which is very distressing to some females. Where expense is less an object, Kennedy's elastic bottle-syringe is the best that can be used for the purpose. A cheaper instrument, on a similar principle, has been lately introduced.

In the case of unmarried females, injections as a rule should not be used; but the interlabia bathed frequently with very cold water.

4. *Dysmenorrhœa*. But one case of painful menstruation, in which the periodical suffering was sufficient to call for especial relief, has presented during the two years. This case occurred in a sempstress, and had existed, with more or less severity, since puberty, which had been established for two years.

In the treatment of dysmenorrhœa, the indications will be to afford relief during the painful period, and afterwards to endeavour to improve the general health during the interval, the deranged condition of which so materially aggravates the attack.

As the patient is often generally and locally ple-

thoric, a few leeches to the upper part of the thighs, applied two days before the expected period, will be desirable. With this, a piece of flannel about fourteen inches wide, and folded twice, should be wrung out of a hot and strong decoction of poppy-heads, and wrapped round the pelvis, and covered with oiled silk. This fomentation may be renewed three times a day; and its application should be had recourse to for two or three days prior to the expected suffering, and continued steadily during the period. Of medicines, none, I believe, answer better to relieve the pain than nauseating doses of ipecacuanha, combined with opium, and the extract of stramonium, if the symptoms be very severe. During the interval, no preparation answers better than steel; but care must be taken that such doses and such forms only be given as the stomach will readily assimilate. The following formula is sometimes very useful for the purpose.

(*Ph. Lond.*) ℞ Ferri sulph., zinci valerianat., a gr. i; ext. nucis vom. gr. $\frac{1}{2}$; ext. belladon. gr. $\frac{1}{4}$ ad $\frac{1}{2}$. M. Fiat pilula. To be taken three times a day.

[To be continued.]

COLD INJECTIONS INTO THE UTERUS.

By A. G. ROPER, Esq., Croydon.

THE following cases of *post partum* hæmorrhage testify to the success of cold water injected into the uterus in this serious disaster. This proceeding I have adopted for some years, with the same unvarying result of the immediate check of the flooding and the permanent contraction of the uterus.

I have also found cold injection either into the vagina or uterus, of much service in those troublesome hæmorrhages which accompany or succeed abortions in the earlier months.

CASE I. Mrs. M. was confined May 29th, 1863, with her first child. The labour was natural. Two hours after the birth of the child, I received a message, stating that Mrs. M. was in great pain, and was faint; but that there was no hæmorrhage. Suspecting the nature of the case, I took my elastic syringe with me. My patient was faint, pallid, with cold extremities, and nearly pulseless. There was no external hæmorrhage; but the uterus approached in size to the full term. I injected cold water. Many clots were expelled; the hæmorrhage ceased; and the uterus remained permanently contracted.

CASE II. Mrs. M. was confined with her first child on April 24th, 1864. The labour was natural. The placenta was cast into the upper part of the vagina with the last expulsive effort of the uterus in the birth of the child. The removal of the placenta from the vagina was followed by excessive flooding. External pressure effected nothing more than a partial check to the hæmorrhage; and my patient became rapidly pallid and faint, the flooding being greater than I have ever witnessed. This ceased immediately on the injection of cold water; and the uterus remained permanently contracted.

ARTIFICIAL LEGS. The United States Government has increased the pay heretofore allowed for artificial legs furnished to soldiers. At the present rate (\$75), the manufacturers can afford to furnish their best limbs without extra charge. The liberality of the Government, and the necessities of many thousands maimed heroes, have stimulated the inventive powers of the ingenious, and the substitutes for lost limbs are reaching a high degree of perfection. (*Med. and Surg. Rep.*)

Reviews and Notices.

BENEFICENCE IN DISEASE. An Introductory Address delivered at St. Mary's Hospital. By JOSEPH TOYNBEE, F.R.S. London: 1865.

MR. TOYNBEE endeavours, in this Address, to prove what he calls the "beneficence of disease". We think he fails in the attempt; and fails in consequence of having confused together the symptoms of disease and the disease itself. Mr. Toynbee says that disease is the result of an injury done to the body: "an impression has produced an injury to the body, and disease is the result." Now, to our view, the injury is the disease. Fire burns—*i. e.*, injures—flesh. The burn—the injury—is to all intents the disease. The impression fire has produced an injury, and this injury is the disease. The disease cannot be separated from the injury which represents, and is, the very disease itself.

But Mr. Toynbee has himself given illustrations of his views which clearly show the fallacy lying at the bottom of his argument.

"Thus," he says, "at the outset, I think it must be manifest to every medical man, that, in many instances at least, disease, instead of increasing, in reality repairs the injury from which it arose. A cough, obviously, often seems to remove the source of the injury which causes it—*e. g.*, a foreign body from the windpipe. Vomiting, again, often answers the purpose of ejecting noxious matter from the stomach. Accordingly, we look upon these diseases as of a reparative character," etc.

Now the fallacy here is transparent. Neither cough nor vomiting are diseases; they are simply reflex actions. They are just of a kind with that spasmodic closure of the glottis which is induced, for example, by the attempted inhalation of pure carbonic acid. Cough is not disease: it is merely one of the symptoms of disease, and may depend upon a score of different diseases. Does cough in any way cure tubercle of the lungs, or aneurism, or a laryngeal ulcer? The "impression" spoken of by Mr. Toynbee, in the case he here gives, is manifestly the foreign body in the windpipe; and the "injury" is the irritation, etc., excited by its presence. The "disease" here is assuredly the local injury caused by the foreign body. In no sense can the cough be called the disease, as Mr. Toynbee has it.

Then again says Mr. Toynbee: "An attack of scarlet fever seems to rid the system of the poison causing the scarlet fever, etc." Now surely, if this argument is to hold good, we might equally well speak of the beneficent effects of poisons. An attack of hydrophobia, Mr. Toynbee might equally argue, seems to rid the system of the poison causing the hydrophobia.

Mr. Toynbee also naturally draws illustrations of his position from his own department of surgery; and one or two of these we may add.

"In truth, so commonly is it manifest that diseased processes terminate in the reparation, partial or complete, of injuries, that the thought can hardly fail to suggest itself, whether, in these instances, the fundamental character of disease be not exhibited; whether, in fact, diseases may not be regarded as Nature's processes for repairing or lessening injuries? I have thought it well to bring before you some facts,

which to my mind tell in favour of this view, confining my illustrations to that branch of surgery which I now exclusively practise, and which I teach in this medical school.

"CASE I. Two or three years since, a man was admitted under my charge into St. Mary's Hospital, having the pendulum of a clock, eighteen inches long, projecting from, and firmly impacted in, his right ear. He, a German perambulating clockmaker, in the act of picking his ear with the hooked end of the pendulum, had it forcibly thrust into the outer meatus by the unfortunate reel of a drunken baker passing by. The house-surgeon, by the exercise of great force, pulled out the pendulum, the hook of which not only lacerated the dermis, but scraped the bone. Here was the *injury*, the disease which followed consisted in inflammation and profuse supuration, and afterwards catarrh of the dermis, forming for some weeks a case of, so-called, *otorrhoea*; but by degrees this disease vanished, and the injury to the ear was wholly repaired. Now, here was a well-marked instance of the presence of a disease, the result of which was to repair an injury." (Pp. 13-14.)

"CASE II. A gentleman hunting, galloped along a green lane through a wood, and a twig of an overhanging beech tree penetrated the tube of the left ear and lacerated the drum. Inflammation and supuration and catarrh of the dermoid layer followed; another form of disease usually called *otorrhoea*, thus presented itself; after a short time, however, the aperture healed, and the hearing was restored." (P. 16.)

"CASE III. A scrofulous lady, who was much out of health, when picking her ear, let a pin fall into the meatus; during attempts at its removal, the point of the pin was pulled by a pair of forceps into the substance of the meatus, and there left. Inflammation and supuration round the end of the pin followed, as in the preceding case, but it extended to the mucous membrane of the tympanum, thence to the membranes of the brain, and caused death." (P. 17.)

Clearly, in all this, Mr. Toynbee confuses the symptoms of disease with disease itself. If he had told us that we often see beneficent efforts in the system to counteract or compensate for the effects of other diseases or injuries, we could fully follow him. We may see beneficence in the hypertrophied heart which compensates for defective valves. We may see beneficence in the one enlarged kidney which is found compensating the loss of the other kidney. We may see beneficence in the hypertrophied muscular structure of the bladder in cases of stricture. We may see beneficence in the enlarged collateral arteries which follow obstruction of an arterial trunk; etc. But surely all these things can in no sense be called diseases, any more than is the cough attending bronchial irritation.

"Cases of scarlet fever, small-pox, cow-pox, measles, etc., terminating favourably, rectify the several injurious conditions in which they take their origin," says Mr. Toynbee. Here, again, there is much confusion and obscurity of language. If this sentence mean anything, it means that scarlet fever cures scarlet fever! Surely Mr. Toynbee would not call the fearful convulsions resulting from strychnine beneficent; and yet they are so, according to his mode of arguing. For in what respect does scarlet fever, as a disease, differ from strychnine-poisoning? In both cases, we know that a poison is introduced into the system. In both cases, the poison produces certain characteristic symptoms. In neither case do we know how the poison acts. All we do know further

is, that according to the strength of the poison introduced, and the state of the body, etc., in which it operates, will be the chance of the recovery of the patients. "An attack of scarlet fever seems to rid the system of the poison causing the scarlet fever." But what is an attack of scarlet fever, excepting the manifestation of the presence of scarlatina-poison in the body? What are those manifestations, except morbid symptoms excited by the poison? Here, as in the case of strychnine-poisoning, either life is destroyed, or the poison is gradually eliminated from the body, or ceases to excite further morbid action, and the patient recovers.

Mr. Toynbee might assuredly have drawn a much more secure basis for his argument, had he gone back to the origin of the diseases to which he especially refers. For example, he might have spoken of the beneficence of fevers, when they lead men wisely to remove the sources of them. He might have largely dwelt on this theme, and have shown that a very large portion, at all events, of the diseases which mankind suffers, are in this way distinctly traceable to acts which are deviations from the laws of Nature; and thus have shown that all this large class of diseases are removable, if man will only act in accordance with the laws of Nature. In such sense, the beneficence of disease might, we think, be excellently exemplified. But to attempt to show the beneficence of cancer as cancer, or of tubercle as tubercle, of an ovarian cyst, or of rheumatic fever as a destroyer of the valves of the heart, is a task, we must say, which appears to us impossible in our present state of knowledge.

ON THE TEMPERATURE OF THE BODY AS A MEANS OF DIAGNOSIS IN PHTHISIS AND TUBERCULOSIS. By SYDNEY RINGER, M.D., Professor of Materia Medica and Therapeutics in University College, etc. Pp. 90. London: 1865.

THE object of this work is sufficiently denoted by its title. Dr. RINGER gives the analyses of the histories of twenty-five cases, as examples selected from a number observed by himself and others, and on which the following propositions are based.

"1. There is probably a continued elevation of the body in all cases in which a deposition of tubercle is taking place in any of its organs.

"2. This elevation of the temperature is probably due either to the general condition of the body (tuberculosis), or to the deposition of tubercle in its various organs (tubercularisation).

"3. This elevation is probably due to the general condition (tuberculosis), rather than to the deposition of the tubercle (tubercularisation).

"4. The temperature may be taken as a measure of the amount of the tuberculosis and tubercularisation, and any fluctuations in the temperature indicate corresponding fluctuations in the severity of the disease.

"5. The temperature is a more accurate indication of the amount of tuberculosis and tubercularisation, than either the physical signs or the symptoms.

"6. By means of the temperature we can diagnose tuberculosis and tubercularisation long before the physical signs and symptoms are sufficient to justify such a diagnosis.

"7. By means of the temperature we can diagnose tubercularisation even when during the whole course of the disease there are no physical signs indicative of tubercular deposit in any of the organs of the body,

and in which cases the symptoms (apart from the temperature) are inadequate to enable us to arrive at such a diagnosis.

"8. It is probable that by means of the temperature we can conclude that the deposition of the tubercle has ceased, and that any physical signs that are present are due to obsolescent tubercle and the chronic thickening of the lung-tissue between the tubercular deposit.

"9. It is probable, though further observations on this point are necessary, that the temperature of the body affords a means by which we can diagnose between diseases in which the symptoms and physical signs are either too scanty or too much alike to enable us to decide between them."

Each of these propositions is commented on *seriatim*. Dr. Ringer has started a very useful and important subject for consideration; and, if the mere observation of the temperature of the patient's axilla shall aid physicians in forming a judgment of the progress of a case of phthisis, or in diagnosis of tubercular from non-tubercular disease, the author of this work will have done a good service to medicine. There can be no doubt that, whether on empirical or on other grounds, the observation of the changes in the temperature of the body in disease deserve more attention than has been paid to them.

ON SOME POINTS CONNECTED WITH THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF FIBROUS TUMOURS OF THE WOMB; being the Lettsomian Lectures on Midwifery and Diseases of Women, delivered before the Medical Society of London, 1863. By C. H. F. ROUTH, M.D. Lond., etc. Pp. 135. London: 1864.

THE three Lectures which form this work have already appeared in the pages of the BRITISH MEDICAL JOURNAL, where they must have afforded much instruction to many of our readers. We have, therefore, only to mention the fact of their publication in a separate form; and to express our hope that Dr. ROUTH will receive the due reward for having so ably placed before the profession the results of his literary research and practical experience.

THE SCIENCE AND PRACTICE OF MEDICINE. By WILLIAM AITKEN, M.D. Edin., Professor of Pathology in the Army Medical School, etc. In two volumes. Vol. I; pp. 933. Vol. II; pp. 993. Third Edition, revised, and portions rewritten. London: 1864.

THAT a third edition of this valuable work should be called for within a year after the appearance of the second, is not at all surprising. In preparing the book for the press on the present occasion, Dr. AITKEN has, he says, submitted every page to a careful revision, and has "especially aimed at improving the work by rewriting some portions and condensing others, in order to make room for new material, especially regarding the treatment of diseases." He specially acknowledges his obligations to Dr. Graham Balfour, for having revised and corrected the part which treats of Medical Geography.

It is a little more than a year since we expressed our favourable opinion of the merits of Dr. Aitken's *Science and Practice of Medicine*. What we then said of the second edition, is equally deserved by its successor.

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MARCH 11TH, 1865.

THE MEDICAL COUNCIL.

THE Medical Council will reassemble early in next month, at the Royal College of Physicians in London. It is understood that this early date of meeting is fixed in order to allow the Council, if possible, to procure alterations of the Medical Act during the present Parliament.

The Council is, therefore, as heretofore, full of schemes for the good of the profession; but it has as yet, unfortunately, done for us none of the great things expected of it. Since we last cast up its accounts of activity and passivity, a year has passed; and we find nothing since then added to its balance-sheet of things actually done—except, of course, a further addition to its annual expenditure—except, as we have said, in so far as it has been engaged in inquiring and scheming in order to learn how to do something for the good of the profession. It has up to the present time given us a *Register* and a *Pharmacopœia*; and for these blessings and favours the profession has paid some £50,000! But as yet, in the matter of education—its main business—it has settled nothing. Year after year has the *Council of Medical Education* met and met, and talked and talked, and recommended, and advised; but each revolving year has found the matter of medical education left where it was by the preceding year. Seven years—*fugaces anni*!—in truth, have passed since the Medical Council undertook to regulate the medical education of the country; but still medical education is without regulation! What will the Council do with it during this coming session? One great business of the Council, it appears, will be to attempt to obtain alterations in the Medical Act. If, therefore, the Council's energy be concentrated on that object, what will become of medical education? How many more annual meetings of the Council of Medical Education must we record barren of operations effective to settle the medical education of the country? Suppose some member of Parliament ask the Medical Council, when they apply for alterations in the Medical Act: "But, gentlemen, have you already done those duties which devolved upon you under the Act? Before you ask for further powers, tell us how you have used the powers

you possess. Give us an account of your stewardship." Could the Council give a satisfactory reply? Can the Council satisfactorily explain to the profession why they have not already pronounced a solemn scheme of professional education? We fear not.

Let us see how the Council last left this subject, and ask whether it did not then again evade instead of boldly meeting the difficulties—if it did not temporise with the matter, and get rid of it for the moment by a side-wind. And what did the Council do? Instead of dealing with it, the Council said: "We will frame questions on education; send them round to the different educating and examining bodies, and get their opinions thereon. Then we shall see what we shall do—how we may proceed—in another year's time; and thus shall we get breathing-time." Now, in our opinion, this proceeding was an evasion of its duty on the part of the Council; and for the following reasons.

The Medical Council is composed of representatives of all the great medical corporations of the country—is, in fact, the *élite* of the teachers and examiners in medicine. The Council, therefore, is composed of men who have full and perfect knowledge of everything that is known about medical education—of men who are well acquainted with the sentiments and wishes and opinions, touching education, of every medical corporation and examining board in the country—of men who know to a tittle what ought to be demanded of the student in the way of education, and what of candidates for licenses to practise medicine and surgery; who know where the present system is weak, what screws in it are loose, and how they may be tightened. But, with all this perfect and complete knowledge of the subject—its especial business—the Council goes on year after year, may we not say, shilly-shallying and playing with the subject, and settling nothing. It lays down no grand national scheme of medical education.

Does it not, indeed, really seem something worse than superfluous, that the Council, which has been now for many years engaged in studying this question of education, which is composed of representatives of all the different medical corporations, etc., of the country—of gentlemen who are sent to the Council to explain, express, and enunciate the views and opinions of those medical corporations, etc., in Council—we ask, does it not seem something more than superfluous, that such a Council should apply, by solemn questions, to those corporations, which they themselves represent, to learn their views on medical education? We will venture to say, that there is not at this moment in the Council a single member of it who has not long since made himself master of the wishes and opinions of every medical body in the country on the subject of medical education. Why, then, does the Council go through the vain process of putting questions of which it already

has and knows well the answers; and of thus adjourning indefinitely the settlement of a scheme of medical education?

Surely it is not for want of information that the Council thus puts off from year to year the performance of its duty. Well, we suppose the profession has long ago learnt, from the reports of the discussions of the Council, that the Council cannot assume to themselves the broad title of national; that there are members of it, in fact, who regard much more the interests—the selfish interests—of the bodies which they represent, than they do the interests of the profession and of the country at large. But surely, if the Council as a Council be of any service at all in this matter, it must be by itself laying down and enforcing the adoption of a grand national scheme of education. If the Council confess that it is of itself unable to frame such a scheme, it virtually confesses its incapacity for the performance of the duties of Councillors; or if it have not the courage to enforce the carrying out of the scheme which it considers right, then again does it confess itself unequal to the duties and functions which it has assumed. There is no escape from this dilemma but one; and that is, that the Council has not, by law, the power to enforce the carrying out of its own proposals. But this is really a mere excuse.

The Privy Council can prevent any recusant examining board from granting licences; and it has never yet been shown that the Privy Council would refuse to grant such interdict at the instance of the Medical Council, in any case where it could be shown that a licensing body refused to acknowledge the terms of education laid down by the Medical Council. But, if the Privy Council would not or could not interfere, why then does not the Medical Council apply to Parliament for the necessary powers of carrying into act its own schemes?

If the Medical Council—a Council of Medical Education—after years of study of the subject, have neither knowledge sufficient to draw up a scheme of a national medical education—if it have not power sufficient to enforce the general adoption of any scheme which it may propose—of what use is such a Council? This is the question which, it seems to us, must occur at the present moment to the profession at large; and which we think we are justified in forcing upon the consideration of the Medical Council itself at the present moment.

We believe we are justified in adding that, as the matter stands at the present moment, it is neither from want of sufficient knowledge, nor from want of sufficient power, that the Council does not act; but solely from want of sufficient courage. Some one or other of our great examining bodies, being strongly represented in Council, defeats the good intention of (we believe) the majority. The some one or other of our great corporations concludes that a proper

scheme of education, such as we must suppose the Council might expound, would be injurious to its own proper interests; and, thereupon, this one or other of the great corporations exercises its powerful and selfish influence so effectually as to burke the good intentions of (we believe) the majority of the Council. The majority, kind and gentle by nature, yield to this powerful pressure: and hope, in the course of time, to subdue it by the force of "moral suasion."

On another page is published a list of the successful candidates for medical appointments in the army, at the competitive examination in August last. The list contains the names of seventy-seven gentlemen, with the places at which they received their education, and the number of marks they obtained. Of the 77, the English schools of medicine furnished only 10; viz., 8 from London and 2 from Birmingham. Scotland sent 18; viz., 8 from Edinburgh, 7 from Aberdeen, 2 from Glasgow, and 1 from Edinburgh and Glasgow. With the exception of two candidates, who respectively entered Cork and Edinburgh, and Belfast and Glasgow, as the places where they were educated, the remaining candidates—47 in number—came from Irish schools; viz., 32 from Dublin, 7 from Cork, 1 from Belfast, 3 from Dublin and Galway, 2 from Dublin and Cork, and 2 from Dublin and Belfast. Of marks—the highest number attainable, we believe, being 6000—the candidate standing first on the list obtained 5247, and the lowest 2392. On further analysis, we find that 2 candidates only obtained more than 5000 marks: 14 more than 4000 and less than 5000: 46 more than 3000 and less than 4000; while the remaining 15 ranged from 2392 up to 3000. Of the candidates from London, 3, holding the 3rd, 8th, and 14th places, had above 4000 marks; and the other 5 varied from 3494 (No. 35) to 2698 (No. 71). The two Birmingham candidates had respectively 3690 and 3292 marks. Of the Scotch candidates, one—from Edinburgh—stands first on the list, and is followed immediately by one from Aberdeen and Glasgow. Altogether the position of the Scotchmen is fairly good: there being 2 with more than 5000 marks; 4 with above 4000 and less than 5000; 11 with more 3000 and less than 4000; and one alone—the last but one—with less than 3000. Among the Irish candidates, the 7 Cork men, in proportion to their numbers, stand highest—the numbers affixed to their names ranging between 4310 (No. 9) and 3530 (No. 32). The Dublin candidates, who form a very large proportion of the total number—being 32, exclusive of 7 educated partly in Dublin and partly in Galway, Cork, or Belfast, occupy various positions; but the majority—22—have places below the fortieth name on the list, with numbers ranging from 3417 to 2392.

Of the remaining 10, 4 have above 4000 marks to each of their names. It is evident that, but for the influx from Ireland, the supply of candidates for the Army Medical Service would have been very defective: and further, that the greater part of this supply has consisted of but an inferior class—men who cannot approach two-thirds of the marks required, most, indeed, falling very far short even of this. The English candidates, also, occupy on the whole but a very mediocre position—decidedly not nearly so good as the Scotch candidates, or those educated in the Queen's College at Cork. Considering the numbers and the education of London students, this is a state of things which one would not *a priori* expect; and the only reason that can be assigned for it is, that the higher class men from the English medical schools do not find it worth their while to enter the army. We can scarcely congratulate the Director-General on the results of the August examination. If the service had been made properly attractive, he would without question have had applications by the score from men superior to at least one-half of the recent candidates. But now the Director-General's list contains, as it appears to us, a large proportion of those "third class men" who have been declared by men in high authority to be good enough for the British soldier. These remarks, it must be understood, apply to the result of the examination held in August last. Of that which was held lately, we have as yet no details; but we have been informed that, on that occasion, 57 candidates presented themselves for the Royal Service and 35 for the Indian Service—making in all 92; and that of these 30 were rejected. Of what stuff the successful candidates were made, we shall probably hear at a future time.

Our readers will, we are sure, be pleased to learn that the efforts made by the British Medical Association on behalf of the army medical officers have already produced some beneficial effects. We are glad to be able to note that certain improvements have been recently made in the Medical Department of the Army. In the first place, we may remark, that the branding order has been modified, and freed from its objectionable features. Then, again, regular forage allowance has been granted to medical staff-officers, and not, as heretofore, only when they had particular charges, which very rarely ever happened. The result of this is, that all staff-surgeons and deputy-inspectors have their horses' keep provided for them; whereas formerly they paid for the keep out of their own pockets, if they had horses at all. And, moreover, we find that, in the matter of baggage, the surgeon now is allowed his proper quantity, according to rank; whereas formerly, by the Queen's regulations, he was only allowed 13 cwt. where he had a right to 18 cwt. according to rank.

Then, again, the surgeon has been relieved of very considerable expenses to which he has been hitherto liable. He is not now charged the expenses of new commissions on being transferred from the staff to a regiment; nor is he made to pay new subscriptions to mess and band funds, on occasion of exchange or transfer. In future, the medical officer will only have to pay the current subscriptions of the year. This will prove a great saving to many men who may be often moved about from one post to another. And, lastly, we must not omit the fact that honours have been of late awarded with an unusually liberal hand, as in the late New Zealand war. All these are very satisfactory signs, indicative of a tendency on the part of the Horse Guards to listen to the opinion of the profession, and to do something like justice to our army medical brethren. Never, however, will the army medical officers and the profession rest contented until due rank and precedence, such as was granted to them by the Warrant of 1858, has been restored to them. It is self-evident that no body of men, with the feelings of gentlemen, can occupy contentedly the position assigned to army medical officers, and accept the often painful position of inferiority which they are made to hold in relation to their brother officers, through want of the proper precedence of rank. The profession must claim for their army brethren a return to the Royal Warrant of 1858.

DR. R. DAVYS has been unanimously elected Coroner for the Northern Division of the County of Dublin.

DR. BABINGTON, who was recently elected a member of the Government Commission on Contagious Diseases, has brought the subject of registration of prostitutes, etc., under the notice of the Epidemiological Society. We may therefore, we suppose, consider his views as indicative of the course which will probably be pursued in this matter by the Commission.

M. JOLLY has delivered a well-written and scientific and reasonable counterblast to tobacco before the French Academy of Medicine. His proofs will, however, we suspect, hardly satisfy the smokers of the world. It is often not an easy thing to bring home guilt even to a guilty party. M. Jolly makes statistics show that tobacco-smoking has greatly increased mortality, and particularly of death from nervous diseases, and of men. The tables of mortality, he tells us, for the last twenty years, show a much greater mortality of men between thirty and fifty years of age, than of women. And what, he asks, must be the cause? When a man has reached from thirty to fifty, he has already paid his tribute to death from war; he has also paid his tribute to the diseases

of adolescence, eruptive fevers, and tuberculous diseases. The statistics of mortality answer the question by showing that it is from an increase of nervous diseases that this mortality is caused—an increase of that long list of diseases which result from all kinds of physical, moral, and intellectual excitements, and, above all, from the effects of the abuse of tobacco. How is the evil to be remedied? To attempt the suppression of smoking is a Utopian idea. M. Jolly recommends that men, if they must smoke, should use the tobaccos of Greece, of Arabia, of Paraguay, which only contain small proportions of nicotine, instead of using those tobaccos which are saturated with the poison. By so doing, agriculture would gain 20,000 *hectares* of excellent land, which are now used in the cultivation of a poisonous plant. Or, if this cannot be, then let science deprive the strong tobaccos of their excess of nicotine, and replace it with perfumes, etc.; and also let the public be enlightened as to the evils which tobacco-smoking is at present inflicting on society. To those interested in this subject, M. Jolly's paper will be found exceedingly interesting, and full of statistical materials.

M. Fournié, by an ingenious contrivance, has demonstrated to a class a polypus situated on the border of the left lower vocal chord. He employed the magnesium light, which costs about one shilling a minute, by means of the lamp of M. Mathieu-Plessy. The rays are thrown on to the mirror at the back of the throat, and then, by means of a biconvex lens placed in front of the patient's mouth, the reflexion of the polypus is greatly magnified, so as to be visible to persons several yards from the object.

The Surgical Society of Paris has for some time past urgently pressed upon the Administration the propriety of not building the new Hôtel Dieu larger than will suffice to contain four hundred beds. All their efforts so far appear to have been unavailing; for it is decided that the new building shall contain upwards of eight hundred beds! One more attempt—a "supreme effort"—the Society is going to make, under the leadership of M. Velpeau, in favour of a small hospital.

Dr. Boncewicz, a Polish physician, who lately died, has left all his fortune to medicine and his brethren. He has bequeathed 100,000 *francs* to build a house for the Society of Physicians of Warsaw; 60,000 *francs* to support two young men while devoting themselves to the study of moral and technical sciences; 50,000 *francs* for the support of five poor widows of medical men; and 10,000 *francs* to the Deaf and Dumb Asylum. His library, full of precious books, is to be distributed amongst the most deserving and needy students of the University of Warsaw.

Progress of Medical Science.

SURGERY.

PREVENTION OF SUPPURATION AFTER OPERATIONS ON TUMOURS. At the meeting of the Academy of Sciences on November 28, M. Velpeau communicated a note from M. Pétrequin, in which that surgeon advocated the application of tincture of iodine as a means of preventing suppuration after the removal of tumours; especially in situations such as the face and neck, where it is desirable to prevent the formation of cicatrices. Hitherto, M. Pétrequin observed, iodine has been applied with the view of modifying the suppurative process; but M. Pétrequin's object has been to prevent it altogether. He has, like M. Velpeau, many times observed that, in hydrocele, for instance, suppuration was less likely to follow the injection of tincture of iodine, than of wine. He has never seen suppuration follow the injection of iodine into the parenchyma of organs, into glands, into the thyroid body, or into cavities; but, on the contrary, the formation of pus appears always to have been prevented. (*Gaz. Méd. de Paris*, 10 Dec., 1864.)

REMOVAL OF LARYNGEAL POLYPI BY DIVISION OF THE THYROID CARTILAGE. Drs. Ulrich and Lewin of Berlin have related a case of extirpation of a polypus of the larynx after preliminary division of the thyroid cartilage. According to Lewin, two cases only of this operation had been previously recorded; one which was performed by Ehrman of Strasburg in 1844, and another said by Pirogoff to have been performed some time ago in Heidelberg. The present case is interesting in its result, as compared with that of Ehrman. In Ehrman's case, the voice was not restored after the removal of the tumour; in that related by Ulrich and Lewin, there was perfect aphonia before the operation, but afterwards the patient was able to speak distinctly, in a somewhat deep bass voice. The patient was a girl, aged 16, who four years previously had, without any known cause, suddenly become hoarse, and at last lost her voice. On a laryngoscopic examination being made by Dr. Lewin, polypous growths, especially on the left false vocal cord, were found to be the material cause of the aphonia, and also of considerable impediment to respiration. As a preliminary measure, a cannula was, on October 8, introduced through the crico-thyroid ligament, with the effect of rendering the breathing perfectly free. On October 31, Dr. Ulrich, with the assistance of Dr. Lewin and two other colleagues, put the patient under the influence of chloroform; the thyroid cartilage was divided and held apart by blunt hooks, and the cannula was removed; the polypus, on which the light of a lamp was thrown by means of a mirror, was seized with hooked forceps and cut off by curved scissors. The polypous growths, two in number, were seated inside the laryngeal ventricle and on the false vocal cords; their bases were not broad, and it was found necessary to remove them separately. The two tumours formed together a mass, of about the size of a hazel-nut. After removal, caustic was applied to the points whence the tumours had arisen; the cannula was re-introduced, and the wound made in the operation was brought together with strips of plaster. On the third day the cannula was removed, as the patient could breathe freely through the normal passage. On November 23, the wound was nearly cicatrised, and the firmness of the larynx shewed that the divided halves of the thyroid cartilage had

united. On laryngoscopic examination, Lewin subsequently found that, in speaking, the edges of the false vocal cords became perfectly approximated and almost closed the glottis, while the true vocal cords were red and swollen, moved very imperfectly, and were far from closing the glottis. He attributes the remarkably deep bass voice of this young patient to the abnormal activity of the false vocal cords, which here acted vicariously for the true cords. (*Wiener Med. Wochenschr.*, 1 Feb., 1865.)

CLOSURE OF FISSURE OF THE PALATE. Mr. Annandale, in the *Edinburgh Monthly Journal*, describes two operations of closure of congenital fissures in the hard and soft palates, and remarks thereon that fissures of the hard palate have been successfully closed by operations in England; first by Mr. Avery, and more recently by other surgeons; but he can find no recorded account of any case in which a fissure, involving the entire hard and soft palates, has been cured by operation in Scotland. The operation performed for the relief of fissures of the hard palate, as practised by Avery, and subsequently by other surgeons, with some little alterations, consists in first paring the edges of the fissure, and then dissecting off the soft tissues from the hard palate, so as to secure a flap on each side, the inner margins of which flaps are brought together over the fissure and adjusted to one another. Langenbeck recommends that the periosteum of the hard palate should be separated along with the other soft textures, in order that the fissure may become in time closed by bone. From the nature of the soft textures over the hard palate, and from the manner in which these were separated by Avery and other surgeons, it is probable that the periosteum was thus separated by these gentlemen in their operations. Mr. Fergusson of London first suggested the division of the muscles of the palate in order to facilitate the operation for closing fissures of the soft palate, and prevent any traction on the edges of the wound during its healing. Surgeons are, however, by no means agreed as to the propriety of this proceeding, or as to the particular muscles which it is necessary to divide. Mr. Annandale considers the division of the muscles of the palate an unnecessary complication of the operation. In operating in the first case, Mr. Annandale made much freer incisions along the alveolar margins of the flaps than have, he believes, ever yet been practised in such operations. This he did because the fissure was wide and extensive, and he found that it was the only way to separate the flaps to that extent which would permit of their being brought together without any tension over the fissure. In order to avoid wounding the posterior palatine artery or its branches, the incisions were made quite on the alveolar ridge within a short distance of the free edge of the gum. The result of the first case proves that the soft tissues and periosteum over the hard palate may be almost completely removed from their connection with surrounding textures and yet may live, heal in their new position, and no injury to the bone result. In separating the periosteum and other soft textures from the hard palate, he employed the blunt instrument recommended by Langenbeck for the purpose, and much prefers it to those curved or angular knives which are generally used in this country. The bleeding during the operations was easily checked by washing out the mouth occasionally with cold water. The stitches in the soft palate were not interfered with until the ninth or tenth day after the operations. The stitches in the hard palate were removed much sooner. If the stitches in the soft palate are not causing much irritation, they should be allowed to remain even longer than ten

days, a fortnight at least. For, although the wound may be united before this, the union is not strong, and may be ruptured by excessive movements of the parts. The patients in both instances were allowed to take fluids, such as beef-tea, water, milk, or thin gruel, two or three times a day for the first ten days after the operation, and after that time a firmer diet was given, but nothing which required much mastication was permitted till the end of three weeks after the operation. The patients were confined to bed, and forbidden to talk for the first week; but at the end of this time they got out of bed for several hours daily. In a third case, he extended the alveolar incision backwards, by carrying it round the last molar tooth, still, however, keeping close to the dental margin of the gum. By this means tension may be more completely taken off the wound in the soft palate without any division of the muscles.

MELANOTIC TUMOUR OF THE ORBIT. At a recent meeting of the Pathological Society, Mr. J. Z. Lawrence exhibited a melanotic tumour of the orbit, which he had removed ten months previously from a woman aged 62. The tumour had then been growing eight or nine months. The eyeball was protruded from its socket, but not apparently enlarged itself. It was insensible to light; the interior of the eye was illuminable, but no details could be observed. The patient had suffered great pain, which she referred to the temple and side of the head. Mr. Lawrence removed the tumour together with the eyeball, which was found to be firmly embedded in its substance. The growth was enveloped in a firm pseudo-cyst of cellular tissue, and presented all the obvious and microscopical characters of melanotic cancer. The eyeball itself was quite free from morbid deposit; the vitreous body was fluid; the retina partially separated; the lens nebulous. The tumour recurred *in situ* in about three months, when Mr. Lawrence transferred the case to Mr. Weeden Cooke. The patient died in about three months afterwards; by which time the secondary tumour of the orbit had attained the size of a cricket-ball, and deposits were found within the cranium. Mr. Lawrence considered this case remarkable for the extremely acute course it had run, differing in that respect from the cases of melanotic cancer of the eye he had hitherto observed, and agreeing more with those of encephaloid cancer of the eyeball in children. In corroboration of this assertion, he instanced a second case of extensive melanotic cancer of the orbit, which he had removed some years ago; in which case no recurrence of the growth had taken place, when he saw the patient two years and four months after the operation.

PENETRATING GUNSHOT WOUND OF THE LIVER AND PLEURA. Dr. E. Batwell, of the Federal army, communicates some interesting notes on army practice. P. H. received a gunshot wound in September, the ball penetrating posteriorly and laterally between the eighth and ninth ribs of the right side, passing obliquely upward and presenting itself on the opposite side, between the seventh and eighth ribs. Considerable hæmorrhage had taken place, and the dyspnea was terrible. Air regurgitated through the wound, and some emphysema developed itself around the opening of the left side. Nothing indicated that the lung was injured. A wide bandage was applied around the thorax, leaving the wounds uncovered so as to favour the escape of any fluids. Brandy and morphia were given freely, and it was fully thirty hours before any sort of reaction set in. For four days no change seemed to take place, but on the fifth he seemed to rally and on the eighth day a large slough came away,

followed by a discharge of pure bile, which continued for several days through both openings, affording no little amusement to the patient, as on a full inspiration followed by forcible expiration, he would eject pure yellow bile to a considerable distance. He had no spitting of blood and the point of exit healed about the sixteenth day. On the thirtieth all discharge had ceased, and was transferred north about October 24th, perfectly recovered. (*Philadelphia Medical and Surgical Reporter*.)

GUNSHOT WOUND OF THE CEREBELLUM. Dr. Batwell also relates the following case. Lieutenant W. B., shot through the head on the previous day, was brought on September 2nd into hospital. He was perfectly unconscious, breathing stertorously, with a wound about one inch above the mastoid process and presenting itself on the opposite side, where the cerebral matter left no doubt as to the fact that the brain was injured. Toward evening he became conscious and very restless, complaining of "loss of vision and inability to raise his head." Toward midnight he commenced to scream, and for three weeks did so incessantly, even during his moments of sleep. Dr. Batwell removed him to a distance from the hospital, and on the 20th he became suddenly composed and quiet, answering perfectly coherently any questions asked him. The left side for some days seemed paralysed, as he could not use his hand or leg as he did the other or opposite side. The face was drawn to the right, and he seemed to have some difficulty in swallowing. The secretions were natural and he never lost control over them. He had constant priapism, with seminal emissions. All these symptoms, however, became gradually better, but as soon as he became enabled to move about, he seemed unable to guide his movements; the power of will over motion seemed lost, and for some time he was obliged to be led by his nurse. Finally this symptom became better and he convalesced rapidly. The pupil of the left eye seemed permanently dilated and intolerant of light. During the process of healing several spiculae of bone came away, but about the seventh week all discharge from the wound had ceased and he was transferred to Nashville. (*Philadelphia Medical and Surgical Reporter*.)

FRACTURE OF THE LOWER END OF THE ULNA BY INDIRECT VIOLENCE. Mr. H. J. Tyrrell relates the following case. A man, aged 60, presented himself as an out-patient at Jervis Street Hospital in Dublin on the morning of December 16th, and stated that, about ten minutes before, while getting up on a stool to clean a shop-window, he fell on his right hand. On examination, Mr. Tyrrell easily discovered a fracture of the ulna two inches from the wrist. There was little or no swelling. A distinct crepitus was felt, and the line of fracture could be easily traced; it extended from the radial side upwards and inwards. There was a hollow on the ulnar side of the forearm corresponding to the site of the fracture. There was no deformity on the radial border of the limb, neither was there the characteristic dorsal prominence of Colles's fracture. By means of an interosseous pad and a straight splint on the front of the forearm, the deformity was removed, and no extension was requisite to replace the broken ends of the bone. Mr. Tyrrell believes this case worthy of notice from its extreme rarity. That the patient fell on his hand was evident, as the palm of his hand, when he presented himself at the dispensary, was soiled from coming into contact with the wet flags of the street. (*Dublin Medical Press*, February 1st, 1865.)

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, March 23rd, at Three o'clock precisely.

Business. To receive communications from the President.

To receive the Treasurer's Financial Report.

To consider a communication from Dr. Davey to the President of the Council.

To consider the Laws of the Northern Branch.

To appoint adjudicators of the Annual Prize Essay.

To fix the time of the Annual Meeting.

Any other business which may be brought forward.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, March 7th, 1865.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of this Branch will be held at the Ship, at Faversham, on Thursday, March 16th, 1865, at 8 P.M.

Notices of papers or cases to be communicated, should be sent immediately to the Honorary Secretary.

ROBERT L. BOWLES, L.R.C.P.

Honorary Secretary.

Folkestone, March 1st, 1865.

MEDICAL PROVIDENT SOCIETY.

At a meeting of the Council of the Metropolitan Counties Branch, held on March 7th, S. W. J. MERRIMAN, M.D., of 3, Charles Street, Westbourne Terrace, was elected a Director of the Medical Provident Society, in the room of Dr. Sieveking, resigned.

MEDICAL BENEVOLENT FUND.

SIR,—I beg to acknowledge with many thanks the receipt of £49:10:6, being the balance of the "Bowen Fund".

I am, etc.,

JOSEPH TOYNBEE, *Treasurer*.

13, Saville Row, March 7th, 1865.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The fourth ordinary meeting of the session was held at the York House, Bath, on Thursday evening, March 2nd; R. W. FALCONER, M.D., President, in the chair. There were also present forty-one members.

New Member. Thomas Woolner, Esq., Gloucester Road, Bristol, was elected a member of the Association and of this Branch.

Papers. The following papers were then read and discussed.

1. Typhoid Fever in the Pig, illustrated by a Specimen of Ulcerated Intestinal Follicles. By W. BUDD, M.D. Two drawings, exhibiting the Intestinal Follicular Disease of the Rinder Pest, or Cattle Plague, were also exhibited by Dr. Budd.

2. Notes on a Case of Umbilical Hernia. By R. W. FALCONER, M.D.

3. Case of Fracture of Skull. By J. W. TEALE, M.A.

4. Encephaloid Cancer of the Neck. By C. S. BARTER, Esq.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

JAMES HAKES, Esq., Vice-President, in the Chair.

Removal of Depressed Skull. Dr. CAMERON showed a depressed portion of skull removed from a patient who had been subject to convulsions for the last ten years of his life. The case is one of peculiar interest; and a full account of it will shortly be published.

Partial Excision of Humerus. Mr. IRVINE introduced a Crimean soldier, from whose humerus four inches of the upper portion had been removed, and gave a brief history of the case.

Fever. Mr. STEELE read a paper on the Nature and Treatment of Fever.

Dr. WHITTLE concurred generally with Mr. Steele in his remarks on the treatment of fever. As a sedative, he preferred hyoscyamus to opium; but had met with cases where the former had produced both stupor and headache. He preferred anticipating the occurrence of coma by the application of a blister to the head whenever there was much stupor. Speaking generally, he made use of stimulants; the quantity varying much according to circumstances. Some patients' friends objected very strongly to their taking spirits; and he mentioned a case where he himself administered eight glasses of whisky and water to a patient of this class in one day, who made an excellent recovery. He believed that if, in this instance, the patient had been left to the management of his friends, death would have been the result. This was quite an exceptional case; for it was seldom that he had to resort to such large quantities. Patients, particularly young ones, sometimes obstinately refuse stimulants (though the physician may think them necessary), and yet do well; in such cases, he would not press their administration over much. He agreed with Mr. Steele's remarks on purgatives; in his own practice, he frequently substituted enemata with advantage. He was not prepared to adopt Mr. Steele's views on diaphoretics, as he considered much good was done by the promotion of gentle perspiration; and he did not believe that the sweating crisis alluded to by Dr. Corrigan could possibly be produced by diaphoretics. When the sweating crisis did occur, he quite agreed that it was a most dangerous symptom; but he did not believe that this could be brought about by the use of diaphoretics, and that, therefore, this should not be brought forward as an argument against the proper use of diaphoretics in the treatment of fever.

Dr. CAMERON, after alluding to the advantages of studying the natural history of fever as the best means of advancing our knowledge of its treatment, remarked that the principle laid down by Mr. Steele consisted virtually in the treatment of symptoms. Dr. Cameron, however, considered that symptoms were, within certain limits, indications of the "efforts of nature", which tended to promote recovery; and that, hence, interference by art became necessary only when they assumed a character inconsistent with the favourable progress of the case. Dr. Cameron differed from Mr. Steele, and concurred with Dr. Marchison's views on "elimination"; and referred to the importance of the skin, bowels, and kidneys, as means of eliminating the fever-poison from the system. As to purgatives, he believed that there was, at present, an unfounded dread of this class of remedies, from the judicious administration of which considerable benefit is derived; adding,

in illustration, the good results which, in typhus, frequently followed a spontaneous attack of diarrhoea, and the milder and less fatal character of the typhoid form of fever, in which that symptom was a prominent feature. Opium, he considered, if given at the right time and in a suitable dose, was a valuable and perfectly safe remedy. He regretted that Mr. Steele had not given the Society an idea of the amount of stimulant he had found necessary; for Dr. Cameron believed that, according to the prevalent mode of treating fever, they were administered too freely, and that many a valuable life had been lost by over-stimulating. Alcohol, he regarded not as "food", but simply as a stimulant; and as a poison, when given in the large quantities he had frequently seen ordered. Given cautiously, and in moderate doses, he believed it acted beneficially. He quoted some valuable remarks and statistics, published in the *Lancet*, by Dr. Gairdner; from which it appeared that, in the Glasgow Fever Hospital, the mortality had been 17 per 100, with an average consumption per head, during the entire illness, of forty ounces (wine and spirit included); whereas, it had only been 12 per 100, with an average consumption of five ounces (wine and spirits included)—the type of the disease being nearly alike as possible.

Dr. SHEARER thought that there was a great deficiency of original observation in Mr. Steele's paper on the really essential phenomena of typhus and its complications. He feared that Mr. Steele had added very little to our knowledge of the eruption, the mode of crisis, the cardiac and pulmonary complications which so frequently embarrass the treatment, or the varied and important sequelæ which follow the disease. He again referred to the great disparity between the hospital mortality in typhus, and that observed amongst cases treated amidst the discomforts and squalor of the homes of the poor. In the Toxteth Park Workhouse Hospital, to which he had himself sent 278 out of the 581 cases tabulated below as treated in that hospital, the general average of mortality was more than double that amongst home-treated patients. Reference to the tables will shew that, under 20, the mortality in hospital was greater by one-half; between 20 and 40, it was double; from 40 to 60, it was 2½ times greater; above 60, it was greater by one-half. It might be the practice with some medical men to send the worse cases to hospital; but, under no circumstances, did he do so, as he deemed such a step, in innumerable cases, would be certain to lead to a fatal issue. Upon the whole, the cases treated by him at the patients' homes, and those sent to hospital, were as nearly similar, in all respects, as one could wish, even for the purpose of an experiment. He feared that, to the causes of this excessive hospital mortality indicated at last meeting, he must add a possible fourth; viz., the excessive and unwarrantable use of stimulants in nearly all cases of typhus, which appeared to be the rule with the majority of practitioners. As a rule, he never gave stimulants to young people under 20; and not even to adults or the aged, except there were indications of unusual depression or prostration. Wine was the principal stimulant employed, and the bulk of that was ordered for patients in the convalescent stage. The treatment consisted in the frequent presentation of light nutritious food—such as milk, beef-tea, meat-broth, with butter-milk or imperial drink *ad libitum*; frequent sponging of the exposed surfaces; quietness and free ventilation. There was little indication for the use of medicines. He had never observed either "a critical diarrhoea or diaphoresis"; when these occurred, they only complicated and delayed the crisis, which, in his experience, was a very gradual affair indeed, extending over

several days, and commencing any day, from the tenth to the fourteenth of the fever.

The following is the table of Comparative Mortality in Typhus submitted by Dr. Shearer.

	Under 20 years.	20 to 40.	40 to 60.	60 and upwards.
Liverpool Fever Hospital	4.3	16.7	36.1	50
London Fever Hospital	5.5	16.9	39.6	62.3
Netherfield Road Hospital	Average	14 per ct.	for all	ages.
Toxteth Park Fever Hospital. (581 cases; 116 deaths)	5.15	20.14	48.12	80
Dr. Shearer. (610 cases; 48 deaths)	3.3	10.0	18.18	50

The President, Mr. Higginson, Mr. T. S. Walker, and Dr. Burrows, also took part in the discussion. It was unanimously resolved that the discussion should be adjourned to the next meeting of the Society.

Mr. STEELE, in replying, thought that the indication for blistering in fever, was to rouse the brain when coma or stupor had actually appeared, rather than in anticipation of that condition, as suggested by Dr. Whittle; and as to the gentle action of the skin excited by cold affusion, it was doubtless a relief to the system; but he, nevertheless, considered that anything approaching to copious perspiration added materially to the danger of the case. Of the plan of giving one large dose of quinine once in the twenty-four hours, spoken of by Mr. Higginson, he (Mr. Steele) had no experience; but believed that the treatment of fever by cinchonism, introduced by Dr. Dundas, had been abandoned as useless, after careful trials by Tweedie, Corrigan, and others. He did not, as Dr. Cameron seemed to imagine, reject the use of diuretics under all circumstances; but thought that they were likely to do harm rather than good, where the kidneys were involved in that condition of hypostatic congestion of all the internal organs which characterised certain states of the system in typhus. Purgatives, also, might be useful to remove accumulation in the bowels; but he objected to their use as eliminants of the fever-poison, thought extreme caution was necessary in their administration, and believed, with Dr. Whittle, that enemata might often be substituted with advantage. He had purposely avoided stating any precise rule as to the quantity of stimulant which should be given, as it entirely depended upon the indications present in individual cases, and could only be determined at the bedside. Many cases, especially those under puberty, might require no alcohol at all; others demanded large quantities and large doses. Hence, the impossibility of settling this question by statistics. The only safe guide in the use of stimulants, was close observation of the lesion of circulation, as shown by the pulses of the heart and wrist, and the extent and colour of the eruption. When, under stimulation, we found the pulse increase in force and the maculae become less livid, we might feel sure alcohol was doing good. He had repeatedly given as much as twelve ounces of brandy in twenty-four hours, with the evident result of saving the patient's life, and without causing any of those serious lesions in the alimentary canal, which Dr. Burrows had described as the effect of alcoholic treatment. He coincided in Dr. Cameron's view, that alcohol was not food, but a stimulant only, which was at once carried out of the circulation without undergoing digestion; and hence its great value in that condition of the function of nutrition in which the assimilative function was suspended or deranged. As to Dr. Shearer's remark, that nothing

had been said about the characteristics of the eruption, he would simply reply that he was not giving a clinical lecture; but directing attention to certain points especially interesting to practitioners who were familiar with the symptoms of fever. In answer to the President's inquiry, as to his experience in the use of digitalis, he had not seen it tried in fever; and, although believing with Dr. Handfield Jones that in some forms of heart-disease that drug acted as a cardiac tonic, he could not think it was a suitable remedy in the generality of fever cases. In stating as an objection to the use of alcohol, that it increased thirst, Dr. Burrows ignored the well known fact that in the advanced stage of typhus, the sensation of thirst was entirely absent. The return of desire for fluids was, in fact, a favourable sign, indicating a less grave lesion of the function of innervation. In conclusion, he read a letter from Dr. Wm. Budd, fully endorsing the views advocated by the author in the former portion of his paper, as to the erroneous doctrines of the *de novo* production of fever, and as to the higher relative rate of mortality in fever hospitals.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, FEBRUARY 1st, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Two ordinary Fellows were elected.

Specimens. Dr. BATHURST WOODMAN exhibited specimens of Chancre and Fibrous Tumours of the Uterus.

Dr. GREENHALGH exhibited a Polypus weighing upwards of a pound and three quarters, which he had removed from the uterus of a woman 40 years of age by means of a pair of curved scissors. The author insisted on the necessity for cutting away these growths, and the desirability of removing them *in situ*, rather than making forcible traction on the uterus for the purpose of bringing them within easy reach of the operator.

ON A NEW METHOD OF SECURING THE PEDICLE IN OVARIOTOMY. BY I. B. BROWN, ESQ.

The author observed that hitherto there had been three distinct methods of securing the pedicle: first, by ligature, allowing the ends to hang out, as practised by Dr. Clay of Manchester (the pioneer of ovariectomy in this country, who had steadily led us on to our present results), and by Lane (the first surgeon in London who performed this operation) consecutively; secondly, by clamp, as first suggested by Hutchinson, and followed by many others; thirdly, by cutting off the ligature short and closing the wound, as first successfully practised by Rogers of New York in 1829, by Dr. Bellinger in America in 1835, by Dr. Siebold of Darmstadt in 1846, and recently by Dr. Tyler Smith. The first three gentlemen's cases were all successful, and the last-named gentleman has also had great success. Mr. BROWN said that his objections to the first method had been the length of time required for the ligature to come away, which varied from nine days in his own practice to a month in that of others; to the second, the frequent severe pain caused by the dragging of the pedicle, or the pressure of the clamp itself; to the third, the unsuccessful results in his hands following its use. Having repeatedly used the actual cautery of late, employing Dr. Clay's instruments, in burning adhesions off the omentum and elsewhere, he had been gradually led to the conclusion that the actual cautery might be employed in treating the pedicle itself. Consequently, on December 28th, 1864, he tried it upon a patient of Dr. Burchell, of the Kingsland Road, a lady 47 years of age, who had had three

children, the youngest twenty-one years since. The disease was first discovered by Dr. Burchell in August last, and so rapidly increased as to lead Dr. Barnes and Dr. Tanner to recommend extirpation some short time before he (Mr. Brown) saw her. As the abdomen then was very large, the skin shiny, and the general health rapidly suffering, he performed the operation by Clay's large incision. There were many adhesions laterally and posteriorly, the bleeding from which was checked by the actual cautery; and finally the pedicle, being secured by a clamp, whilst a very large multilocular mass of cysts was removed, was thoroughly seared by actual cautery and allowed to drop. The wound was then closed in the usual way, and it healed in a week, the patient being convalescent in a fortnight. Mr. Brown thought that if this plan was found by repetition to be successful, it would very materially lessen the dangers of the operation, and consequently ensure a greater number of recoveries.

Dr. ROUTH stated that Mr. Brown's previous and successful experiments in the removal of the omentum by a red-hot iron would prove the best reply to Dr. Tyler Smith, as to the probable conduct of the peritoneum where a pedicle was removed in the same manner.

Mr. BROWN, in reply to several speakers, said that the objection urged by Dr. Tyler Smith, of the slough being injurious to the peritoneum, had been answered by the questions put by Dr. Routh and replied to by Dr. Greenhalgh; that he (Mr. Brown) had, for four years past, repeatedly used the actual cautery in burning adhesions and arresting hæmorrhage, and in no one of the cases so treated had he had a death; and he thought that the objection ought not to deter others. He did not allude to the *écraseur*, because he thought that there was not sufficient time in ovariectomy to use it safely; and he did not think it probable that it would ever come into use on that account. In answer to an objection that white heat might be detrimental, Mr. Brown said he did not go quite so far as to use white heat, but he stopped just short of it. To the objection of Dr. Parsons, that there was fear of hæmorrhage in case of sickness after the use of the cautery, Mr. Brown replied that whilst it was well known that many patients had died from hæmorrhage where the ligature was used, he did not think, judging from his past experience and the results of veterinary surgeons in spaying the sow, that there was any probability of hæmorrhage where the cautery was steadily and thoroughly applied.

PRESIDENT'S ADDRESS.

The PRESIDENT acknowledged the honour conferred upon him by the Society. In this election, he said, the Society had followed the principle under which it had attained its present position of unexampled prosperity—namely, that of recognising work. He adverted to the success the Society had thus achieved in linking itself to fellow-workmen in all parts of the world, and trusted that the Society would be the means of challenging for English midwifery that place in the republic of medicine which it eminently deserved. English midwifery presented the singular characteristic, that it was based upon home or domiciliary practice; whilst elsewhere it was mainly dependent upon lying-in hospitals. The Society had therefore the charge of vindicating home midwifery, of showing that it afforded ample means for observation and for advancing obstetric knowledge. The main argument urged by the advocates of the hospital system was, that hospitals were necessary for instruction. But home practice in England still asserted a practical superiority in its eminent success. He cited Harvey; the Chamberlens, the reputed

authors of the forceps; Edmund Chapman, who first taught the use of that instrument; Sir Fielding Ould, who laid the foundation of our knowledge of the mechanism of labour; Giffard; Smellie; William Hunter; Denman; Macaulay, the first to practise the induction of labour; Perfect; and the first Rigby, who, as a country practitioner, made those observations and drew those classical descriptions of uterine hæmorrhage which are still revered for their truthfulness and sagacity. The President then expressed his belief that physicians and statesmen abroad would be impelled to re-examine the great question of the expediency of taking parturient women away from their homes. The provisions for the study of uterine pathology in our English schools were then discussed. Recently a new department had been instituted in our educational hospitals for this purpose. But the position and duties of the "obstetric physician" remained still undefined. The President submitted the following proposition:—"The work of the obstetric physician embraces the treatment of the diseases of the female generative organs, including the disorders and lesions, general and local, which result from pregnancy and parturition." Of course, in founding a new special department, something must be taken both from the physician and the surgeon. If the obstetric physician were to enjoy any status at all, it could only be on this condition. The difficulty in adjusting relations arose chiefly on the surgical side, probably because it seemed an anomaly for a man bearing the title of a physician to be meddling with surgery. But in point of fact the obstetric practitioner was necessarily a compound of the physician and the surgeon; his surgical character was implied in the word "obstetric." Custom which imposed upon him the general title of physician could not alter the nature of his functions. Just as the study and treatment of the diseases and lesions of the generative organs had been neglected until taken up by obstetric practitioners, so they would be again if abandoned by us. It was to obviate this neglect, to encourage the study, that the new appointment was made. To make the office and to cut off the very material for study was inconsistent. As an illustration, there was the modern appointment of an ophthalmic surgeon to our hospitals. It was given to surgeons; but they treated all diseases of the eye, even including those of constitutional nature, which physicians had always treated. If the surgeon said, "The obstetric physician must give up all operations," the physician might as reasonably say, "The obstetric physician must give us all that requires medical treatment"—for example, puerperal fever, which is not more a consequence of labour than is a slough of the vagina resulting in cicatricial atresia or vesico-vaginal fistula. This reasoning would simply lead to the annihilation of the obstetric practitioner, and is a manifest *reductio ad absurdum*. The President then called upon the Fellows to imitate the example of the Royal College of Physicians and the Royal Medical and Chirurgical Society, by opening a corporate album for the preservation of photographs of their Fellows.

POPULATION OF SCOTLAND. According to the tenth report of the Registrar General of Scotland, just issued, the population of that kingdom, estimated to the middle of July, 1864, was 3,118,701. The births were 112,445, being in the ratio of 3.60 per cent. to the population, and among them 11,069 or 9.8 per cent., were illegitimate. The deaths were 74,301, and the marriages 22,675. These numbers are respectively in the ratio of 2.35 and 0.72 per cent. to the population.

Correspondence.

DR. RICHARDSON'S SUGGESTION FOR THE TREATMENT OF OVARIAN TUMOURS.

LETTER FROM T. SPENCER WELLS, Esq.

SIR,—Any suggestion from Dr. Richardson is so certain to be received with attention, and so likely to be carried into practice on the mere support of his authority, that I think it right to point out without delay how very great must be the danger, if his "Suggestion for the Treatment of Ovarian Tumours by Compression, and Obliteration of the Tumour at its Base or Pedicle", published at page 221 of your last number, should lead any one to treat an ovarian tumour in the manner which he has suggested. Indeed, I hardly think it possible that a patient could survive such compression of the pedicle as he proposes; for the necessary result of suddenly cutting off the supply of blood to the tumour, would be death of the tumour, or gangrene, just as certainly as the twisting of the pedicle which occasionally occurs during the natural progress of ovarian tumours is followed, in the great majority of cases, according to its completeness or suddenness, by simple venous congestion of the tumour, rupture of its vessels and hæmorrhage (sometimes enough to cause sudden death), degeneration of the extravasated blood, inflammation of the coats of the cysts, and fatal peritonitis.

It is quite true that, in some rare instances where the pedicle is very long, the spiral manner in which the Fallopian tube is wound round the blood-vessels of the pedicle proves that twisting may take place without any great compression of the vessels; and that, in some even rarer cases, a more complete but gradual twisting and compression has led to just that atrophy or shrinking of the cyst which Dr. Richardson thinks might possibly be attained by a ligature or by acupressure—the ovary being found converted either into a harmless solid body; or into a calcified capsule; or into a cartilaginous or bony foreign body, fixed in any part of the abdominal or pelvic cavity by adhesions or false membranes. In some cases—as in my 119th case of ovariectomy, recorded in the first volume of my work on *Diseases of the Ovaries*—the pedicle may be entirely severed from its connection with the uterus, and yet the tumour may not die; but may receive a sufficient supply of blood for its rapid growth from the omental or mesenteric vessels.

But this must be a very slow process; and I feel convinced that any sudden and complete compression of the pedicle of an ovarian tumour by such a surgical operation as is suggested by Dr. Richardson, would, in the vast majority of cases, be followed by the same fatal consequences as follow the sudden and complete twisting of the pedicle of an ovarian tumour by any such rotation as is occasionally observed to be one of the modes by which these tumours prove suddenly fatal.

I am, etc.,

T. SPENCER WELLS.

3, Upper Grosvenor Street, March 6th, 1865.

TREATMENT OF OVARIAN TUMOURS.

LETTER FROM B. W. RICHARDSON, M.A., M.D.

SIR,—By a note which I have received from my friend Dr. Tanner, I find that my suggestion for ligature of the pedicle of ovarian tumours is not purely original, but has been suggested by him for

cases in which the tumour is adherent. The following is the proposed method of Dr. Tanner, from *Druitt's Surgeon's Vade Mecum* (8th edit., p. 499.)

"There is another operation of fair promise, which has been proposed by Dr. Tanner, for cases in which the presence of extensive adhesions renders it impossible to remove the cyst. This consists in tying tightly the pedicle of the tumour after the fluid has been removed by tapping. Thus it may be hoped, that whilst the supply of blood furnished to the cyst by its adhesions will be sufficient to prevent gangrene, the obstruction of the main arterial channel might prevent the fluid from being secreted anew."

I hasten at once to give full credit to Dr. Tanner for his originality. At the same time, I do not think, as he does, that extensive adhesions are necessary for the operation to be successful. If there were such vascular connexion between the sac and the surrounding tissues as would keep up the nutrition, the blood-supply by adhesion would soon increase, and the sac would in time secrete fluid as freely as though the pedicle were not tied. My view regarding the operation is quite different from Dr. Tanner's, although the operation of compressing the base of the tumour is the same. I conceive that, if the tumour were tied and emptied, especially if it were tied without exposure to air, the cyst would shrink, and would not become gangrenous. I have known a farrier produce, by a very rude operation, shrinking and destruction of the testicle in animals, by compression of the vessels, without the occurrence of gangrene; and I infer, therefore, that the ovarian cyst could be destroyed in a similar way. To prevent the hazard of gangrene, it might be advisable, however, after emptying the cyst, to inject into it tincture of iodine. In the presence of iodine, absorption would be greatly quickened, and decomposition prevented.

I am, etc., B. W. RICHARDSON.

12, Hinde Street, W., March 7th, 1865.

THE SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE OF PARIS AND THE TOWNLEY CASE.

LETTER FROM C. L. ROBERTSON, M.D.

SIR,—May I be allowed to write one line more on the Townley case? I am almost ashamed to recur to the subject; yet I think the point to which I am about to refer should be set right.

Of the merciful verdict of the jury, you well remark in one of your leaders last week, that "if any of these men of science who considered Townley a lunatic murderer can find a comfortable confirmation of their opinion in his self-murder, no one need wish to deprive them of such consolation"; nor have I any wish to rob Dr. Forbes Winslow of your suggested consolation under his recent discomfiture. His indiscreet friends in the *Lancet* oblige me, however, to say, that the paragraph quoted there last week from the *Gazette des Hôpitaux** gives quite a false impression of the action of the Société Médico-Psychologique in the matter. So far it is true, that certain members of the Society got a Committee appointed to consider and report on the Townley case. *Wiser*

counsels, however, prevailed, and the Townley Committee made no report. Since Townley's suicide, another strenuous effort has been made from London to revive the action of this Committee. Again, a sense of the unseemliness of thus sitting in judgment on the diagnosis of men like Drs. Bucknill, Hood, Meyer, and Hitchman, without even the means of examining the patient, has prevailed; and I have reason to know that the subject will not be brought at all before the Société Médico-Psychologique.

Further, in the paragraph quoted in the *Lancet* from the *Gazette des Hôpitaux*, the first sentence is omitted. I subjoin it.

"Il y a quelques mois, la *Gazette des Hôpitaux* a annoncé que la Société Médico-Psychologique de Paris avait été consultée au sujet de l'état mental du gentleman G. Townley, condamné à mort pour avoir assassiné sa fiancée, et à l'exécution du quel il avait été sursis. Cette savante compagnie", etc.

Who, I should like to know, consulted the Société Médico-Psychologique? The act looks to me very like an unsuccessful attempt to entrap the French Psychological Society into an approval of a diagnosis condemned alike by the general and medical press of England—the *Lancet* excepted. Be that as it may, I am thankful to know that this distinguished Society has not suffered itself thus to be misled.

I am, etc., C. L. ROBERTSON, M.D.,
Membre-associé Etranger de la Société Médico-Psychologique.

Hayward's Heath, March 7th, 1865.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I shall feel obliged by your giving insertion to the accompanying letter, in order that the Poor-law medical officers may know that I am not unmindful of their interest. During the last three months, I have been in correspondence with members of Parliament; but, in the face of a general election, there is evidently an indisposition to bring in a Bill for medical relief. One M.P. writes: "I shall see Mr. Villiers on the subject of your bills, and see what support we may expect from that quarter"; and, in a postscript, adds: "I feel that it would be next to useless to attempt the passing of a bill or bills unless the Government would give some support. Unfortunately, the profession is so disunited that all Governments can take advantage of us in our individual exertions—not so the law." From this gentleman I have not heard since January 31st, the date of the above letter, although I have addressed three letters to him.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, March 7th, 1865.

"12, Royal Terrace, Weymouth, March 6th, 1865.

"My Lords and Gentlemen,—On the 2nd of Sept., 1864, I had the honour to receive a letter from you, in which you say: 'The Poor-law Board beg to inform you that the subject to which you refer has been under their consideration; but that they have not yet come to a decision as to the measures which it may be desirable to recommend the guardians of the different unions to take, with reference to the resolution of the Select Committee on Poor Relief as regards the supply of expensive medicines. The question, however, will receive the attention of the Board forthwith.'

"It is now just twelve months (March 11th, 1864) since the Select Committee on Poor Relief recommended 'that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the

* "THE TOWNLEY CASE. After alluding to the commission that was appointed by the Société Médico-Psychologique de Paris to investigate into the alleged insanity of George Victor Townley, the *Gazette des Hôpitaux* says:—'Cette savante compagnie avait chargé MM. Jules Falret, Brierre de Boismont, et Legrand du Saulle, d'examiner avec un grand soin cette importante affaire, qui passionnait au plus haut degré la presse anglaise. La mission de nos confrères se trouve terminée: 'G. Townley vient de se suicider dans sa prison sous l'influence de sa folie,' dit le *Times*. Ce dénouement donne complètement raison à l'opinion médico-légale que M. le Docteur Forbes Winslow avait soutenue devant le jury.' (*Lancet*, March 4th.)

expense of the guardians, subject to the orders and regulations of the Poor-law Board; and six months have elapsed (Sept. 2nd, 1864) since your honourable Board said, 'The question, however, will receive the attention of the Board forthwith'; and yet no order has been issued. I, therefore, trust you will not think I am too pressing in urging this question again upon the immediate attention of your honourable Board. If you are in any difficulty about the matter, and desire to have a deputation of medical officers to confer with you on the subject, I will willingly call them together for the purpose on any day you may name, after allowing me two clear Saturdays to intervene, as it is only through the medium of the medical journals that I can announce the fact to them.

"I was in hopes your honourable Board would bring in a Bill this session to regulate the payments of your medical officers; and not allow the present capricious mode of fixing the salaries, and giving some officers extra medical fees and others none, to continue.

"It is perfectly clear, from the several amendments of the Select Committee, that the Committee itself was far from being unanimous on the subject of medical relief; and even their ultimate decision, 'that there are no sufficient grounds for materially interfering with the present system of medical relief', clearly proves that there are grounds for interfering, although not materially doing so. I, therefore, trust your honourable Board will yet place the whole system on a proper footing.

"I have the honour to be,

"My lords and gentlemen,

"Your most obedient servant,

"RICHARD GRIFFIN.

"The Poor-Law Board."

DISEASES IN CATTLE. In the House of Commons, on Monday, Mr. Leslie asked whether or not the Government intended to re-introduce the Cattle Diseases Prevention and Cattle, etc., Importation Bills as amended by a Select Committee of the House last session. Mr. T. G. Baring said the Select Committee of last session recommended that the House should not proceed with the Cattle, etc., Importation Bill. With regard to the Cattle Diseases Prevention Bill, such difference and even conflict of opinion was exhibited before the Committee, that the Government did not intend to introduce any measure on the subject.

SOUTH AMERICAN BEEF. W. Wylde, a sanitary inspector, applied on Monday to the Lord Mayor for an order for the condemnation of a quantity of South American beef. He said that in the shop of Mr. Twelvrees he saw about 2cwt. of dried meat advertised as South American beef. It was unfit for human food. He could not say whether it was beef, or indeed, meat at all. It was cut in strips, and was in the shop with other meat. Witness said that numerous complaints had been made about South American beef by the poorer classes, who said that it spoiled everything it touched. Witness could not say whether the meat he seized was horseflesh or cow beef, or what it was. He did not believe it was the flesh of a bullock at all. Sanitary Inspector Newman considered the meat which had been seized entirely unfit for human food. He had tried to boil part of it, wishing to give it a fair trial, and had been obliged to carry the saucepan containing it out of the house. They had seized about 25cwt. of meat of the same kind in another shop on Friday. The Lord Mayor, after inspecting the meat for himself, ordered it to be destroyed forthwith, as being unfit for human food.

Medical News.

ARMY MEDICAL SERVICE. The following is a list of the candidates who were successful at the Competitive Examination in August last, and who have passed through a course at the Army Medical School; and shows the combined results of the examination, the place of study, and the number of marks obtained by each candidate.

Names.	Studied at	No. Marks.
Jameson, W. H.	Edinburgh	5247
Harvey, R.	Aberdeen & Glasgow	5020
Whipple, J. H. C.	London	4813
Cleghorn, J.	Edinburgh	4640
Tomlinson, W. W.	Dublin	4545
Priest, W. S. M.	Dublin	4497
Duffey, G. F.	Dublin	4490
Bennett, J.	London	4369
O'Dwyer, T. F.	Cork	4310
Boileau, J. R. H.	Dublin	4305
Cook, H.	Cork	4302
Carpenter, W.	Dublin & Galway	4295
Campbell, G. McL.	Aberdeen	4202
Foster, J. F.	London	4190
Farquharson, R. A.	Aberdeen	4160
Keir, W.	Aberdeen	4040
Corban, L.	Cork	3925
Tuite, F.	Dublin	3925
Taylor, W.	Glasgow	3895
Smith, P. A.	Cork	3887
Shepherd, P.	Aberdeen	3882
MacLean, J. McK.	Edinburgh	3855
Power, P. G.	Cork	3855
Hedley, W. T.	Edinburgh	3793
Purcell, T. A.	Dublin	3782
Kemp, R. D.	Aberdeen	3756
Handy, S. W.	Dublin	3705
O'Sullivan, E.	Dublin & Cork	3699
Hale, A. E.	Birmingham	3690
MacCreery, J.	Dublin	3646
Gillespie, H. C.	Cork	3630
Spurway, C.	Cork	3580
MacCounell, W.	Dublin & Belfast	3528
Hector, J.	Aberdeen	3520
Eames, W. L.	Cork & Edinburgh	3512
Shaw, C. E. M.	London	3494
Dunn, A.	Dublin	2490
Stone, V.	Edinburgh	3469
Macam, K.	Belfast & Glasgow	3460
Riordan, W. E.	Dublin	3426
Bourke, T.	Dublin	3417
Murray, J.	Aberdeen	3405
Kelly, J. B.	Dublin	3399
Bouras, D. C. G.	Dublin	3397
Welsh, J. F.	Edinburgh	3396
Hughes, J. H.	Galway & Dublin	3337
Jones, J. W.	Dublin	3331
Walker, S. E.	Birmingham	3292
Blake, J. F.	Dublin	3290
Robinson, A. B.	Dublin	3284
Thorburn, D. A. S.	Edinburgh	3247
O'Brien, E. R.	Cork & Dublin	3178
MacCully, J.	Belfast & Dublin	3170
Jagoe, W. H.	Dublin	3170
Blake, W.	Dublin	3163
Smith, C.	Dublin	3135
Duby, J.	Dublin	3116
Haward, E. T.	London	3097
Grosse, D. C.	Dublin	3040
Dickinson, F. F.	Galway & Dublin	3040
Barrie, A.	Glasgow	3038
Dodge, S.	Belfast	3027
Flood, S.	Dublin	3000
West, G. B.	Dublin	2993
Canny, D. J.	Dublin	2975
Vallance, E.	London	2969
Candy, J.	London	2861
Ryan, J. B.	Dublin	2785
Hutchinson, C. F.	Dublin	2735
Fustace, E.	Dublin	2705
Peatfield, T. J.	London	2693
Coulter, J. R.	Dublin	2619
Blackhouse, C.	Dublin	2600
Ward, E.	Dublin	2581
Maturin, J.	Dublin	2537
Reuton, D.	Edinburgh	2453
Healy, C.	Dublin	2392

BIRTH.

COOMBS. On February 13th, at Devonshire Place, Wandsworth Road, the wife of S. Coombs, Esq., Surgeon, of three daughters.

MARRIAGE.

*ARNISON, Charles, L.R.C.P.Ed., of Alston, Cumberland, to Margaret, youngest daughter of the late John Dickinson, Esq., of Newcastle-upon-Tyne, at Newcastle, on February 28.

DEATH.

*PLIMMER, George, L.R.C.P.Ed., at Melksham, Wiltshire, aged 63, on March 1.

MR. CLOVER has been appointed to administer chloroform at the Westminster Hospital.

NEW LUNATIC ASYLUM. Ayrshire is to have a new lunatic asylum, its estimated cost being £17,500.

BEQUEST. By will W. Jaffray, Esq., of St. Mildred's Court, Poultry, has left to University College, £2,000.

SUCCESSFUL OPERATIONS. During the last two or three months, all the operations, seven in number, of strangulated hernia, performed at St. Mary's Hospital, have been successful.

THE DREADNOUGHT HOSPITAL. The *Dreadnought*, it has been decided, shall cease to be used as a hospital ship. In its place, a suitable and convenient building is to be erected on the side of the river.

CESAREAN SECTION. Dr. Wiblin lately performed the Cesarean operation at Southampton, in a case of deformed pelvis. The woman died twenty-five hours after the operation.

ANONYMOUS CHARITY. During the last week a lady, who declined to give any name, paid into the hands of the treasurer to the Royal Free Hospital, £1,000 towards the funds of that charity.

PRESENTATION TO PROFESSOR LUDWIG. The students of Vienna have presented Professor Ludwig with a large silver cup, as a mark of their gratitude to him, on the occasion of his leaving for Leipzig, the scene of his future labours.

TESTIMONIAL TO DR. PINCHARD. A tea-service has been presented to Dr. Pinchard of Cottenham, in Cambridgeshire, by his neighbours, inhabitants of the villages of Milton, Waterbeach, and Landbeach, as a testimonial of their high esteem of him.

HEALTH OF THE METROPOLIS. The deaths in London returned for the week were 1482. Eleven persons were registered as having been killed by horse-conveyances. Seven persons died at the age of 90 years and upwards; the oldest was 96 years of age, and was a pensioner of Greenwich Hospital. A labourer died from "poisoned condition of blood", in consequence of having been employed in white-lead works.

UNIVERSITY OF LONDON. At a late meeting of the Medical Subcommittee of the Annual Committee of Convocation of the University of London, the following resolution, proposed by Dr. Maudsley and seconded by Dr. Sibson, was carried: "That it is desirable that a certificate of having attended a course of clinical instruction in mental diseases should be required from all candidates for the Second M.B. Pass Examination; and that the examinations should necessarily embrace the subject of insanity."

THE ROYAL HOSPITAL FOR INCURABLES has celebrated its ninth anniversary. Mr. G. J. Göschen, M.P., presided. The institution was founded by the late Dr. Reed, in 1854, and was expressly designed for that class of persons who need it most. All incurables who are not rich enough to be properly cared for in their own houses, and who are not poor enough to be ranked with paupers in the union-houses, are the proper subjects for the Royal Hospital for Incurables. The Chairman stated that a new wing had been added to the building. A long list of subscriptions amounting to upwards of £4,000 was read.

McGILL COLLEGE. The attendance of students at the University of McGill College in Canada this session is in excess of any previous year, notwithstanding the absence of a number who, last year, passed their primary examination, and are now serving in the Northern Federal army as assistant-surgeons.

A SURGICAL PATENT. Under the head of notices of patents we find the following:—T. J. Ashton, Cavendish Square, "An improved portable pneumatic apparatus, applicable in surgery and medicine for all purposes, as a douche for affusion, irrigation, injection, and for enemata."

PROFESSIONAL EXAMINATIONS. The next preliminary examination in the subjects of general education will take place at the Royal College of Physicians on the 28th and 29th inst.; and at the Royal College of Surgeons, probably in June next. At the latter institution, the next primary or anatomical and physiological examinations for the present session will take place on Saturdays, the 8th, 15th, and 29th April; and the pass or surgical and pathological examinations for membership, on the 22nd of April and 6th of May. The examinations for the fellowship will take place, as usual, in May next, about which time the Midwifery Board will meet.

NETLEY HOSPITAL. In the House of Lords, on Monday last, Lord Dalhousie called attention to the condition of the Military Hospitals at Netley and Woolwich. He detailed the circumstances under which Netley Hospital was erected, at the close of the Crimean war; and contended that in every respect it had proved most successful. It was intended for the reception of invalid soldiers returning from foreign stations, or the colonies, and suffering from wounds or the effects of climate. The site of the hospital had been described as unhealthy, and strong efforts had been made to defeat the objects of the establishment. But those efforts had failed; and, from a recent inspection of the building, he was satisfied it answered its purpose admirably. The condition of the new hospital at Woolwich, on the contrary, he thought very unsatisfactory. It was not suited to the purposes either of a general or regimental hospital. It was some distance from the garrison, and from the residences of the medical officers; while the old Woolwich Hospital was quite sufficient for the sick of the garrison. As invalid soldiers were always landed at Gravesend, they had to be conveyed to Woolwich in small steamers; and the only spot where they could be put on shore there was the landing-place at the arsenal, two miles from the hospital. He stated other objections to the building, and condemned the practice of adopting too exclusively the advice of civilians in matters of military hygiene. The Government would avoid many errors, if it would be guided by the opinion of the military medical officers. Lord De Grey admitted that the hospital at Netley had proved successful, and thought it would be better to suspend opinion as to the establishment at Woolwich till it had been tested by use. He pointed out that many of the evils discovered during the Crimean war had arisen from a too rigid adherence to the regimental system. It therefore became expedient to establish the general hospital at Netley. But, in case of war, one establishment of the kind would not be sufficient. A second general hospital had, therefore, been built at Woolwich. As to the system of consulting civilians on matters relating to the health of the army, it had been found advantageous; and he did not think the time had yet arrived when it could be dispensed with. Lord Ellenborough said the one great object to be kept in view in building a hospital was the health of the inmates. This, he feared, was not always the

case. Soldiers, too, were bound to take some care of their own health. If, when properly told what to do, they defied the rules of common sense, they must suffer accordingly. The Duke of Cambridge thought that expensive fittings, both in hospitals and barracks, should be avoided, though questions as to damages by the soldiers had recently been very liberally treated by the Government. He bore testimony to the success of Netley Hospital.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."
TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Southam (Manchester), "Anastomosis by Anastomosis of the Sculp, treated by Setons and Ligation of the Common Carotid"; Dr. Hillier, "On Congenital Hydronephrosis."—Anthropological Society of London, 8 P.M.
WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Peacock. Croonian Lectures. "On some of the Causes and Effects of Cardiac Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."
FRIDAY. Royal College of Physicians, 5 P.M. Dr. Peacock. Croonian Lectures. "On some of the Causes and Effects of Cardiac Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

TO CORRESPONDENTS.

* * * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

APPARATUS FOR CLEFT-PALATE.—SIR: The object of my introducing the patient with the apparatus for cleft-palate, before the Odontological Society, is not made apparent in your JOURNAL of the 25th ultimo. It was simply to afford the Society an opportunity of judging what improvement would take place after the apparatus had been worn for some time. The members having now seen the patient in his original state, will be able to form a just opinion of the improvement in articulation produced by the use of the apparatus, as it is of course my intention to exhibit him to the meeting upon a future occasion. It is true that the apparatus was placed in the patient's mouth upon that occasion; but it was only to show the facility with which it could be worn on its first introduction.
I AM, etc., ROBERT RAMSAY,
65, Wimpole Street, Cavendish Square, March 2nd, 1865.

P.S.—The patient may be seen at my house any day by any one interested in the matter.

COMMUNICATIONS have been received from:—Mr. T. PRIDGIN TEALE, JUN.; Dr. WOODFORD; Dr. C. L. ROBERTSON; Mr. R. S. FOWLER; Dr. W. H. D. SANKEY; Dr. DURANT; Dr. HORACE DOBELL; Mr. A. B. STEELE; Dr. HENRY SIMPSON; Mr. WATKIN WILLIAMS; Mr. T. M. STONE; Mr. R. GRIFFIN; Mr. T. SPENCER WELLS; Mr. J. Z. LAURENCE; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. HENRY LEE; Mr. HARRISON; Mr. PICK; Mr. TOYNEE; Mr. JONATHAN HUTCHINSON; and Mr. F. MASON.

BOOKS RECEIVED.

1. Answers to Various Objections against Acupuncture. (From Dr. Simpson's "Acupuncture.")
2. Photographs of Diseases of the Skin. By A. B. Squire, M.B. Lond. No. XII: Lupus. London: 1865.
3. Sanitary Statistics of Cheltenham. By Edward T. Wilson, M.B. London: 1865.
4. On Some Malformations of the Organs of Generation. By Wm. Turner, M.B. Edinburgh: 1865.
5. The Twenty-Ninth Annual Report of the Canterbury Dispensary.
6. The Modern Practice of Medicine: A Lecture delivered before the Royal College of Surgeons. By D. Rutherford Haldane, M.D. F.R.C.P. Edinburgh: 1865.
7. Lecture on Perfumes. By Septimus Piesse. London: 1865.

ADVERTISEMENTS.

ESTABLISHED 1848.

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Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P. EDIN. AND F.R.C.S. ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL,
MANCHESTER.

CHAPTER IV.

On the Performance of the Cæsarean Section, etc.

THE process adopted by Nature in some of those cases of labour in which she cannot overcome the obstacle which prevents the passage of the infant through the pelvis, is, in the first instance, the yielding of the uterine tissue, thereby making an opening for its escape. Afterwards, if the constitutional powers prove equal to the entire process, an incase-ment of the foetus is effected by the effusion of lymph. And, after a time, a pointing in some part of the abdominal parietes shows itself, which is soon followed by ulceration, and part after part of the infant passes through the opening, until the whole contents of the cyst are discharged. This is a very slow and hazardous process.

In adopting the Cæsarean section, we in some measure imitate Nature in her attempt to remove the infant, although by a much more safe and an expeditious plan.

This operation ought not to be made one of display. There should only be a very few persons present; and the greatest quietude should be afforded to the patient. Every cause likely in any way to create unpleasant emotional feeling should be most carefully avoided. These rules were strictly observed in the two successful cases in which I was engaged. It is of the first importance, when possible, to adopt all such measures as will prepare the patient to undergo this operation, by improving the general health.

The bowels should be emptied by a large quantity of warm water thrown into the rectum and colon, by an enema-apparatus with a long flexible tube (like the one used to enter the stomach), so that its extremity can reach beyond the great projection of the sacrum.

The bladder must also be emptied by a catheter, equal in length to that used for the male. This organ is forced downwards and forwards, and lies under the deflected uterus, whereby its cervix is lengthened and compressed upon the pubes. This altered position of the bladder is particularly to be observed during the latter month of pregnancy, in cases of pelvic distortion from mollities ossium. Frequent examinations *per vaginam* have been already shown to be extremely injurious; so that this practice should not be allowed. In an exploration made to ascertain the measurement of a distorted pelvis, the obstetrician is compelled to pass his hand completely, and as far as possible, into the vagina. Anxious to ascertain the state of the os uteri, the presentation of the infant, and the exact available space in the

pelvis, he prolongs the operation, and often repeats it. And when consultations are numerous (as is too common) in these cases, serious mischief is inflicted on the pelvic organs and tissue. By one effectual examination, every necessary information may be obtained. The interest of the patient is best secured by having only a limited number (say two persons) in consultation.

The operation should be performed on the bed; so that the patient may be kept as quiet as possible afterwards. In some of the cases in which the woman was removed to a table, some untoward circumstance happened.

The temperature of the room should be regulated, and a genial warmth of the atmosphere maintained.

The uterus projects more or less forwards; and when the pelvic distortion is caused by mollities ossium, this organ assumes the retort shape. Its projection is so great, that its normal anterior surface rests upon the thighs of the patient when she sits, so that the fundus necessarily stands most foremost. Before the incision is made, it is of the utmost consequence to raise the deflected uterus up; or else the fundal tissue, which abounds with large anastomosing vessels, must unavoidably be divided. Neglect of this caution has, no doubt, led to the hæmorrhage which happened in some of the cases. A division of the structure of the upper part of the fundus of the uterus must certainly interfere with the regular or efficient contraction of this organ, and thereby produce a gaping character of the wound.

When we contemplate the mischievous effects of protracted labour, and review the unfavourable condition in which most of the patients have been brought by unwisely procrastinating the operation, we must at once be convinced how important it is to perform it early. The sooner the better it is had recourse to after it is determined upon, either as one of election or one of necessity.

When labour is rendered difficult by great distortion of the pelvis, or by large exostoses, or by large tumours in its cavity, some of those natural organic changes are not to be found, which would otherwise guide us, and enable us to judge of its commencement and progress. To wait, then, in such cases as these for the dilatation of the os uteri is not only a great mistake, but also a very great evil; for, in most of them, this part of the uterus cannot be touched, and, in general, very little dilatation of it does or can take place.

The dangers of delay, on expectant grounds like these, which so frequently happened in the registered cases, ought to guard us against waiting for those indications which cannot possibly be discovered, and induce us to operate early. As soon as the labour is established, and before or immediately after the membranes are ruptured, is the most favourable time to proceed. Great advantage accrues from adopting this plan; for the length of the uterine incision would relatively diminish in size, equal to the diminution which takes place by the contraction of the uterus. Another great advantage arising from this course is, that the danger of protraction would altogether be avoided. It is a well known fact, that little risk comparatively occurs before the waters are discharged.

Before the incision is made, the location of the placenta should, if possible, be ascertained, in order

to avoid its being wounded. In the 77 cases, it is reported as follows. In 29 it was connected to the fore part of the uterus; of this number, in 2 it was placed towards the fundus; in 13 it was cut upon. In 10 cases, it was adherent on or towards the back part of the uterus. In 31 cases, the position of it is not alluded to; and, therefore, it is to be presumed it was posteriorly placed. In 5 cases, it occupied the fundus; in 1 case, it was found near the left Fallopian tube; and in one case, it was attached (placenta prævia) over the os uteri.

This minute inquiry as to the precise fixture of the placenta has not been made merely for the purpose of suggesting rules of caution which ought to be observed before making the incision: but, also, of proving that this organ has not a definite position assigned to it.

It is, then, of the greatest importance to make the incision so as to avoid, if possible, cutting upon the placenta; as considerable danger may accrue from so doing.

The stethoscope will nearly always enable us to avoid these hazards. By it we derive positive information of the infant's life, by hearing distinctly the pulsations of its heart; and it affords us negative evidence of the infant's death, when no cardiac sounds are perceived through it. The audibility of the "placental *soufflet*" directs us to investigate the quarter from whence the murmurs proceed: and by attention, we may nearly always assure ourselves in what vicinity of the uterus the placenta is fixed. If this sound is not heard, we have a right to conclude that this organ is not within the reach of the knife if the infant be still alive. If it be dead, no great risk will be incurred if the placenta be divided, as the vascular function of this organ will then, doubtless, have ceased.

The position and direction of the external incision has varied. In 57 cases, it has been made longitudinally: in 11 of which number, it was made on the right side; in 24 cases, it was made on the left side; and in 22 cases, it was made in the centre of the abdomen. In 2 cases, it had a transverse direction on the right side. In one, it was made obliquely on the right side. In 17 cases, the situation and direction of the wound is not recorded.

I prefer the wound to be longitudinal, and on the left side.

There are no tissues concerned in the operation which require very slow or nice dissection; therefore, unnecessary tediousness should be especially avoided. If the uterus be slowly incised, the stimulus of the knife instantaneously throws this organ in violent and irregular contraction, which separates the placenta, and entails mischief on both the mother and the infant. Every precaution having been taken, we ought to strictly observe the motto, "*Cito et tuto*". The incision should be made on the body of the uterus, because this portion of the organ is eminently contractile, and ought to extend well towards the fundus, but not into it. It ought not, however, to be carried too far down into the cervix uteri, because this part possesses dilatable properties which are unfavourable to a diminution in the size of the wound.

When the uterine incision is completed, there should be no delay in withdrawing the infant. When it lays in its usual natural position, with the head over the brim of the pelvis, then the obstetri-

cian should seize its legs with his right hand, and pass his left cautiously and quickly down so as to embrace the face on one side, or the hind part of its head. By this mode, a double power could be effectually exerted: one of traction by the legs, the other by raising the head upwards.

If the breech offer at the incised uterine opening, the practitioner should seize it with his right hand and withdraw it, and at the same time use his left hand as above mentioned. If the head lay in proximity with the incision, then it ought first to be brought forth, and, at the same time, he should pass one hand cautiously forward along its body so as fairly to embrace the breech, and act with both his hands as recommended above. These precautionary rules are suggested to prevent the grasping seizure of the neck or the hips of the infant, as the case may be, during its removal. (*Vide* remarks already made.) One or two writers have urged, that the head of the infant should be always first extracted, on the grounds of being safer for it; but a conditional practice, according to its position in the uterus, is by far the best.

The head is most generally situated in the lower segment of the womb, and, therefore, at some distance from the centre of the incision. In order to bring it fairly to the opening, it would produce a great strain on, if not laceration of, the contracted uterine tissue, and create nearly a doubling of the child upon itself before it could be extracted. And as expedition is required, it would be found that the bulk of the head was not very readily grasped with sufficient firmness so as to ensure its speedy withdrawal. Time would be lost, and impediments added. The placenta, with the membranes, should be also quickly extracted.

Protrusion of the intestines is very apt to occur during the operation; this becomes very troublesome to the operator and distressing to the patient, and a considerable time is consumed in order to replace them. This accident not only predisposes to remote mischief; but it immediately tends to depress the vital powers of the woman. She feels faint, and has a sense of sinking. Every care should, therefore, be taken by the assistants to repress and retain these viscera under the integuments by an extended application of both hands on each side of the incision. It is of the utmost importance, that the edges of the external wound should be effectually secured. Sutures or pins ought to be inserted at very short distances; and a considerable extent of the parietes (not embracing the peritonæum) should be included, especially in those cases in which the integuments are much attenuated.

The after-management of the patient must be conducted on recognised medical and surgical principles. Much mischief has been done by active treatment; and it should never be forgotten that, even if it be thought desirable to pursue this plan, it should always be relative to the state of the woman. A negative treatment has been found by me most advantageous. Opium, in full doses if required, should be given.

It is now a general practice to administer chloroform before and during the performance of important operations. If cautiously used, the data already accumulated justify the inference that it is of great advantage to the surgeon, by inducing a state of resistless quietude of the patient. The severity of the

pain inflicted by the knife is considerably lessened, and the shock to the nervous system is thereby diminished. In the majority of surgical operations, there are no other contingent circumstances relative to the administration of this drug which require the attention of the operator, except the necessity of his having first ascertained whether there exist any organic disease of the heart or large vessels which would be dangerously influenced by it; but it is otherwise when it is proposed to use it in a Cæsarean case.

The incision made into the uterus must be at first necessarily large, to enable the obstetrician to extract the infant and the placenta; but, after their removal, the length of the wound is very considerably diminished by the contraction of this organ, which, if not interrupted, is both instantaneous and energetic, thereby effectually preventing any great loss of blood. It is, therefore, very important to inquire whether chloroform interferes with, or altogether suspends, this normal contraction; or whether it induces this action *de novo*, or strengthens it in intensity.

Chloroform has been inhaled in fifteen Cæsarean cases: in one of which there was hæmorrhage; in two of which there was very little blood lost; one of which cases, it is stated, was benefited by its inhalation; and in three instances the discharge of blood was considerable, two of which proved fatal. One of these cases, however, recovered. In one of the cases, the uterus did not contract much; in one, the hand was pressed upon it to induce contraction; in four cases, it is stated, that this organ contracted well. Three of these patients were completely unconscious; and one (which I saw) was only partially under the influence of chloroform.

Ether was administered in one case in which there was some bleeding, but not so much as to be considered to be alarming.

Obstetricians differ in opinion as to the positive effects of chloroform on the uterus. Some say uterine action is retarded by it. Others, again, assert that it does not interfere with it; and there are others who affirm that it promotes and strengthens it. The data which exist on this subject are very meagre and very contradictory; and, therefore, with such discrepancy of opinion, it is impossible to come to a satisfactory conclusion on this subject, especially in reference to its use in Cæsarean cases, in which it is of the highest importance that the normal action of the uterus should not be disturbed. It would, however, be most advantageous to the patient, if she could be safely spared the pain inflicted by the operation; although not one of those women in whose cases I was concerned complained of pain during its performance, but, on the contrary, bore it with great moral courage and fortitude; and most of them observed that they suffered less from the incision, than the anguish they had endured from one of the unavailing labour-pains.

The disturbed state of the vascular and nervous system in all those women who have undergone this operation, must most assuredly render them unfit subjects for chloroform; and, therefore, the deductions which may be drawn from the results in these cases in which the women laboured under incurable disease, and were exhausted from protracted labour, ought not to prejudice us altogether against its use.

We find that vomiting occurred in eleven of the sixteen cases in which chloroform had been administered. In two of the cases, the abdominal wound was rent open by the violent efforts induced; and in several of the others, disagreeable effects ensued. If chloroform do really produce vomiting and its injurious effects, there can be no doubt it ought to be discarded, as it is most important to keep the patient free from all causes which have a tendency to disturb the reparative process in the wound.

So long as the Cæsarean operation is considered only one of necessity, and its performance so unwisely and so cruelly delayed, great risk must attend the inhalation of chloroform. But, if it be made an operation of election, so that women who are in a better constitutional state undergo it, and if, likewise, it be timely performed, then it may be found that great advantage may be derived from the use of this drug; but, nevertheless, before we acknowledge chloroform as a recognised means for this operation, we ought to be fully satisfied what effects it produces on the uterus.

SUPPRESSION OF QUACKERY. No quack is permitted to practise in France. When a man is about to commence the practice of medicine in any town there, he is obliged to present to the mayor, or other authority of the town, his diplomas, and if they are not *en règle*, he is not allowed to open his practice. The result is, that the public health and the purses of individuals are alike protected. Why cannot that which is done in France be done in England? (*Solicitors' Journal*.)

SCOTTISH REGISTRAR-GENERAL'S REPORT. The Registrar-General observes that the character of the weather during any year is almost always different in Scotland and England. In 1864 England was suffering from drought; the returns from 55 stations show a fall in Scotland of 38.6 inches, a fall somewhat above its average. There was nothing in the meteorological phenomena of the year to account for the great epidemic of typhus which prevailed. It attacked large masses of the people in the early months of the year, abated in the warmer season, but again resumed its virulence in September, and increased more and more till the year closed. The epidemic appeared among the people while in the midst of plenty, plenty of work, high wages, and cheap food being the characteristics of the year. The town where the demand for labour has been greatest and wages highest, and in which there need not be a single person idle—viz., Greenock, has been the town where typhus has been most virulent and fatal, causing above 14 per cent. of the deaths of the year, including among its victims four of the medical practitioners. Taking the experience of the Royal Infirmary of Edinburgh—namely, 1 death in every 12 cases of this epidemic, above 7 per cent. of the population of Greenock must have been attacked with typhus fever in 1864. But Greenock is shown by the register year after year to be by far the most unhealthy of the eight principal towns of Scotland, if not the most unhealthy town in Scotland. The inhabitants have to contend with two adverse causes which tend to induce predisposition to attacks of epidemics—a low-lying, damp site, and greatly overcrowded dwellings, the house accommodation not keeping pace with the increase of the inhabitants. The report has to record an extremely unhealthy year; but small-pox was happily less prevalent than in 1863, and the new compulsory Vaccination Act is working much better than was anticipated.

Clinical Records.

XV.—REMARKABLE CASE OF PURPURA HEMORRHAGICA, FOLLOWING SYPHILITIC CARIES OF THE BONES OF THE NOSE.

BY
HENRY LEE, Esq., F.R.C.S.,
SURGEON TO ST. GEORGE'S HOSPITAL.

A GENTLEMAN had suffered for some months with disease of the bones at the back of the right nostril, and a piece of bone at one time had become separated, and was swallowed. A very large number of rupial looking sores formed on different parts of the body. These sometimes extended, sometimes healed, and at other times remained stationary. Occasionally, and generally when the ulcerations were better, he had very severe pains, accompanied by a considerable amount of swelling in different parts. These "rheumatic pains", as he called them, affected principally the elbows, wrists, and knees. The pulse was generally quick, weak, and occasionally irregular; and he had been under the care of several physicians for supposed disease of the heart. He frequently felt faint, and was in the habit of carrying some stimulant in his pocket.

On October 11th, after having been unusually depressed and uncomfortable, hæmorrhage occurred from both nostrils. This was followed by a swelling, which attained the size of a bean, on the lower lip. This swelling was formed of epithelium raised by effused blood. Spots of purpura appeared all over the body, but chiefly upon the arms. Hæmorrhage occurred from the gums, and from the mucous membrane of the eyes. The urine passed contained blood. The nostrils, from which the largest amount of blood passed, were now plugged.

Oct. 12th. Three chamber-pots, each more than half full of bloody urine, had been kept. Hæmorrhage from the gums continued. The skin was yellowish. The mouth was occasionally filled with blood. There were hicough and sickness. Some blood oozed from the penis.

Oct. 13th. Three chamber-pots, each more than half full, of bloody fluid had again been passed. The contents of one of these vessels had become coagulated in one mass.

Oct. 14th. Fresh spots continued to appear upon the skin. There was a continued sensation of sickness and occasional vomiting. Food and medicine were rejected, mixed with altered blood.

Oct. 15th. The motions contained a large quantity of decomposed blood. The lips were blanched. Bleeding from the gums continued. The urine contained nearly the same amount of blood. Ruspini's styptic was ordered.

Oct. 16th. The pulse had become more regular, and rather stronger. The bleeding from the mouth had stopped. He passed a much smaller quantity of water. The lips had assumed a more natural colour.

Oct. 17th. There was excessive restlessness. Many of the spots on the body and arms had assumed the appearance of large bruises. The bleeding from the mouth has recurred. He had great difficulty in swallowing.

Dr. Markham now saw the patient in consultation, and gave a decided opinion that there was no disease

of the heart. Nothing could, after this, be kept on the stomach in any quantity; and the patient died on the 18th.

Dr. Dickenson was good enough to examine the body on the following day. The bones at the back of the nose were extensively diseased. Spots of purpura of various sizes, and presenting different colours, were scattered over the body. In the chest, the heart was found quite healthy. Spots of ecchymosis studded the surface and the interior of the lungs. Similar spots existed on the convex surface of the diaphragm.

In the abdomen, spots of ecchymosis were scattered over the whole of the intestines, and could be seen of various sizes under the peritoneal covering.

The kidneys, which were otherwise tolerably healthy, were mottled throughout their structure and upon their surface with circumscribed patches of a very dark colour. These contrasted strongly with the appearance of the natural structure of the organ, and produced a very peculiar and remarkable appearance.

The pelvis of the kidney and ureter on each side was full of what appeared to be semi-coagulated blood.

The intestines were filled with a brownish fluid, evidently composed principally of blood which had been changed by the secretions of the stomach and intestines.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

CASE OF AMPUTATION THROUGH THE KNEE-JOINT:
WITH REMARKS.

By THOMAS P. PICK, Esq., Surgical Registrar.

THE cases in which amputation through the knee-joint is practicable are very uncommon, and rarely fall under the notice of the surgeon. The following case is, therefore, recorded as showing the good results which may follow this operation; and also that the great objection—viz., the extensive suppuration which is said to ensue in these cases—is not so formidable as is sometimes supposed.

James F., aged 51, sawyer, was admitted November 9th, 1864, under the care of Mr. Pollock.

History. Twenty-five years ago, a small pimple appeared on the leg. It increased, and "became like a wart, remaining quite dry," until five years ago, when he knocked it off. Since then, it increased in size, and constantly discharged a thin fluid. Latterly, it increased very rapidly, and the discharge became very offensive.

On admission, the right leg was found to be much swollen; the skin red and tense. Over the front of the tibia, extending two-thirds of the length of that bone, was a large foul ulcer; the edges were very much raised, hard, and nodulated. It appeared, from looking at the edges, to consist of a number of hard uneven nodules, which had burst and ulcerated in their centre, though the greater part of the wound was covered with a foul, uneven, ulcerated surface, supporting pale flabby granulations. Here and there, the surface of the tibia could be felt to be exposed and roughened. The glands in the groin were slightly enlarged. The patient was thin and emaciated; his countenance pale; aspect anxious; pulse

weak and quick. There was profuse and extremely offensive discharge of a peculiar sickly odour.

Nov. 17th. Amputation through the knee-joint was performed under chloroform. A large semilunar flap was made on the front of the joint, and was joined by a smaller one on the posterior surface; the various ligaments were then divided, and the limb separated. The patella was not removed. Several vessels required ligature. The flaps were brought together by silver sutures, the anterior one being sufficiently long to completely cover the end of the bone. On examining the parts afterwards under the microscope, well-marked cancer-cells were found.

Nov. 19th. There was considerable febrile excitement. His tongue was dry and brown; mouth parched; the bowels were not open; pulse 64, weak. There was a little discharge from the wound. He was ordered to have four ounces of red wine; and an effervescing saline draught every four hours.

Nov. 21st. He still continued feverish; did not sleep. His countenance was anxious. He had no pain, but the stump "felt heavy". The tongue was inclined to be red at the tip. Pulse 72; skin hot and dry; conjunctiva tinged. The bowels had not acted since the operation. He was ordered to have a common enema immediately.

Nov. 24th. The patient felt very much better. His tongue was almost clean. He slept well, and enjoyed his food. There was some swelling of the stump, and very considerable discharge. The sutures had been removed; and the flaps had separated, leaving a portion of cartilage exposed. He was ordered to have warm Goulard lotion applied.

Nov. 26th. There was very much less swelling, and less discharge. The wound was quite clean and healthy, and was beginning to cicatrise; there was one small point of cartilage still exposed. He felt very well in himself.

From this time he went on well; the wound healing. On December 17th, the notes say that the wound was nearly healed; one small sinus remaining, which discharged slightly. He was discharged December 21st, with a very good stump. The patella was drawn a couple of inches up the front of the femur; there was a soft cushion over the end of the bone.

There is no doubt that the advantages of this operation, where practicable, over amputation of the thigh higher up, are great. Among them may be ranked the facts, that the limb being removed at a greater distance from the trunk, there is less shock to the system; that the medullary canal not being opened, there is less chance of purulent infection; and that there is a longer stump left; and, moreover, that stump has a somewhat clubbed extremity, thus permitting the more perfect adaptation and the firmer hold of an artificial limb. The principal disadvantage appears to be the leaving behind a certain amount of cartilage and synovial membrane, which must be destroyed by suppuration before the wound can heal. This may be obviated by sawing off the articular extremity of the femur, as is commonly recommended by authors on this subject; but, in this procedure, some of the advantages accruing from this operation are lost.

Of the two operations usually recommended, the one performed in this case appears to possess decided advantages over the one recommended by Syme, of making the large flap from the integuments of the ham; the tough skin over the knee forming a far better pad, and one well adapted for pressure; and at the same time, in the former operation, there is much freer exit for discharge.

It becomes a question whether, in these cases, the patella should be left; but there does not appear to be any object in removing it; for, as in the case

under observation, it becomes drawn up out of the way by the extensor muscles, and does not in the slightest degree inconvenience the patient.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.

THE TREATMENT OF GLAUCOMA BY IRIDECTOMY.

Under the care of J. V. SOLOMON, F.R.C.S.

[Concluded from page 639 of last volume.]

CASE XXIV. *Inflammatory Glaucoma of Two Weeks' Duration: Blindness: Iridectomy; Reads Pica, or Jäger's No. 12.* Eliza Spencer, aged 40, was admitted January 14th, 1864, with blindness from inflammatory glaucoma of two weeks' duration. The tension was of the second degree (T 2). Owing to the patient being very excitable, intractable, and "deaf as a post", no ophthalmoscopic examination was attainable, either on admission or subsequently. There was external redness of the eye; a much dilated pupil. The humours were too cloudy to admit of illumination.

Operation. A broad iridectomy of the upper circle was at once performed. The portion of iris removed was more easily separated from its origin than in any case in which I have operated. No untoward accident followed the treatment. In three weeks (February 16th), the tension was rather below the normal standard. At this date, the patient could see features plainly, and read Snellen's xx. Examination at a later period in the year proved that, with a ten-inch convex, she could read pica, or Jäger's No. 12. The tension was normal.

This and the preceding case were examined by the members of the Midland Medical Society, during the presidency of Mr. Langston Parker.

CASE XXV. *Subacute Choroido-iritis of Five Weeks' Duration: Eyeball hard (T 3): Perception of Shadows only: Iridectomy. In Thirteen Days, Pica was read with Ten-inch Convex Glass.* John Reynolds, aged 52, was admitted February 14th. He was in excellent health. The left eye presented the usual signs of subacute choroido-iritis. The pupil was not dilated more than the right, which is healthy, and presents a diameter of about three-quarters of a line. The sensibility of the cornea was good; the eye as hard as a stone. The right globe was also hard (T 2½). Vision was limited to the perception of the shadow of two fingers at nine inches—not further. He has never had much pain. He became aware of his disease from having, five weeks since, accidentally closed the right eye; after which, iridisation and much variation at times in the visual power were noticed. For two weeks previous to admission, he received medical treatment; when, in consequence of no progress having been effected, Dr. Harrison of Walsall sent him to me as a proper case for operation.

A moderately broad iridectomy was immediately made at the upper and outer circle. No accident occurred; no blood entered the chamber. The eye was dressed with cotton wool, and a few turns of a bandage made of "domet". In three days, features could be seen, and fingers counted. On the thirteenth day of operation—viz., February 27th—Jäger's No. 12, or pica, was read at nine inches, with the aid of a ten-inch convex glass. In doing this, the eye was much everted, and required time for fixation. The globe continues to be hard. He was allowed to return home to Walsall.

March 10th. The nasal and temporal fields of vision are three inches respectively.

The preceding report is condensed from full notes taken by our house-surgeon, Mr. Arthur Bracey.

Original Communications.

WHAT IS CHANGE OF TYPE IN DISEASES?

By W. O. MARKHAM, M.D., F.R.C.P., Physician to St. Mary's Hospital.

DR. BARCLAY must not be surprised if his lectures on *Medical Errors* "excite", as our French brethren say, "susceptibilities". If he had contented himself with pointing out the illogical therapeutical doings of the Arabians, or of the Greeks or Romans of old, or even of our dead and buried great ones of the last generation, he would probably have not been troubled with objectors. But to prove to a modern living doctor that some favourite method of cure of his—in defence of which he is ready to stake his reputation and all his convictions—is a perfect delusion, naturally renders that doctor atrabilious. It has very much, in fact, the effect of treading on a man's favourite—that is, most exquisitely tender—corn. It is, indeed, at all times, a serious thing to be shown up as an illogical dealer with facts by so high an authority as Dr. Barclay, and in a work, too, especially devoted to the treatment of the "fallacies of the faculty"; and persons naturally become very thin-skinned when, in addition, they are castigated before that high court, the College of Physicians. Happy are such persons, therefore, if they can find a screw or two loose in the armour of the logician himself.

I should not, however, myself have ventured to call attention to a passage in Dr. Barclay's *Medical Errors*, wherein I am indirectly called to account, if I did not think that Dr. Barclay's error—for so I must be bold enough to call it—was far from being peculiar to himself. I refer to the interpretation which he gives of the meaning of the words "change of type" in disease. The words are very common ones, it is true—words of late years almost in daily use in our conversations about diseases. But do we really know each what the other means when we are using them? Have we, many of us, really any distinct idea at all of the actual value of the terms? I have at times asked friends offhand what they mean when they speak of this "change of type"; and have been often surprised to find how vague is their notion of its import. Moreover, when I find in a work devoted to the enunciation of "medical errors", what seems to me a manifestly erroneous definition of the term, I think I may be excused if I attempt to give to it something of its actual value; or, at all events, if I ask Dr. Barclay, when he uses it in future, to define his terms. The question is not a mere barren tale of words; for the actual practical doings of doctors are closely mixed up with this "change of type".

Dr. Barclay's error will be found in the following passage of his *Medical Errors* (p. 81).

"I need not, however, examine a question which has been so ably discussed* on a recent occasion, when we were taught that there is no change of

type in disease, though cholera was unknown in Europe forty years ago, and though plague, once so constant a visitant in this city, has, for the present, entirely ceased to spread beyond the regions of the Levant, where it seems to have its constant habitat."

My friend Dr. Barclay, in this passage, whilst nominally flattering my "able discussion" of the subject of bleeding, actually convicts me of apparently a very barefaced absurdity in discussion. I think his logic should have suggested to him that, when the *reductio ad absurdum* was so manifest in the conclusion, it was probable that he and I differed because we attached a different sense to the terms we used. Indeed, if my friend had taken the trouble (which I must now ask him to do) to read, in the lectures which he criticises, the definition which I have there given of "change of type of disease", he never could have written the words of his above given.

Dr. Barclay has thus, in his *Medical Errors*, himself committed a great error. He attempts to convict me of an absurdity in argument, by improperly using the words "change of type", not in my sense, but in a sense which he himself has given them, and which never has been given them by any departed, and, I may venture to say, never will be again given them by any living, doctor. He employs the term erroneously; and then gives me a quietus—a logical settler—as the correct conclusion of his false assumption.

Now, according to Dr. Barclay, whenever a new disease appears, and whenever an old one disappears, a "change of type in disease" has taken place. Thus, for example, when syphilis, or when cholera, or when yellow fever, or when small-pox, first appeared, disease changed its type. In fact, whenever Pandora has opened her box and let a new disease loose on the earth, or has transported a disease from one quarter of it to another, diseases have changed their type in the district where the event has happened.

More than this, Dr. Barclay says, if plague no longer ravages London, disease has changed its type. If small-pox, therefore, were to be annihilated by vaccination, diseases would have changed their type. If typhoid and typhus, or if ague, under good sanitary arrangements, disappear, diseases have changed their type. According to Dr. Barclay, in fact, *change of type of disease is represented to us by the appearance or the disappearance of disease in a given district*. Surely, he might just as reasonably have argued that vegetables changed their type when the potato was introduced into England; or that quadrupeds changed theirs when wolves disappeared!

Dr. Barclay says cholera has found its way into, and the plague has found its way out of, England: therefore diseases have changed their type! But how, in what way, has disease changed its type? Is cholera not still ever cholera morbus? Is plague not demonstrated to us still by the same tokens and signs which have ever been its fatal diagnostic marks? If a contagious disease be transported from the East to the West, and still ever remain the same identical disease—ever characterised by the most characteristic of symptoms in the West as in the East—where is a change of type to be found? If London be so purified by sanitary arrangements, that the plague can no longer there find a satisfactory pabulum and breeding-ground, how has disease changed its type? Really, I must ask Dr. Barclay if there be any one of the many false deductions, which he has so well shown up in his excellent book, more patently false than the fallacy involved in this assumption?

At all events, be Dr. Barclay's definition true or

* "Blood-letting in Disease." Gulstonian Lectures. By W. O. Markham, M.D., F.R.C.P. (BRITISH MEDICAL JOURNAL, April 1861, &c.)

false, still must be stand convicted of that other fallacy in argument—viz., of using terms in a totally different sense from that which was given them by the writer whom he is criticising; and then, from the necessarily false deduction so arrived at, of accusing the said writer of a stupid blunder.

I will here add the definition which, in the lectures criticised by Dr. Barclay, I have given of "change of type" in disease; and will leave the reader to judge whether his or my definition of "change of type" is most near to its probable sense. I say probable sense, because, for my own part, I have never yet been able to find the smallest shadow of satisfactory proof that any change in the type of disease has ever occurred.

"I know not to whom is due the credit of first suggesting the term of change of type in diseases, nor when it first appeared in medical literature; nor do I know what was the precise idea attached to it by its inventor; but by the term is meant, as I understand it, not any imaginative alteration in the essential nature of diseases themselves, but some change in the condition of the body which is the subject of diseases. Inflammations, I suppose it would be argued, are the same now, in so far as their characters, anatomical and dynamical, are concerned, as they ever were since diseases fell on man; but the body in which they manifest themselves is somehow changed. The general diathesis of humanity has undergone some gradual transformation, so that the manifestations of the reactions of diseases upon mankind are different now from what they were in former days. Moreover, this change, some supporters of the theory tell us, is no partial one; the whole civilised human family has come under the novel phasis. Not only here, but at the antipodes, men will no longer bear the bleedings to which they were once beneficially subjected. And I believe that even veterinary surgeons have found, or have thought to find, the same to be true of the constitution of the animals subjected to their care.

"Besides this, it is not to be imagined that now, for the first time in the history of nosology, such peculiar modifications have occurred in man's nature. The course of diseases amongst mankind, authority assures us, has ever, at different epochs, been marked by variableness and shadows of change. To use the words of the authority referred to: 'There are waves of time, through which the sthenic and asthenic characters of disease prevail in succession, and we are at present living amid one of its adynamic phases.' 'I share in the belief' (he adds) 'which has grown out of the experience of many thoughtful and observant men, that, in this country, at least, the human constitution has for several years been suffering a gradual change; that almost all inflammatory disorders assume now-a-days a more adynamic type, and require less energetic treatment than in the early part of the present century.'

"It must also be remembered, that this supposed change in constitution is something quite distinct from the changes in man's bodily state which result from any of the well defined influences of occupation or climate to which he may be accidentally subjected. This peculiar change is, in fact, the resultant of an influence—an unknown influence—totally distinct from those ordinary influences, whose good or evil operations on the body we can note and appreciate; and, as I understand it, it has fallen alike upon all—upon the ruddy rustic, the corpulent alderman, the thin, shallow, anxious-faced man of business, and the pallid artisan; affecting each of them, and more and less, according to the varying merits of their constitutions."

NOTES ON

THE ADVANCE OF PHYSIC:

BEING THE ANNUAL ORATION BEFORE THE
HUNTERIAN SOCIETY FOR 1864-5.

By JONATHAN HUTCHINSON, F.R.C.S., Surgeon to the London Hospital; and Assistant-Surgeon to the Royal London Ophthalmic Hospital.

MR. PRESIDENT AND GENTLEMEN,—The return of our anniversary, with its customary address, offers an opportunity for general and somewhat discursive remarks, such as would be out of place at one of our ordinary meetings. I shall, with your permission, though, I fear, in but a very imperfect manner, attempt a few remarks on the great object which our Society has in view—the improvement of medical and surgical science; or, to use the concise terms of Sydenham, the Advance of Physic. In doing this, I shall venture to submit to your consideration certain matters of detail, as well as more general speculations.

Great as have been the triumphs of our profession in the past, and immense as has been the expenditure of human skill, industry, and enthusiasm, in achieving them, we have still to regret the exceeding imperfection of our art, in comparison with what the interests of humanity demand. Those who have looked most closely into the matter will probably be the first to admit, and indeed not only to admit, but to exult in the belief, that we have as yet only laid the very foundation-stones of that temple which our profession will, in the future, be privileged to uprear, "to the glory of God, and the good of man's estate."

Chief amongst the means to which we may look for great aid in the future progress of our art, is the much increased use of the pen and of the printing-press. A superficial glance at the present state of things might indeed lead us to suppose that already there exists a glut rather than a deficiency of books and journals. But it is not so. Good books are the stones with which we build, and they are still our greatest want. A book written with an honest simplicity of purpose, telling in plain language what we have seen and done, is still the greatest boon which any of us can confer on his profession. We must endeavour to compel our minds to regard books as being simply information—it may be opinions, it may be facts—put into type in order to facilitate reference. The voice of an individual can be heard but by few. The reading of manuscript is tedious and laborious; and, however public may be the place of deposit for manuscript essays, they will remain inaccessible to the majority. Even of our own note-books, when they have become voluminous, we can make but little use. When, however, an opinion or a fact is once put into good type, and placed upon a publisher's shelf, it is fairly launched upon the world. It is glorious to reflect how the seed thus sown almost in private and in silence may chance to grow up and fructify where least expected, and possibly to an extent which its sower had never calculated. There are few books which have not some germs of truth, and which do not effect some good; and the public may be very safely left, aided by the labours of critics, to choose the best, and allow that which it finds not usable to sink into disuse. Neither their authors nor the profession need be under any alarm as to superfluous books doing any mischief,—a little extra employment given to the trade, and there the thing ends. The mediocre book drops out of notice, and hurts no one. Many a book, however, which never attains what Mr. Churchill would call success, still serves silently a most useful purpose.

We little know, in the hurried rapidity of life, to what hints we are indebted for the trains of thought which become most valuable to us; and many a time, could we trace such to their source, we might find ourselves debtors to books or papers which, at the time of perusal, we put aside without a single sentiment of gratitude. It is a curious proverb which remarks, that "the slothful man roasteth not that which he took in hunting." As if his energy failed him at the completion of the chase, and when the excitement was over, he was too idle to consummate his achievements. I have often thought that there is great waste in medical matters, owing to this kind of sloth. We have medical investigators who love the chase for its own sake, and are careless about what it yields. Men of the keenest scent, and of the greatest endurance, whilst out in the hunting-field, are often those who show the least care about the game when it is bagged. I need scarcely explain, that the roasting of the kind of venison I speak of is the publication in a book, or in a journal, of the new knowledge which our prowess has secured us. In doing this, we not only increase its use to ourselves by making it more fit for assimilation, but we have the pleasure of being able to invite our friends to the feast.

It was the fashion with some of the foremost in former days to underrate books. Hunter's habit in this direction is well known; and Sydenham's reply to Sir Richard Blackmore, when asked what medical reading he advised—"Read *Don Quixote*, sir"—has been thrown at the head of many a medical author. We may rejoice that the majority have preferred to emulate the example of Sydenham and Hunter, and have declined to feel the force of their sarcasms. In the present day, however, books are far more essential than they were a century or two ago. The man who now neglects them can scarcely hope to advance his art. The first business of the investigator is to climb as quickly as he may upon the shoulders of his predecessors, so that he may view his subject from a fair vantage-ground. I admit that, in many instances, to work out a subject for oneself, and without loading the mind with the opinions of others, gives to the work a freshness and interest which it would not otherwise possess, and secures that sea-room for the mind which is so essential to originality. This plan, however, must not be pushed too far; and no single error has led to a greater waste of labour than injudicious attempts in this direction. The great use of books to students in science is, not for perusal, but for reference; and, in order that reference may be easy, it is needful that the books should be close at hand. If we look at the matter from this point of view, it will, I think, be clear to all, that no greater boon could be conferred on our profession than the cheapening of medical books. Let us have them so cheap that every student can easily afford to have a well stocked library. A little systematic effort in this direction would achieve much. There is surely no good reason why medical books and journals should always maintain their present high rates in comparison with those on general subjects. The chief reason why it is so is, that the demand is limited; and this is a matter which the profession has in its own hands. Let it be acknowledged, that "it is a man's duty to have books—that a library is not a luxury, but one of the necessities of medical life"; and we shall soon have a corresponding effort on the part of authors and publishers to meet the demand.

The able author of *Horæ Subsecivæ* has suggested a classification of medical men founded upon Bacon's use of the terms *fruit* and *light*. In the one, we are to class the man of genius, skilled in the search after principles and laws; in the other, the master in the

diagnosis and treatment of disease. He quotes Sir Charles Bell and Harvey as examples of the one; Abercrombie and Sydenham of the other. The one pursues their profession as a science to be taught, and, if possible, to be extended; the other, as an art to be applied. "The one is, in old phrase, *luciferous*; the other, *frugiferous*". Now, whilst admitting that the classification is founded on observation, it is still one in which we ought not to rest. It is most desirable, for the advance of physis, that all should keep in mind their double functions; that those most engaged in the speculative should still court familiarity with practical details; and those whose daily avocations lead them most into contact with medicine as an applied art, should still keep in mind their duty to use their opportunities for its advancement as a science. The day is happily past when any remonstrance was needed against despising the man of science, and extolling the practical man at his expense; but we need still a more full recognition of the absolute dependence of art upon knowledge. In this country, there is little need to insist upon the importance of practical affairs. There is no fear whatever that light, when obtained, will not at once be made full use of. The English mind certainly tends to err in the opposite direction; and we cannot too often recall Bacon's well known passage: "The industry displayed in experiments is but too often directed by an indiscreet zeal, at some prejudged effect; seeking fruit rather than knowledge. This is in opposition to the Divine method, which in the first day created time alone, delaying its material creations until the sun had illumined space." Or, again, "we are well aware that axioms, rightly framed, will draw after them whole sheaves of works; but, for that untimely and childish desire of seeing fruits of new works before the season, we absolutely condemn and reject it as the golden apple which hinders progress."

Very closely connected with the more wide diffusion of our printed literature, comes the subject of medical education generally. In entering on this most important topic, it is needful that we should rid our minds of all preconceptions as to the connexion between medical education in its true sense, and medical corporations for the granting of diplomas. The interests of the public undoubtedly require the existence of these corporations, by whom the portals of the profession are guarded against the ignorant and unsafe. It is no charge against these corporations, however, to say that they have done little or nothing for the advance of physis as a science. Such is not their function, or, at any rate, only indirectly. All true work must be perfectly voluntary. There is nothing that the better parts of our nature so much revolt at as all forms and degrees of compulsion. Although the system of examination for diplomas has done much to maintain a fairly level standard of knowledge throughout the profession, and to protect the public and the profession against empirics, yet it has probably retarded rather than otherwise the advance of physiology and of sound scientific medicine. It has done so by degrading science into a means to an end, instead of leaving her to be worshipped for her own sake. It has associated her pure name with memories of laborious cramming and of hated tasks. It has succeeded in linking what might have been unalloyed pleasures with a consciousness of surveillance and compulsion.

I call to witness the noble progress which the sciences of astronomy and geology have made without any external assistance, when I assert that knowledge is her own reward, and the human mind works best when least trammelled. In adopting this line of argument, however, I by no means wish to underrate

the importance of our corporate bodies, or to fail in thankfulness for the earnest efforts recently made to improve their operation. The examinations have of late years become much more reasonable and less arbitrary—that is, they have become such as better test a man's real attainments, and leave less and less to the power of mere cramming. When this end shall have been more perfectly attained, their evil influence will much diminish. But whilst it is possible for a student to allege with reason an approaching ordeal at one of the colleges as his motive for absenting himself from the wards and shutting himself up with his books, is there not something wrong? In anatomy, already, this has ceased to be the case, and examinations on the subject render familiarity with the dissecting room essential to success. In medicine and surgery, however, the plan of examining merely by question and answer still leaves the student at liberty, if he likes, to neglect familiarity with that which is the most important part of our vocation—nay, in degree encourages him to do so. I admit the difficulties in the way of examinations for diplomas, conducted with the patients before us, but these are what we must come to if our corporations are ever to exert their due influence in promoting the advance of genuine knowledge.

We must, however, look at medical education in a much wider sense than in so far as it conduces to the creditable obtaining of a diploma. A man's education consists in all that furthers his obtaining acquaintanceship with what is already known by others. Here we draw the distinction between education and original work. Under many circumstances the two may go together, but for the most part they are distinct. The great duty of each generation is to transfer its knowledge in the fullest and most complete manner to its successor. Each endeavours to add its fragments of new knowledge, and then to pass onward to its children the augmented sum. Happy is it, if in its zeal for new additions, it do not allow some items of the old to be forgotten or neglected. This is the great business of education. How best shall it be discharged?

Time does not permit us now to go into detail. One or two general remarks may, however, be ventured. All education should be as far as possible natural, and should be directed to eliciting the student's interest in his subjects, rather than compelling his attention to them. Again, I have to protest that Falstaff but illustrated one of the deepest rooted principles of our nature, when he utterly declined to give reasons upon compulsion. I therefore object for the most part to the establishment of curricula, and to the forced attendance upon certain courses of lectures.

Let our examining boards take more efficient modes of ascertaining what a man knows, and they will have no longer any motive for counting the months he has occupied in gaining his knowledge, or for compelling him to produce evidence that he has sat through certain thousands of lectures. Their object is to test his familiarity with medical science, not to gauge his powers of endurance. Let them attend closely to their own most important duty, and leave the candidates for their diplomas to gain the required knowledge when and where they like. To admit this great principle as one which, by degrees, must sooner or later be carried out, would be to solve one of the questions most under discussion of late in respect to medical education. It has been alleged by some, and with apparent plausibility, that the number of lectures now given is excessive; that the courses are both too numerous and too long. Now, instead of any diminution in the amount of oral instruction offered to our students, we might surely with profit

increase it if the objection of compulsory attendance were removed. It is most desirable that the fullest opportunities should be offered at our schools for the acquisition of the most recent knowledge in all branches of study, whether directly professional or only collateral, and that the varied advantages of the lecture-room should be most fully at the service of the student. It should be a matter of choice with the latter, however, whether or not he avails himself of them. If attendance on lectures were voluntary, I do not think the lectures would diminish in number, and I feel sure they would greatly improve in quality. The lecturer would be driven to the final resort of making his lectures instructive, or he would get no class. A healthy rivalry between different professors would be established, which would exercise a most beneficial influence on all.

Under the impression that the sum of medical knowledge has become so vast that it is impossible for the mind to master it without injury to itself, two different remedies have recently been suggested. The first and boldest is, that the surgeon shall, voluntarily and on system, restrict his studies and throw aside many of the subjects which he has hitherto deemed necessary. The second is, that we shall divide the subject of medical art into various special branches, and some of us take one, and some another. These suggestions are both of them so important in reference to the future advance of physic, that we must devote a few words to each. We will take first the question of specialities.

[To be continued.]

CASES OF HERNIA.

By SAMUEL H. STEEL, M.B.Lond., Abergavenny.

THE following cases of hernia present some features perhaps sufficiently unusual to render them worth publication in the JOURNAL.

CASE I. October 11th, 1-64, at 10 A.M., I saw William West, a gentleman's butler, aged 28, healthy, but of delicate appearance. He was suffering from symptoms of intestinal obstruction, which had come on shortly after dinner the day before. On examination, I found a soft swelling in the right groin, which he told me had existed since childhood; he had then worn trusses, but he had now left them off for some years. The right testicle was absent. The tumour, though not tense, was a little fuller than usual and rather painful. It gave me the impression that its superficial portion might perhaps consist of the testicle wasted and spread out under the skin. The taxis had no effect. I gave a dose of opium and left, intending to return as soon as possible and administer chloroform. This I did at 4 P.M. He was kept insensible for half an hour, and the taxis fairly tried. I also had the lower extremities raised over the shoulders of an assistant, and used the taxis while he was in that position, but without making any obvious impression on the tumour, which continued soft and non-resistant. On recovering consciousness, however, he said he was much relieved. I remained with him two hours, and then, vomiting not returning, I left him, desiring to be sent for should the symptoms recur.

I was again summoned at 10 P.M. when I requested my cousin and partner, Mr. Elmes Y. Steele, to accompany me. We found no change in the feeling or appearance of the swelling. It was tender, but not excessively so. Symptoms of strangulation had returned; vomiting was frequent. On consultation, an operation *without delay* was determined upon—1, because from the feeling of the tumour, from its want of tension and resistance, we were of opinion

that any further trial of the taxis would prove useless; 2, because, though the nature of the tumour was doubtful, yet it seemed probable that under the soft superficial portion a knuckle of constricted gut might be concealed. The symptoms, though not very urgent, were decided. The chance of relief from treatment by opiates and enemata was very uncertain, and if these were unsuccessful, the delay would be necessarily hurtful. An operation, the extent of which would be determined by the nature of the tumour as disclosed during its progress, was evidently the preferable course.

The first incisions were made through a hypertrophied layer of fat, which I had imagined might be the missing testicle. After dividing the remaining structures a sac was disclosed—not tense, but evidently containing fluid. Upon opening it, from two to three ounces escaped, the sac entirely collapsing; neither bowel nor omentum appearing within it. The finger introduced through the sac up to the internal ring, passed into the abdominal cavity, still without any strangulated intestine being discovered; but, crossing the internal orifice of the ring, yet within the abdomen, a tough membranous band was felt, underneath which, and constricted by it, though not very tightly, a portion of intestine could be distinguished. On attempting to divide this band with a hernia knife guided by the finger, I found it yielded before the edge, though the knife was sharp. After two or three ineffectual attempts to divide it, using the knife as freely as I could venture to do in such a situation, I requested Mr. Elmes Steele to examine the structure. On trying to divide it, he encountered the same difficulty as I had done; but, finding that the band yielded to traction, with the point of the finger he succeeded in drawing it into view, when it was freely severed. Upon now passing the finger through the ring into the abdominal cavity, it was evident that the obstruction had been removed; the bowel could be felt lying free. The upper part of the wound was closed with silver sutures, and water-dressing applied. Convalescence took place without a single bad symptom, except slight icteric discoloration of the skin for the first few days, to which, the patient informed me, he is liable on any slight derangement of health. The wound healed throughout by first intention, except one small sinus which gave very little trouble, and in three weeks he was about his usual avocations.

It is difficult to describe the structure which caused the strangulation in this case, nor was it possible to ascertain with the finger its exact connections. It was not formed by the neck of the sac, but lay beyond it, crossing the internal ring. The constricted intestine lay underneath it *within the abdominal cavity*, and was not very tightly compressed, but quite sufficiently so to cause the symptoms of strangulation, which were at once relieved by its division. Whether the bowel could have been disengaged by inflation with bellows, as described by Mr. Griffin in the JOURNAL for October 22nd, 1864, may be a question; but I confess I am unable to see how inflation of the colon can be a means of acting upon a knot of strangulated ileum. The chief points of difficulty in the case were: 1, the doubtful character of the inguinal tumour, which had neither the aspect nor the tension of an ordinary hernia; 2, the absence from the sac, when opened, of any portion of either bowel or omentum. The fibrous band within the abdominal cavity, and the mode in which it effected the strangulation of the bowel, were not discovered till after some little careful investigation, in which, as throughout the case, I was much indebted to the tact and judgment of my colleague. The result confirms the wisdom of the old rule—"In a doubtful case,

operate"—and I may add, "without delay." There was certainly a temptation in this instance to give the patient the chance of a night's interval before operating; but we should only have found him in the morning, after some hours of vomiting, in a worse position for recovery.

The effect upon the convalescence of delay in operating is well illustrated in the following case, which is interesting also, like the one already related, from the doubtful character of the hernial tumour.

CASE II. December 6th, at 9 P.M., I saw H. Vaughan, engine-driver, a robust man, aged 23. He was suffering from symptoms of intestinal obstruction, which had begun suddenly on the 3rd, but which had not been very severe. I found a right inguinal hernia reaching the upper part of the scrotum. It was soft and without tenderness, and was returned readily through a rather patulous external ring. I left him, having ordered a grain of opium every four hours. He was visited in the morning by my assistant, Mr. T. P. Collins, in whose hands the case remained for the next three days; during which time, however, I saw him once or twice. Mr. Collins reported to me that, after the apparent reduction of the hernia, the symptoms of strangulation subsided, but that, vomiting having returned after an interval, the hernia was found to have again protruded. It was again apparently reduced, the symptoms of strangulation remitting under the treatment adopted, with the exception that no satisfactory stool was obtained. On the evening of the 9th, Mr. Collins requested me to see the case again. I found the belly tender, but the hernia still soft, without tension or tenderness, and still easily reducible within the external ring, where it could be followed by the finger. In consultation with Mr. Elmes Steele, it was determined to operate on the following morning, should the symptoms persist and no stool be passed. The next morning, the man's condition being little altered, except that the matter vomited during the night began to have a stercoraceous odour, I operated with the assistance of my cousin and Mr. Collins. The tumour was found to consist entirely of omentum of a healthy and unchanged appearance; underneath it, at the upper extremity of the large dilated inguinal canal, was a knuckle of ileum of the size of a filbert, strangulated by the neck of the sac. It lay so deep that more than usual care was necessary in dividing the stricture, and I was obliged to enlarge upward the external incision in order to reach it with safety, having first removed the omentum. A good deal of venous oozing took place from the whole surface of the wound, which, when this had subsided, was closed as usual. The next day, however, it was found filled with coagulum, which was removed and the surface cleaned as well as possible. The intestinal functions were resumed favourably, but no part of the wound healed by first intention, an abundant and rather unhealthy discharge taking place during the first nine or ten days. Granulation succeeded in time; but nearly two months elapsed before the patient was able to resume work.

In this case, the apparently complete reducibility of the hernia and the remittent character of the symptoms were curious and deceptive, but I readily admit that its true nature ought to have been discerned, and the operation performed earlier than it was. Possibly the distension of the inguinal canal by the mass of omentum when reduced within the external ring, may have had the effect of dilating a little the neck of the sac, and thus caused the remission of the symptoms by releasing the tension of the stricture upon the incarcerated gut. That the latter suffered little from the delay is evident, but in other respects Vaughan's convalescence contrasts strongly

with that of West. He was the more robust and healthy subject, but he had suffered from strangulation more or less for nearly a week. During this time he had taken little food, and of that little the greater part had been returned. Assimilation had been very imperfectly carried on, and he had passed no stool. There had been no active inflammation, and the man's condition was apparently very favourable; but the effect of impaired nutrition was shewn in the obstinate oozing of blood from the wound, and the defective healing power which it manifested.

Hesitation and delay are the great causes of the fatality of hernia. Half an hour's trial of the taxis should, with very few exceptions, be sufficient to satisfy the operator whether the hernia is reducible or not; and when once a decision in the negative has been arrived at, every hour's delay of the operation should be regarded as inimical to the patient's prospects. In inguinal hernia delay is doubtless better borne, as a general rule, than in femoral, as in the latter case the stricture is usually very tight, and its effect rapid. I was much struck by this in a recent instance in an old woman, in which I was induced by considerations of convenience, such as often arise in country practice, to defer the operation from late in the evening till the following morning. The symptoms were not urgent; but, upon operating, a knuckle of intestine underlying a mass of omentum was found rapidly approaching a state of sphacelus. The patient recovered; but a very little more delay would have proved fatal to her. It is the frequency with which difficulties in obtaining assistance and other inconveniences tending to delay occur in country practice, that leads me to dwell on this trite and obvious point. Some of the cases narrated by Mr. Griffin, in the number of the *JOURNAL* before referred to, to which he was called in consultation, are instances of this. In some of them, indeed, there was gross malpraxis, such as we may hope is not often met with even in the most remote districts. To spend three or four days in administering drastic purgatives and enemata, relieved, I conclude, at intervals by the efforts at the taxis, in a case of femoral hernia, amounts to little less than manslaughter.

Reviews and Notices.

THE STUDENT'S BOOK OF CUTANEOUS MEDICINE AND DISEASES OF THE SKIN. By ERASMUS WILSON, F.R.S. Pp. 275. London: 1864.

A CLEAN SKIN: HOW TO GET IT AND HOW TO KEEP IT. Skin-Diseases of Constitutional Origin; their Etiology, Pathology, and Treatment. By JOHN WILKINS WILLIAMS, M.R.C.S.Eng. Pp. 114. London: 1864.

THE first of these books is an attempt on the part of the author to supply a class-book on Diseases of the Skin; and we are glad to find that this task has been undertaken by a dermatologist of such high authority and practical experience as Mr. ERASMUS WILSON. The present volume is only the first part of the work; the second is announced as being about to follow in a few months.

The first two chapters of the book are devoted to an account of the Anatomy and Physiology of the Skin, its Pathology, and the Classification of its Diseases.

The first chapter—that on the Anatomy and Physiology—is evidently much the same as the similar

chapter in Mr. Wilson's larger book; and, indeed, the whole of the work before us appears to be a well digested abridgment of the same, for the use of students.

In the second chapter, the author enumerates the usual characters of skin-disease, and those which appertain to the sensations of the patient. It is on the visual characters that is founded the classification of Willan. The author regards this classification, of which he gives a sufficiently full outline, as "a rude classification of great simplicity, than which none can be better suited for the early training of the student. Its fundamental principles are few and distinct, easily carried in the mind, easily recognised by the bedside, and easy of application under every circumstance." He, however, does not employ this classification as the basis of the present work; but, "in the absence of a more perfect system", adopts an arrangement which he designates as "clinical". "as arising out of the analysis of a large number of cases of disease". This arrangement is as follows; the groups being twenty-two in number.

1. *Eczematous Affections*; including Eczema, Psoriasis, Pityriasis, Lichen, Impetigo, Scabies, and Gutta Rosacea.

2. *Erythematous Affections*; including Erythema, Urticaria, Erysipelas, and Roseola.

3. *Bullous Affections*; including Herpes, Miliaria, and Pemphigus.

4. *Furunculous Affections*; including Ecthyma, Furunculus, Hordeolum, and Anthrax.

5. *Nervous Affections*; including Hyperæsthesia, Anæsthesia, Pruritus, and Porigo.

6. *Vascular Affections*; including Nævus vasculosus and Hypertrophica venarum.

7. *Hæmodyscrasic Affections*; represented by Purpura.

8. *Developmental and Nutritive Affections*; typified by Xeroderma, Ichthyosis, and Cachexia Cutis.

9. *Hypertrophic and Atrophic Affections*; exemplified by Nævus hypertrophicus, Ecchyma, Kelis, Bœcnemia tropica, and Atrophica cutis.

10. *Zymotic Affections*; including Rubella, Scarlatina, Variola, Varicella, and Vaccinia.

11. *Alphous Affections*; including Alophos alone.

12. *Strumous Affections*; including Scrofuloderma and Lupus.

13. *Syphilitic Affections*; embracing the syphilitic skin-diseases, of whatever form.

14. *Carcinomatous Affections*; including cancers of the skin in general.

15. *Leprous Affections*; including, as principal forms, Lepra and Vitiligo.

16. *Affections of the Hair and Hair-Follicles*; including Alopecia, Area, Canities, Hirsuties, Trichiniasis, Trichosis, Favus, Kerion, Sycosis, Plica, Erythema folliculorum, Stearrhœa, and Narcosis folliculorum.

17. *Affections of the Sebiparous Apparatus*; including Stearrhœa, Ichthyosis sebacea, Comedones, Accumulationes sebaceæ, Cornua, Tubercula miliaria, Tumores serosi, Tumores sebacei, and Acne.

18. *Affections of the Chromatogenous Apparatus*; including the Dyschromatodermata—for example, Lentigo, Ephelis, Melasma, Leucosma, and Chloasma.

19. *Affections of the Sudoriparous Apparatus*; as Idrosis, Anidrosis, Osmidrosis, Chromidrosis, and Hæmidrosis.

20. *Affections of the Nails*; including Degeneratio unguium and Onychia.

21. *Traumatic Affections*; including injuries resulting from the bites and stings of insects, and their

habitation in the skin; also other accidental injuries.

22. *Phyodermic Affections*; including Trichosis, Favus, Kerion, Sycosis, and Chloasma; and, according to some, Acan.

This classification, Mr. Wilson explains, is founded on a consideration of, 1, general affections of the skin; 2, affections of the nerves and vessels and blood; 3, disorders of development, nutrition, and growth; 4, specific affections; 5, diseases of special apparatus; to which are added, 6, traumatic, and 7, phyodermic affections. The arrangement, then, is very artificial—it is based on no one fixed principle; but, probably, will not be the less useful on that account in the present state of cutaneous pathology.

One remark we must make before leaving this subject; and that is, to ask whether Mr. Wilson facilitates the study of skin-diseases by the nomenclature which he employs. We cannot see the advantage of taking the trouble to translate into Latin such terms as "sebaceous accumulations", "serous tumours", "sebaceous tumours"; or even of using the Latin synonyms of the well known words "small-pox", "measles", etc. In defence of the plan followed by the author, the plea of uniformity would probably be urged; but this is, we think, the only ground on which the use of the terms to which we have alluded could be defended, and they are certainly not more expressive than their English equivalents. It must, also, have been noticed, that Mr. Wilson is very fond of coining or adopting names derived from the Greek; and to such an extent is this done by him, that, as we remarked a short time ago in speaking of modern ophthalmological literature, a special dictionary is almost needed for the comprehension of the literature of skin-diseases. We confess that we have difficulty in dealing with the question of the advantage or disadvantage of the words of Mr. Wilson's coinage and adoption—such, we mean, as Dyschromatodermata, Idrosis, Chromidrosis, etc. It must be said of many, if not of all, that they are very expressive, and that it would be difficult to find a single English word capable of so accurately conveying the idea implied. To those who are able to master and retain in their minds the etymologies of the terms, such words can present no difficulty; but those who do not possess this advantage, must at best use them empirically, and by an effort of memory affix the proper meaning to each. It is but fair to say, that Mr. Wilson does what he can to render the terms intelligible and to shew their application. Thus, in the tenth chapter, on Developmental and Nutritive Affections, we have the following definition of certain words.

"If we assume the skin to be entirely abnormal in its character, to be dry, hard, thin, inelastic, brittle, discoloured, rough, scaly, and in parts too small for the body it has to contain, we shall then have a fair word-picture of a state of disease to which we give the name of *xeroderma*, or dry skin (*ξηρος, aridus*). If, in the next place, we regard only the surface, and look upon an epidermis which is rough, uneven, sordid, broken up into rugged plates, or into smaller fractions corresponding with the area of the lines of motion of the skin, we shall then have suggested to us the idea conveyed by the term *ichthyosis* (*ἰχθυα, fish-skin*), a scaly covering like that of a fish. If, in addition to these two conditions, we suppose an altered state of the sebiparous function, and an accumulation of the sebaceous substance on the skin in

the form of dark grey or greenish scales or spines, suggesting the idea of the coat of a lizard (*σαυρος*), we then have a form of the affection to which we have attached the term *sauriosis*. Or if, instead of the extreme degree of abnormality indicated by these terms, we have before us a skin which is less dry, less hard, but equally, or even more, discoloured—that is, sordid, or, in other words, apt to the accumulation of concretions of the exuviae of the sebaceous and epidermic matter on the surface, which has originated in a previously healthy skin, and which has come on by degrees, which is, in fact, a disease, and has originated out of morbid causes, we shall then have a state which we have denominated *cachezia cutis*." (Pp. 242-3.)

Besides the two chapters to which we have already alluded, the book contains nine others, in which the author treats of the various groups from Eczematous to Hypertrophic and Atrophic Affections inclusive. In general, the descriptions given by the author are plain and simple, and calculated to be easily mastered by students; and at the same time to give them instruction which will be of value to them in practice. We have no doubt that the book will rapidly acquire and increase in favour; and this will be no more than it deserves.

Having disposed of Mr. Wilson, of whom every one has heard, we now come to Mr. WILKINS WILLIAMS, the latest accession to the ranks of English writers on skin-diseases, and whose name will probably be new to most. Mr. Williams does not, he says, pretend to originality, but adopts the French system of classification; he believes that the French dermatologists—especially Hardy, Bazin, Rollet, Diday, and Langlebert—have done that in the classification of skin-diseases which the English, adopting mere outward characters as their basis, have failed to do. In his preface, he says:

"A good book in this department of medical science has long been a *desideratum*. That there are three or four most able and elaborate treatises on skin-diseases in the English language, I am the first to admit; but I feel sure that I merely re-echo a general complaint in asserting that their bulk detracts sadly from their usefulness, and that they are scarcely on a level with the most recent researches made in this department, especially by the French dermatologists. These defects I have endeavoured to avoid in the present volume, which I hope will be found convenient in size, sound in practice, and well 'posted-up', as our American cousins say, in each branch of the subject of which it treats."

Mr. Wilson's work, which we just now noticed, had not appeared when Mr. Williams undertook his task; or otherwise the latter gentleman would assuredly not have employed the "*μεγα βιβλιον μεγα κακον*" argument as a reason for coming forward in print at the present time.

The classification of skin-diseases adopted by Mr. Williams is into Dartrous, Arthritic, Syphilitic, and Scrofulous Eruptions. The book will be interesting to those who desire to have a fairly digested outline of French doctrines regarding the classification, etiology, and treatment of skin-diseases. That its merits are such as to entitle it to take rank as a first-rate English authority, is more than we can conscientiously say of it.

One word of advice, in conclusion, we would give to Mr. Williams; and it is, to remove in his next edition the preliminary title "*A Clean Skin; how to*

get it and how to keep it." It gives the book too much of the appearance of being written *ad captandum*; and would be quite as applicable to a treatise on washing and bathing as to one on "Skin-diseases of Constitutional Origin."

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MARCH 18TH, 1865.

LAW AND INSANITY.

THE law of the land regarding the responsibility of criminal lunatics is interpreted by the judges in this way. If the criminal know that he is perpetrating a crime, when he commits (for instance) an act of murder, he is a moral and responsible agent, he knows right from wrong, and he must die. There is no such thing as homicidal mania. There is no such thing as a moral insanity. The law cannot admit such a thing as an uncontrollable impulse to destroy life.

This is the position assumed by the law; and on this position judges base their administration of it. We will not now ask, how such conclusions came to be adopted by the law; whether those who framed the law did or did not make themselves fully acquainted with the pathological states of the body comprised under the term insanity; whether it is reasonable, or indeed possible, for those persons to frame just laws who have only a very partial knowledge of the subject matter about which the laws they are framing are concerned; whether it is wise or reasonable to lay down legal dicta in regard to lunacy which are in distinct opposition to the unhesitating opinions of every scientific man of every country who has made insanity his special study and the business of his life; whether, in framing laws touching the lunatic condition of man's mind, it is reasonable or not to seek advice from those who have been all their lives engaged in the study of lunacy, and in dealing with lunatics.

But we would earnestly ask those judges of the land who are certainly responsible for the framing of the law and its interpretations, how they can reconcile their position with the following positive facts. We call them positive facts, because the truth of them may be most readily obtained by the personal experience of any one who will give himself the trouble to see and hear for himself.

The man who knows that he is doing wrong when he commits murder, dies according to law. Now to

this we answer: There are in every lunatic asylum in this country, individuals who, if they should manage to commit an act of murder, ought inevitably to be hanged in accordance with this law. There are individuals who so well know that the murderous act to which they are impelled is sinful, that they actually go and voluntarily incarcerate themselves, so as to be put beyond the power of committing the fatal act. They are horror-stricken at the very thought of the deed to which they feel hurried on by some "uncontrollable impulse." Judges may deride the term "uncontrollable impulse"; but it is, nevertheless, a positive fact. There is something more than a mere figure of speech in that evil impelling agency which went out of the madman and entered into the herd of swine. Every person at all conversant with lunacy must close his eyes to the most plain every-day facts, if he were to refuse to admit that men are oftentimes driven on by uncontrollable impulse to do wicked acts, knowing that the acts are wicked, and yet unable to restrain themselves from their commission.

In that particular form of mania, again, called puerperal—the mania of women, which sometimes follows upon childbed—the mother becomes melancholy, and is at times seized with an "uncontrollable impulse" to destroy herself, ay! even to destroy her own offspring—the doting mother murdering her own beloved child—and she is horrified with herself all the time, because of the dreadful crime to which she feels impelled. Does such a woman (becoming a murderess) deserve our deepest sympathy; or ought she to be handed into the hangman's hands? Let the administrators and makers of the law tell us what view they would take of the case, if such an event should occur in the bosom of their own families. Would they then say that the legal dictum which consigns such an unfortunate woman to the halter is just and good? But such a temporary insane state is, as every medical man knows, not at all unfrequently observed in women after childbirth.

As a striking example of the insane condition of mind observed in man, we might refer to the case of a late member of Parliament, which, some time since, was in everybody's mouth. This gentleman, feeling an uncontrollable impulse that he would murder some member of his family, voluntarily made himself a dweller in a lunatic asylum. Could any better proof be given of the fact, that a man can be of insane mind, and yet, at the same time, have a perfect knowledge of right and wrong. To find admission into the lunatic asylum, two medical men at least must have certified to his lunatic condition of mind; the superintendent of the asylum must also have so certified; and the Commissioners of Lunacy must have eventually ratified his admission. Yet, notwithstanding all this, according to the law of

England, as administered and interpreted by the judges, such a man, so situated, if he commit a murder, must die by the hangman's hands. But would any living soul think of bringing under the penalty of the criminal law an individual who, while thus affected, commits a murder in a lunatic asylum? Assuredly not. Then, we would ask, on what principle of reason and of justice ought the man, who is affected in a precisely similar way, and who destroys a life, to be hanged, merely because he had not the good luck to have been shut up in a lunatic asylum? Until we have some explanation of this manifest contradiction in facts, we shall be obliged to maintain, that the law which condemns the criminal lunatic to execution under the conditions here stated, is an iniquitous law, and is opposed to the dictates of science and of humanity.

We would just add one word in answer to those men of law who say to the doctors, If you had your will, every murderer would be turned into a lunatic. Our reply to the mis-statement is this. Try the reputed murderer by the same measure that you try the man suspected of incapacity in his civil affairs. If there be found in him sufficient evidence of insanity to justify the examining doctor in consigning him to a lunatic's restraint, then admit his insane condition. Let this be the plain and simple test. *If the murderer present no such signs of unsoundness of mind as would warrant or justify the examining physician—a Government expert—in certifying to his lunacy, let him be pronounced as sane.*

On each recurring assizes, some painful illustration of the above facts is brought before the public. Last week, at Derby, a man has been left for execution for the murder of his wife; and yet it is impossible to read the case without being impressed with the idea that the murderer is a lunatic. The facts of the case, on the side of the murderer, are stated as follows in the *Times*.

"The fact, that the woman died by the prisoner's hand, was virtually admitted, and the whole contention turned upon the state of the man's mind. Upon one side, the previous history of the prisoner, the fact that insanity had already shown itself in three other instances, and his delusion as to his wife's intimacy with Stone, were dwelt upon. The very circumstances of the crime, it was contended, pointed to insanity. The frantic violence, the subsequent calm, the friendly feeling the prisoner had always expressed for Stone, his parting from him on the fatal night—all showed madness. For what purpose had the prisoner so earnestly besought the daughter to sleep there that night, unless it was that deep down in the very springs of his life the man felt his enemy approaching him—felt the coming madness throwing its shadow before—and desired to have some one there to protect him from himself? The very mode in which the act had been committed was that of an insane man. After the fatal thrust was given, the prisoner must have arranged the body, which was found with the wound covered up by the clothes, which were laid smoothly and evenly up to the chin. Who but a madman could have done this? Again,

who but a madman would have insisted on taking the policeman home to find the dead body of the murdered woman? Again and again he had opportunities of escaping, and again and again he refused to avail himself of them. His conduct on approaching the house, if it were not that of a madman, was that of a being scarcely human in its brutality..... Besides this, it appeared that he had always been very eccentric in his manner, occasionally staring fixedly at one or other of the inmates of his house, upsetting the table without any apparent reason, and breaking the furniture. He would mutter to himself, and when spoken to would often turn away without making any answer. Some six or seven years back, he had been struck with a jug, and since then his conduct had been more strange than before, and he had complained of his head. Eleven months back he had, as he supposed, an illness, and was about to die; but the surgeon who attended and examined him could find nothing the matter with him, notwithstanding which the prisoner insisted on keeping his bed for three weeks. Lately, he had complained much of sleeplessness. He was very low in spirits; and his aptitude for business had so diminished that he had lost his occupation. On two occasions he had gone to one house when sent to another to make a distress; and at another time had left a house of which he had been put in possession without any cause. On the morning preceding the murder, he was found counting a pound's worth of silver, and counted it three times wrongly. On one occasion, he had pursued his wife and daughter into a neighbour's house, and had gone up to the window making grimaces and gesticulating in such a strange manner that the neighbour with whom she had taken refuge advised her to have him sent to an asylum."

The counsel for the prosecution insisted that the man knew right from wrong.

"The law on the subject had been laid down by wise and great judges; and the real question for them was, did the prisoner know the nature and consequences of the act he was committing? Brutal as the circumstances attending the death of the deceased were, when dispassionately considered, they showed, no doubt, a weak intellect, but one not incapable of distinguishing right from wrong."

Mr. Gisborne, the surgeon of the gaol, considered the man sane.

"Mr. Gisborne, who, it will be remembered, was called for the defence upon the recent trial of Townley at this place, on this occasion appeared to give evidence for the prosecution. He had noticed a peculiarity of manner in the prisoner; but saw no reason to consider him insane.

"On cross-examination, this witness admitted that the symptoms might be indicative of insanity. Lowness of spirits, melancholy, sleeplessness, groundless jealousy, especially when directed against those most nearly connected with him. He considered the prisoner a man of feeble mind—a man of weak intellect—and very obstinate, with some portion of cunning. Those characteristics frequently accompanied insanity. In the conversation he had had with the prisoner, the latter answered rationally to nearly every question that was put to him. The exceptions were questions relating to his crime. The appearances presented by the prisoner were quite consistent with his knowing the nature of his act and the consequences of it. They were also consistent with the existence of insanity."

Mr. Greaves of Derby gave evidence in favour of the prisoner's insanity.

"He stated that he had attended the prisoner when he lay in bed three weeks with nothing the matter. His conduct on that occasion might be accounted for by supposing that he was then in an early stage of insanity. Nothing else would satisfactorily account for it. The evidence given was entirely consistent with the notion that the prisoner at the time of killing his wife was labouring under a fit of insanity. The existence of an insane delusion was consistent with quiet behaviour at times; at other times it might cause great excitement and violence. A person subject to causeless jealousy, sleeplessness, the making of frequent mistakes in business, and low spirits, would be likely to be attacked by a fit of acute madness. During such a fit the patient had scarcely any or no control over his actions."

In the very same journal which gives these details, we find another trial for murder, and also of the murder of a wife by her husband. In this case, however, the murderer has been brought in a lunatic. But let any one read the evidence, and say if they think the proof is one whit less sure in the one case than it is in the other.

"The prisoner had been unwell for some time, and had gone with his wife and his wife's sister to his brother-in-law's house at Preston. On the night of his arrival, Mrs. Leitch and her husband were disturbed by loud screams proceeding from the prisoner's bedroom. On going there, they found the prisoner's wife at the window screaming, and her throat bleeding, and the prisoner with a knife in his hand trying to cut his own throat. On the prisoner being taken into custody, he appeared collected, and to be able to give an account of what he had done. After he was in custody, he made several statements to the effect that he knew what he had done, and that he was sorry for it, and that he was going to drown himself.

"On behalf of the prisoner, it was elicited that the night before he had been in a very desponding way; and had said that he should drown himself, that he had no home to go to, and that some persons were going to stone him. He passed sleepless nights. It was also proved that a few weeks previously he had been in a very desponding state of mind, and had said that he would drown himself. It also appeared, that a week before the murder a doctor had seen him, and advised his friends to place him in a lunatic asylum; and that the doctor had taken a knife from the table, and had told his wife to remove it and prevent his having any weapons about. Several medical witnesses gave evidence that the circumstances proved indicated monomania, and that there was nothing inconsistent with his being in a depressed and unsound state of mind, and while in that state committing an act of violence prompted by monomania, and his shortly after being able to give a collected account of himself and what he had done, and that the blood he had lost from the wound inflicted on his throat would contribute to bring him to himself.

"The jury then retired; and, after an absence of nearly two hours, returned into court, and acquitted the prisoner on the ground of insanity."

The results of these two trials strikingly exemplify the defective condition of the law which deals with criminal lunatics. Few, we apprehend, can read them without feeling that it was unfortunate for the man who is left for execution that he was tried at

Derby, the scene of Townley's acquittal. No one can, we should think, reflect upon these two similar cases—most similar in the condition of the minds of the two murderers when they killed their wives—without feeling that justice has failed in its dealings with one case or the other; that the justice which has spared the one and left the other to the hands of the hangman, cannot be justice with even-poised scales.

THE MEDICAL COUNCIL.

We last week took a brief survey of the doings of the Medical Council during the first septennial period of its existence. We found that its positive acts up to the present moment consisted, first, in the publication of a *Register*, of which very few of us can appreciate the advantages; and, secondly, in the issuing of a national *Pharmacopæia* (having, by the way, nothing national about it, except the title of British), which has been unthankfully received by every medical man and druggist in the country, excepting, perhaps (though of this we are not sure), the gentlemen who compiled it. Being by Act of Parliament a Council of Medical Education, established for the purpose of settling the medical education of the country, and being composed of the *élite* of all the educating and examining medical bodies of the country, the Council has naturally been expected by the profession to hatch before this some golden rules for the guidance of the rising medical generation. But eggs of this kind, it appears, require at least seven years to hatch—how much more, we have yet to learn. The period of incubation of the Medical Council has not yet been settled; and we fear there is no accoucheur sitting on the Board who can give us any information as to when the delivery may take place. Indeed, we have heard it doubted whether the Council is really pregnant with any viable offspring; whether it may not, in fact, be what the midwives call "entirely out" in its calculations. However, we shall watch with interest its approaching term; and, if it then show no signs, we shall assuredly conclude, either that abortion has taken place, or that the pregnancy has been assumed.

In the meantime, our readers may be curious to know what this negative action has cost the profession—"the worst paid and poorest of all the professions"—and we will, therefore, here make a few extracts from the balance-sheet of the Medical Council, which has just been published.

The Medical Council has received during the past year £4520, in fees from those seeking the honours and advantages of registration; £315 for the sale of its *Register*; £5555 for sale of *Pharmacopæias*. Then, *per contra*, we find expended during the year as fees and travelling expenses to members of Council, £2550; for *Pharmacopæia*, £4123; for salaries, printing, etc., £3100.

Consequently, the Medical Council has expended about £5500 in the last annual performance of its duties. The *Pharmacopœia* has altogether cost £6129; but then sales of it have produced £5555—12,837 copies of the 8vo. edition and 4030 of the 32mo. edition having been sold. For law (incurred in 1863), the Council paid £118; the special reporting of last year's proceedings cost £177; printing the *Register*, £513; the salaries of Registrar and Clerk, £450; and, as a set-off, we have, received on sale of *Registers*, £315. A good balance still remains in hand. The English Branch has £21,000 in the 3 per cent. consols; Scotland, £2000 ditto; and Ireland, £2400. Of the Branch expenditure during the year, we find the English with a good balance in hand, £2176; the Scotch, also, can boast of £390 on the right side; but Ireland is unfortunate, for we see written down against her a deficit of £173.

THE Metropolitan Counties Branch has a Committee, consisting of above thirty members, entrusted with the duty of guarding the interests of the medical profession whenever they are affected by parliamentary or governmental measures. In the performance of this duty, the Committee decided lately on sending a deputation to the Postmaster-General, in order, if possible, to obtain an uniform and fair remuneration for medical referees under the new Government Insurance and Annuities Act. This deputation accordingly waited on the Postmaster-General on Wednesday last; and a brief account of what took place on the occasion will be found at another page. It will be at once seen, that the efforts of the deputation were unfortunately counteracted by the readiness with which a large number of medical men have accepted the proposal of the inadequate fee of half-a-crown; and still more by the approval of the Postmaster-General's scheme expressed by the *Lancet*. Lord Stanley of Alderley, in fact, quoted the approving passages from the *Lancet*, in answer to the forcible arguments brought forward by the deputation. Says the *Lancet*:

"The fees" (5s. for sums from £60 to £100; 2s. 6d. for sums below £60) "appear to be sufficiently liberal, when we consider the large number of proposals likely to be made, and certainly fair in proportion to the small sums assured, or if taken in comparison with the fees paid by ordinary life assurance offices. The apparent difficulties and minutiae which require attention in the reading and filling up of the forms of report will gradually diminish as tact and experience are acquired in the mode of examining lives proposed."

THE Committee appointed by the College of Physicians, to consider the condition of the army and navy medical officers, will, it is understood, deliver in their Report at the next meeting of the College, so as to give the College an opportunity of taking action

(if so it please) by bringing the matter before Parliament during the present session.

THE members of the Pathological Society are deeply indebted to Mr. Timothy Holmes for having generously undertaken and performed the very laborious task of supplying them with a general index of the fifteen published volumes. Their excellent President, Mr. Prescott Hewett, has also put them under an obligation by bearing the expenses of its publication, and presenting it to the members.

M. MILNE-EDWARDS, in his funeral oration of M. Gratiolet, speaks thus of his sudden death:

"On the 15th of February, about the middle of the day, M. Gratiolet suddenly felt extremely ill; he seemed to lose his respiration; his legs could scarcely carry him. He recognised in these symptoms precursory signs of that violent kind of effusion which rapidly impairs the instrument of thought, and destroys life. His powerful intellect, however, remained intact. He prescribed with perfect clearness the means to be taken to combat the progress of the disease; he called for the consolations of religion; he sent for a companion of his youth; and he left to the friends of science the care of his young family. He then soon fell into a lethargy, from which nothing could rouse him; and he died at six o'clock on the following morning."

IN France, M. Jolly tells us, the revenue on tobacco was, in 1832, 28 millions (*francs*), about the same that it had been since 1792; two-thirds of the tobacco being employed as snuff. In 1842, the revenue was 80 millions; but now two-thirds of the tobacco was used for smoking, and only one-third as snuff. In 1852, the revenue reached 120 millions; three-fourths of the tobacco being consumed in smoking. In 1862, the revenue was 180 millions; and only a fifth of it was used as snuff. In 1863, the revenue was 216 millions. Hence it appears that "snuffing" has continued stationary since 1832, whilst smoking has rapidly increased. And it is worthy of remark, that in those departments where the individual consumption of tobacco is greatest, smoking is much more carried on than snuffing; whilst in those departments where the consumption is smallest, more tobacco is consumed in snuffing than in smoking. M. Jolly then makes a calculation to show that each smoker consumes eight *kilogrammes* of tobacco *per annum*—

"A quantity which, according to chemical analysis, is equivalent to from fifty to sixty *grammes* of nicotine—that is, to more than would suffice to destroy a squadron of cavalry! Few are they," he adds, "who deny themselves the pleasure of smoking. Tobacco has triumphed over the instincts of the organism, over the protestations of science and of reason, and over every coercive power employed to oppose it. It has worked a revolution in social and domestic economy, in public and private manners and habits, in the finances of the state, in public health, and has even had an effect on the progress of population."

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

I ONCE more resume my correspondence, after an unavoidable interruption of many months. This first letter of a new series I propose to devote to a subject which, although not strictly local, may perhaps prove interesting to your readers, especially to those who may desire information on the particulars to which it refers. Having, during the interval since my last communication, made a voyage up the Mediterranean, including a sojourn of a month at Malta, in search of health, some hints founded on my personal experience may be useful to those who contemplate a similar undertaking themselves, or who may desire to recommend it to their patients. I would premise that, to those who require a thorough change of scene, with complete cessation from corporeal fatigue and mental anxiety, to recruit the wasted energies of mind and body, I can conceive no means better adapted to the purpose than the trip I am about to describe, especially when economy is an important consideration.

Several lines of steamers are constantly sailing from this port for the East; but the favourite vessels, and those which afford the most comfortable accommodation for passengers, are the splendid screw-steamers of the British and North American Royal Mail Steampacket Company,* which leave the Mersey about every fortnight, taking alternately three distinct routes—namely, the Italian route, by way of Genoa, Leghorn, and Naples; the Adriatic route, by Palermo, Messina, Corfu, Trieste, and Venice; and the Turkish route, by Malta, Syra, Constantinople, and Smyrna. In addition to the ports named, each steamer touches at Gibraltar on the voyage out and home, and at Malta on the way home. The voyage is also usually prolonged to Alexandria; but this extension of the trip depends upon the fluctuations of commerce. Passengers holding a ticket for the round can remain at any of the ports touched at, and resume their journey by a succeeding steamer. They have the privilege of living on board during the entire voyage, including the period of detention at each port; by which they avoid the expense, and in many instances the extreme discomfort, of foreign hotels. A stay of a week or ten days at the principal ports, such as Constantinople and Alexandria, and one or two days at smaller places, affords the traveller an opportunity of seeing the lions; and the constant change from sea to shore renders the trip

most agreeably free from the tedium of a long voyage. The longest runs on the Turkish route, to which my observations are limited, are from England to Gibraltar, which averages six days' steaming; and thence to Malta, about a day less. With these exceptions, the vessel is never at sea, if all goes well, more than two or three days together.

The Bay of Biscay, of which so much has been said calculated to alarm landsmen, has, so far as my experience goes, been greatly maligned; but, in point of fact, steamships on this voyage scarcely enter the Bay at all, but cross the Atlantic to the westward of the Bay, as a glance at the chart will show.

The difference of temperature, after leaving England, is sensibly felt on arriving off Cape St. Vincent; and at Gibraltar, the weather (in February) is as mild and genial as a warm May in England. Gibraltar is by no means an undesirable place for an invalid to make a short stay in the proper season—any time from the beginning of February until it becomes too hot. The Almeda is one of the most beautiful resorts for out-door exercise that could be found. Shady trees, luxuriant flowers, and an indescribably magnificent view of sea and land, including the beautiful Spanish coast and the mountains of Africa in the distance, are all that the lover of Nature could desire. The hotel accommodation is very good, and not unreasonable; but lodgings are scarcely to be procured on any terms.

In recording my experiences of Malta, I shall avoid repeating what has been written in works on climate, and confine myself to the impressions gathered from personal observation and inquiry from my friends there, both lay and medical, whose lengthened residence on the island enabled them to speak with confidence.

As a winter residence from October to May, Malta is most delightful. My friend Dr. Ward, who has spent some ten or eleven winters there, describes a Maltese winter as being somewhat better than a fine English summer. It is not suited to persons suffering from phthisis, unless in the very early stage; as, in certain states of the weather, phthisical patients appear liable to attacks of congestive bronchitis; but those in whom organic disease has not far advanced may, with ordinary precautions, avoid any risk of aggravating their symptoms. The advice I should give to those who select Malta for a residence is, to avoid Valetta, the principal town, as a permanent abode. The innumerable steps which must be climbed by the pedestrian are a sore trial, rendered memorable by Byron in his pithy farewell to this fortress:

"Adieu, ye cursed streets of stairs!
How surely he who mounts you swears."

Besides which, the long, narrow, and straight streets, running at right angles, with the lofty palaces of the old templars on each side, constitute tunnels, through one or other of which a sharp cutting wind is often blowing; so that the visitor, on turning a corner, finds himself suddenly transferred from the temperature of the torrid to that of the frigid zone. In this respect, Valetta appears some-

* Better known as the Cunard line, and locally as Maciver's steamers. For speed, seaworthiness, efficiency of officers and crew, and general equipment, these vessels are unrivalled; and, with the exception perhaps of the Peninsular and Oriental Company, are vastly superior to any other English line on the Mediterranean. The passage money for the entire round, inclusive of everything, excepting wines and spirits, is, I believe, about £40. As a graceful acknowledgment of gratuitous services to two of the public charities of the town, your correspondent was complimented with a free passage by Charles Maciver, Esq., the liberal and enterprising head of the firm.

what to resemble Madrid. Each street, too, has its own peculiar odour, which is by no means refreshing or agreeable to most English tastes. The origin of these perfumes seems to be decaying oranges, rancid olives, burnt olive-wood (which is the fuel of the Maltese), and other indescribable processes. To secure the full advantage of the Maltese climate, the invalid must leave the town, and take up his abode in the country; for this barren rock is not destitute of some delightful rural retreats. Those, however, who may have occasion to stay at Valetta, will find in the hotels accommodation in a style vastly superior and at a cost infinitely less extravagant than at home. A sojourn of a week at the Imperial Hotel at Valetta enables me to recommend with confidence that establishment to all who may pay a visit to Malta.

The best situation in the island for permanent residence is Sliema, a suburb of Valetta, separated from it by the Marsa Muscetta, or Quarantine Harbour, across which small ferry-boats are plying every few minutes through the day. It is the summer resort of the opulent citizens of Valetta, and is in every respect a most salubrious and agreeable seaside residence. There is no difficulty in finding comfortable lodgings. I was fortunate enough to secure accommodation in a pleasantly situated villa occupied by an English, or rather an Irish lady, who provided everything necessary for domestic comfort, except wine, for about six shillings a day. In selecting a lodging, it is important to secure a sleeping-apartment which is above the ground-floor, because the porous nature of the rocky foundation of the island renders all the lower rooms more or less damp. It is also desirable to notice whether the sitting-room is provided with a fireplace—a luxury not invariably indulged in by the native Maltese, but which may sometimes be found necessary to ensure the comfort of the English visitor, especially if he be an invalid.

Some precaution seems necessary against the possibility of *coup de soleil*; for although Dr. Edwards, the English physician at Valetta, assured me that he had rarely met with cases of this very serious affection, yet from other sources I learned that it has occurred; and, against such a malady, prudence would suggest even superfluous caution. It has been observed that, contrary to what might have been supposed, it is not in the hottest season that this affection most frequently occurs, but that especially in the month of March sunstroke is most to be dreaded. The simple preventives are, to avoid exposure to the sun without a suitable covering for the head, and especially for the back of the neck; the upper part of the spinal column being quite as liable to suffer from the injurious effects of direct solar heat as the brain itself. The premonitory symptoms of sunstroke have been described as a sensation as if a very fine needle had been passed through the brain; without producing, however, more than a comparatively trifling feeling of pain.

There is another peculiarity in the climate of

Malta, of which invalids should be made aware; namely, the sudden fall of temperature which frequently occurs immediately after sunset. There is no twilight to remind him of the approach of night; and, unless forewarned, he may unexpectedly find himself suddenly exposed to the damp and chill of the evening air; to avoid which, care should be taken not to remain abroad too long, and never to take a long excursion late in the day without a cloak or overcoat, even in the hottest weather.

The luxury of sea-bathing can be enjoyed here during the proper season with much advantage. The indentations in the rocky margin of the island form natural baths of liquid crystal, which are irresistibly tempting. But some precautions are necessary. The native Maltese never commence their bathing until the summer is somewhat advanced, in accordance with a religious observance, which fixes a certain saint-day as the legitimate commencement of the season, after which they almost live in the water. For visitors, the proper time to commence bathing is about the end of May. Before that time, some risk is incurred, as it has been found that, from some peculiarity, bathers are liable to attacks of a febrile character, which are sometimes serious, and even dangerous. It has been suggested, that this peculiar effect of the sea-water during a certain period of the year depends upon the admixture of fresh water which falls into the sea during the rains in the winter months. Whatever may be the true explanation, the fact is undoubted, and has been so strongly impressed upon the military authorities that, in consequence of the frequent occurrence of the affection alluded to amongst the soldiers when they were allowed to bathe as early in the year as they pleased, a regulation has for some time been in force prohibiting the men from going into the water before the proper season has commenced; and since that time the peculiar sickness alluded to has disappeared.

In connexion with military matters, I may mention that a partial recognition of the importance of preventive legislation, in reference to syphilitic disease, has produced the greatest possible benefit in the garrison here. Every soldier, on reporting himself sick, and found to be suffering from primary disease, whether syphilis or gonorrhoea, is handed over to the police, who accompany him to the residence of the woman from whom he suspects the disease was contracted, and at once remove her to the hospital. The result of this admirable arrangement is, that, as one of the surgeons in charge of the military hospital informed me, syphilis is one of the rarest affections met with amongst the men; while at Gibraltar, where no such regulation is carried out, that disease is as prevalent as it usually is amongst a large military population.

A residence at Malta must not be prolonged much beyond the month of May—at least, by valetudinarians. The weather then becomes so intolerably hot, especially at night, as to be most trying to the English constitution; and even the natives complain se-

riously of its depressing effects. I have been assured that the heat is even less endurable than in India; and, contrary to what might have been expected, the system appears to resist the modifying influence of acclimatisation. The first summer is generally borne better than the second; while the third frequently so thoroughly prostrates the system as to render it necessary to resort to a more bracing climate for a time.

In selecting the Turkish route for invalids who desire to avoid cold weather throughout the trip, the departure from England should be timed so as to reach Constantinople not earlier than the end of April or May; for the spring there is variable, and often cold. During my stay in April, we had both rain and snow. But it is worthy of remark, that I found the effects even of severe cold much modified by the peculiarity of the atmosphere, which has an exciting and exhilarating influence upon the system, contrasting most agreeably with the miserable discomfort and depression of spirits so often felt on a cold wet day in England.

As the so-called Turkish Bath has now become an English institution, a word or two about its prototype in Turkey may be interesting. I visited the largest and most celebrated bath in Stamboul, and noticed the following peculiarities in which the arrangements differed from those that I have seen in this country. The building is of colossal dimensions, divided into two compartments, one for dressing and undressing, and the other for the bath itself; so that the bather goes directly to and from the first to the second, without being subjected to the graduated processes of heating and cooling adopted in the Anglo-Turkish bath. The heated air is charged with moisture to such an extent as to fill the bath with an atmosphere of vapour. I did not ascertain the exact temperature; but it is probably lower than that of the dry air in the baths in England, and it is certainly much more agreeable. No cold water is used; but after the shampooing process, which is skilfully and pleasantly performed, chiefly by boys, the bather is washed with tepid water and soap, applied by means of a wisp of beautifully soft camel's hair, which appears better adapted for the purpose, and pleasanter to the skin, than either sponge or flannel. I think the managers of the baths in England might take some useful hints from the Turkish style of conducting these establishments.

In passing the barbers' shops in Constantinople, large glass jars are seen, containing frogs; and, on inquiring what they were used for, I was told by my interpreter that, in certain diseases, they were placed on the tongue, and allowed to jump down the throat; and, on reaching the stomach, the reptile was supposed to eat the peccant matter which caused the sickness. For the credit of medical science in Turkey, we may reasonably suppose that this is only a special form of quackery, not sanctioned or practised by Turkish physicians.

After leaving the Golden Horn, the steamer returns through the Dardanelles, passing Sestos and

Abydos, touching for an hour or two at Gallipoli; and in about forty-eight hours reaches Smyrna, whence there is usually an opportunity of visiting Ephesus by rail, if the traveller is so disposed. From Smyrna, the route is either directly homeward by way of Malta, or still further south, round by Alexandria; the question being decided by the rate of freights and the amount of cargo which the vessel has obtained. If the latter course is adopted, the detention at Alexandria is generally sufficient to admit of a visit to Grand Cairo and the Pyramids, which will amply repay the tourist, and is an excursion that may be ventured upon by an invalid who is strong enough to sit on a donkey for three or four hours.

The climate of Egypt is very delightful; but the English visitor must be prepared to submit to many privations. At Shepherd's Hotel at Cairo, which is reputed the best hotel in the East, the provisions were so unsuited to my English taste, and so unsustaining to my stomach, that I verily believe that, if my visit of three days had been extended to as many weeks, I should have been literally starved. The mutton closely resembled goat's flesh, and the beef that of camel or buffalo; and the salad seemed to be composed of coarse grass. The eggs were in various stages of decomposition. Hence, on the whole, an invalid with a languishing appetite or feeble powers of digestion, could only fare badly. It is right to state that, just at the time of my visit, a murrain amongst the cattle had produced a famine in the land; so that provisions, especially animal food, were very scarce.

One impression which is left upon my mind from the experience of this voyage, is the importance of giving due weight to the various discomforts and inconveniences to which the valetudinarian may be exposed, as a set-off against the benefits of climate and change of scene.

In my next communication, I shall revert to topics more strictly within the scope of local correspondence, by resuming a chronicle of passing events in this section of the medical world; and, if your readers are not yet tired of the all-absorbing yet far from exhausted subject of fever, may have something yet to record of the typhus epidemic, which, I am glad to say, appears to have begun to take its departure.

EDINBURGH UNIVERSITY. In memory of the late Sir William Hamilton it has been proposed to found a Fellowship bearing his name in the University of Edinburgh. The first six names on the list of the committee which is now engaged in prosecuting this design are the Duke of Argyll, the Bishop of London, the Bishop of Hereford, Lord Brougham, Mr. Gladstone, and Sir David Brewster. For the endowment of the Fellowship some £3,000 or £4,000 will be required. As the Scottish universities are sadly deficient in their endowments, and as a vigorous effort is now being made to raise the character of the education they afford, it is hoped that, both in honour of Sir William Hamilton and for the welfare of the universities which he had much at heart, Scotchmen out of Scotland will not be backward in their offers of help.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Quarterly.]	Clarke's Castle Hotel, Taunton.	Wednesday, April 12, 7 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, April 13, 7 P.M.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, March 23rd, at Three o'clock precisely.

Business. To receive communications from the President.

To receive the Treasurer's Financial Report.

To consider a communication from Dr. Davey to the President of the Council.

To consider the Laws of the Northern Branch.

To appoint adjudicators of the Annual Prize Essay.

To fix the time of the Annual Meeting.

Any other business which may be brought forward.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, March 7th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The next meeting will be held at the Infirmary, at Gravesend, on Friday, March 31st, at 3.30 P.M.

Dinner will be ordered at the Yacht Club House, at 5.30 P.M. Tickets 5s. each, exclusive of wine.

C. J. Pinching, Esq., will preside; and papers are promised by M. Adams, Esq. (Clinical Ophthalmic Cases), and by Dr. Bell (Craniotomy).

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, March 11th, 1865.

WEST SOMERSET BRANCH.

A QUARTERLY Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, March 11th, 1865.

METROPOLITAN COUNTIES BRANCH.

THE GOVERNMENT ANNUITIES ACT: DEPUTATION TO THE POSTMASTER-GENERAL.

On Wednesday last, a deputation from the Committee appointed by the Metropolitan Counties Branch to watch the progress of such parliamentary measures as affect the interests of the medical profession had an interview with the Postmaster-General, Lord Stanley of Alderley, at the General Post-office. There were present at the deputation: C. F. J. Lord, Esq., President of the Branch; Dr. Sibson and R. Dunn, Esq., Vice-Presidents; Dr. G. Webster; C. H. Rogers-Harrison, Esq.; Dr. S. W. J. Merriman; W. Martin, Esq.; Dr. S. Gibbon; and Dr. A. Henry.

Mr. Lord said that the medical profession felt a deep interest in all that related to the progress of humanity and social science, and regarded the recently introduced measure of Government insurances and annuities as one calculated to be of great

benefit. But it was a matter of regret that the services which medical men would be required to render to the cause were placed at so low a value by those in authority as to be considered adequately remunerated by a fee of half-a-crown in many cases. Mr. Lord dwelt on the voluminous nature of the questions which the medical referee would have to answer. He quoted from an official circular, in which it was stated that the Postmaster-General proposed that the fee should be half-a-crown for the lower insurances and five shillings for the higher ones. He urged the propriety of establishing a uniform fee of five shillings, and of thus securing the cordial co-operation of the medical profession, without whose cheerful and sustained aid the movement could not permanently thrive.

Dr. GIBBON supported the remarks of Mr. Lord, and pointed out the practicability of the proposal made, by reference to the fees paid by other insurance companies, especially the Lancashire, which had been highly commended by Mr. Gladstone.

Dr. SIMSON warmly supported the proposal for an uniform five-shilling fee. He pointed out that the answering of the questions proposed would require a considerable amount of skill and time on the part of medical men; and that, while the amount of attention given to the case should be the same for small as for higher insurances, the low fees would be liable to induce many to perform the work inefficiently. He urged strongly the necessity of obtaining the cordial co-operation of the medical profession in carrying out the measure.

The POSTMASTER-GENERAL said that it was the duty of the Government to get work done at the lowest cost. He did not think the profession were dissatisfied with the low fees, as he had already received seven hundred letters of consent to his proposals. The *Lancet* had also approved the scale of fees proposed in his circular.

Dr. WEBSTER considered the conduct of the *Lancet* inconsistent in this matter, inasmuch as in past years the editor of that periodical had taken to himself much credit for procuring an increase of the fees paid to medical referees by insurance companies.

Mr. LORD, in reference to a remark made by the Postmaster-General, said that the principle of getting work done at the lowest cost was a dangerous one. It would, at least, not be acceptable to the various paid officers in the departments of the public service.

After some further conversation, the deputation, which had been most courteously received, withdrew, feeling assured that their attempts had been impeded greatly by the injudicious approbation of the low fees expressed by the *Lancet*.

THE LASH AND THE BRAND. A return made to the House of Commons shows that, in 1862, no single instance of branding or flogging occurred in the militia. In the cavalry regiments, but very few cases of flogging occurred; in no regiment more than three. The 31st Regiment has a pre-eminence for the number of lashes which were inflicted in its ranks, 33 cases having been so punished; and the 67th Regiment comes next with 26 cases. The others had many fewer. The 14th had 14; the 19th, 12; Rifle Brigade, 9; the 8th, 9. The number of lashes ordered was, in almost every case, fifty; and in very few instances was any part of the punishment remitted. The offences were in all places of a similar description: insubordination, violence to superiors, desertion, disgraceful conduct, making away with necessaries, habitual drunkenness, etc. In all, there were 379 cases; for which 18,600 lashes were decreed, and for which 18,180 were inflicted. There were 1493 men marked with the D, and 37 with the B C.

Reports of Societies.

MANCHESTER ROYAL INSTITUTION: MEDICAL SECTION.

ANNUAL MEETING, JAN. 11, 1865.

THOMAS MELLOR, Esq., in the Chair.

Report. The HONORARY SECRETARY read the Annual Report for 1864. The number of members amounts to 105, being the same as last year. The attendance has averaged twenty-six at each meeting, in place of twenty the previous year.

The Treasurer's Report showed the financial position of the Society to be satisfactory.

Officers and Council. The following gentlemen were elected office-bearers for the year 1865. *President*—Wm. Roberts, M.D. *Vice-Presidents*—J. Boufflower, Esq.; G. Greaves, Esq.; J. Robertson, Esq.; and J. Windsor, Esq. *Treasurer*—L. Borchardt, M.D. *Secretary*—J. Thorburn, M.D. *Librarian*—J. Roberts, M.D. *Committee*—C. H. Braddon, M.D.; H. Browne, M.D.; S. Crompton, M.D.; J. O. Fletcher, M.D.; E. Gumpert, M.D.; J. Hardie, M.D.; T. Mellor, Esq.; D. Noble, M.D.; A. Samelson, M.D.; H. Simpson, M.D.; J. Stone, M.D.; Thomas Windsor, Esq. *Auditors*—S. Nesfield, M.D.; A. Wahltsch, M.D.

ORDINARY GENERAL MEETING, FEB. 1, 1865.

WILLIAM ROBERTS, M.D., President, in the Chair.

Suppurative Nephritis. Dr. WM. ROBERTS showed a specimen of suppurative nephritis, in which both kidneys were thickly studded with purulent collections, varying in size from a pin's head to a horse-bean. The history of the case was defective; but the suppuration was supposed to be secondary to cystitis.

Dr. ROBERTS also showed a piece of wire in the omentum, found in a subject in the dissecting-room. There were no inflammatory traces, which is interesting, as bearing on the use of metallic sutures.

Tuberculosis of Urinary Organs. Mr. LEECH showed a specimen of general tubercular deposit in the whole of the urinary organs, from the kidneys to the urethra.

Calculus. Dr. J. O. FLETCHER showed a large calculus, which he had extracted from the urethra of a boy.

Syphilitic Ulceration of the Palpebral Conjunctiva. Mr. J. WINDSOR read a paper on Ulceration of the Palpebral Conjunctiva, generally involving the Tarsal Cartilage, and occurring as one of the Symptoms of Secondary Syphilis. Details were given of seven cases, which were all observed in his large experience, extending over a long period, showing that the affection is comparatively rare. It has been mentioned by Mr. Lawrence and some other writers, but has not attracted much attention. Mr. Windsor had noticed it usually in cases of the phagedenic form of ulceration; and the sores on the palpebral conjunctiva have appeared at a late period of the case.

An example will illustrate the character of the affection. In this case, the margins of the eyelids were somewhat red and swollen; and on everting the upper lips, two small ulcers were seen on one and one on the other lid. Each was a little excavated, with a yellowish base, and was about the size of a split-pea. They were all on the palpebral conjunctiva, quite within the ciliary margin, and, therefore, not observable until the palpebræ were everted. There

was a yellowish ulcer on the left tonsil, and some slightly phagedenic serpiginous ulcers on the legs. The treatment consisted of sarsaparilla, iodide of potassium, and occasional mild doses of mercury, with the local application of mild mercurial lotions and ointments.

Manchester Hospitals. Mr. WALSH read a paper on the Re-organisation and Extension of the Hospital and Dispensary System of Manchester.

Manchester is inadequately supplied with hospital accommodation for the sick industrial poor; possessing, in proportion to the population, only two-fifths of that provided by London and Liverpool. The dispensary arrangements are still more defective and unsatisfactory. Mr. Walsh proposed: 1. To amalgamate all the general medical charities of the city; to dispose of the property appertaining to each; and to place the sum realised in the hands of the trustees of the Manchester Royal Infirmary. This body would then possess funds amounting to at least half a million sterling. 2. To purchase a new site in an eligible situation in the suburbs, on which to erect a new infirmary which should supply at least three times the accommodation of the present one, and should be built on the most approved system. 3. To establish in connexion with the infirmary six dispensaries, located in the different centres of population throughout the city; each to contain a few beds for the temporary treatment of accidents of extreme urgency; to be in telegraphic communication with the parent house; and to be under the immediate charge of a house-surgeon of the infirmary. 4. A new class of medical officers to be created, and styled assistant-physicians and assistant-surgeons to the charity—the former to attend to the out-patient department of the hospital; the latter the out- and home-patients of the dispensaries. All these officers to be paid; and from their ranks all vacancies occurring in the higher appointments to be filled up. 5. Clergymen and medical men to have the privilege of sending patients to the charity (although not subscribers); and poverty not to debar any one from partaking of its benefits.

LIVERPOOL MEDICAL INSTITUTION.

FEBRUARY 9TH, 1864.

Depressed Portion of Skull causing Convulsions. By J. CAMERON, M.D. On January 25th, at 6.30 p.m., G. M., aged 36, was brought to the Liverpool Southern Hospital, from the police bridewell; the police officer stating that, having been found in his cart apparently drunk, he had been taken to the lock-up for safety; and, when there, had a fit. On admission to the hospital, he was conscious and able to speak. He was very much collapsed; the surface of the body being cold, the pulse feeble, and the pupils of the eye dilated. Respiration was attended with loud rattles. He was placed in bed; warmth was applied to the extremities; and stimulants given. He then gave the following account of himself. For the last ten years, he had been subject to fits, having had during this period somewhere about six. He started with his cart about three o'clock in the afternoon, and had no recollection of what had occurred since that time up to his admission to the hospital. He thought he must have had one of his fits. As he was in a low state, it was not considered advisable to make a thorough examination of the thoracic viscera; but he was considered to be suffering from pneumonia, the state of collapse being attributed to the long exposure to the intense cold (the day being exceedingly cold) whilst in a state of insensibility, and to his having taken little or no food during the

day. On the next day, he had somewhat rallied, though he was still too low to allow a more complete examination to be made. He complained *only* of chest symptoms, cough, and dyspnoea. On January 27th, he was in much the same state till the afternoon, when he became lower. Respiration was difficult; the face livid. He rapidly became worse, and died at 4.30 P.M., forty-eight hours after admission. On making an autopsy, twenty-one hours after death, with the exception of small bruises on the forehead, right lip, and forearm, and a larger one over the sacrum, there were found no external appearances worthy of remark. There was an old depressed fracture of the right parietal bone, causing a mark on the surface of the brain at the corresponding part. The depressed portion of bone was almost circular, an inch and a half in diameter. The vessels of the brain were congested. The brain was healthy. On removing the integuments from the chest, some clotted blood was found at the lower part, about the right nipple. The ninth right rib was found fractured about its middle; but there was no penetration of the pleura. There were small quantities of clotted blood in the right cavities of the heart; the left were empty. The left ventricle was hypertrophied and firmly contracted. Calcareous deposits were present in the aortic valves. The lower lobe of the left lung was in a state of red hepatisation; the right lower was congested. The bronchi were injected. At the apex of the right lung was a small deposit of tubercle. About a pint and a half of blood was found in the cavity of the abdomen. There was some clotted blood in the areolar tissue of the loins, and on the right side of the diaphragm. There was a rent of considerable size in the back part of the right lobe of the liver, containing clotted blood. The hepatic tissue in the neighbourhood of the rent was also infiltrated with blood.

In a medico-legal point of view, the case afforded an illustration of the receipt (probably by a fall from the cart whilst deceased was in a state of insensibility) of an injury severe enough to produce extensive laceration of the liver, without external marks to lead to a suspicion of the internal injury. It is also worthy of note that, during the forty-eight hours he lived, no complaint was made referable to the seat of the injury. With reference to the question of blood-letting in pneumonia, it is interesting to observe that in this case the disease, which probably arose from the exposure during intense cold on the day of the accident, steadily progressed to the second stage in the left lung and the first in the right lung, notwithstanding the copious hæmorrhage into the abdomen. The convulsions to which the deceased had for so many years been subject were due, we may presume, to the old depressed fracture of the skull; and it is perhaps worthy of record, that the brain-substance and membranes did not present any appreciable morbid alteration.

THE VACCINATION ACT. At Marylebone, J. Maunders, cabman, was fined five shillings at the instance of Mr. J. G. Gerrans, district vaccinator, for refusing and neglecting to cause his child to be taken to him for inspection upon the eighth day after vaccination, in compliance with the Vaccination Act, 16 and 17 Vic., cap. 100, sec. 3. This was the first case under the Act. Mr. Gerrans said that the defendant's child was the only one that he had for a week from which to get a supply of lymph, and on the day that the mother ought to have brought it there were a dozen women waiting in his surgery to be vaccinated. Mr. Yardley fined the defendant five shillings, or in default seven days' imprisonment.

Correspondence.

THE MEDICAL COUNCIL.

LETTER FROM JAMES HEYGATE, M.D., F.R.S.

SIR,—You have in this week's JOURNAL a strong leading article on the shortcomings of the Medical Council in regard to the subject of medical education. But what is the use of all this, whilst the Medical Act affords little or no protection to the legitimate practitioner, and whilst the Medical Council year after year fail in their duty to the profession in not applying to Parliament to have the clause in the Act amended which occasions this anomaly?

When the Medical Act first came into operation, those who assumed the title of "doctor" or "surgeon", and who had no claim to it, took the alarm, withdrawing these titles from their names—ceased to deceive the public in this respect; but it soon became apparent, from the glorious uncertainty as to how the different judges might and did decide on the reading of this clause, that the illegal assumption of titles soon became as rampant as ever; and the various registration societies formed in the country ceased to take cognisance of this unsatisfactory state of things. I think that this subject is of far more importance to the public; and that it is quite as much the duty of the Medical Council to use their efforts to see the failings of the Medical Act rectified, as to agitate again and again the question of medical education. I am well aware that some improvements might be made; but the standard of medical education is much higher than it was when I was a young man; and, though it is a subject on which you frequently touch, I have often thought that there are other grievances from which the profession suffer which demand an equal if not greater attention on the part of the Medical Council.

Pardon me for making these remarks; but, as the Medical Council is about to meet, it is as well that they should be again reminded of a grievance which I am persuaded the great body of the profession keenly feel.

I am, etc., JAMES HEYGATE.

Derby, March 11th, 1865.

[Surely the title of the Medical Council indicates its function. Dr. Heygate must forget that its title by Act of Parliament is, "The General Council of Medical Education and Registration". EDITOR.]

THE SOCIÉTÉ MÉDICO-PSYCHOLOGIQUE OF PARIS AND THE TOWNLEY CASE.

LETTER FROM C. LOCKHART ROBERTSON, M.D.

SIR,—I have received from a friend by this morning's post the annexed cutting from last Sunday's *Observer*.

"**THE TOWNLEY CASE.** The 'Medico-Psychological Society' of Paris, composed of the leading continental physicians engaged in the treatment of the insane, and connected with the principal lunatic asylums of France, regarding the grave medico-legal as well as public importance of the case of George V. Townley, deputed several of its more distinguished members—among whom were MM. Jules Falret, Brierre de Boismont, and Legrand du Saulle, etc.—to fully investigate and report as to this criminal's alleged insanity. It appears from a recent number of the *Gazette des Hôpitaux* that this official inquiry has terminated. The recent suicide of the prisoner (in a paroxysm of impulsive insanity, according to the finding of the jury), when viewed in connection with

his prior psychological history, has conclusively established (says the editor of the *Gazette*), to the satisfaction of every unprejudiced mind, that the opinion expressed at Derby by Dr. Forbes Winslow as to Townley's derangement of intellect was a right and scientific judgment of his mental condition." (*Observer*, March 12.)

This paragraph repeats more definitely the misstatement in the *Lancet* of the 4th instant, which you permitted me last week to correct; viz., that the Société Médico-Psychologique had made an official report on the Townley case in favour of Dr. Winslow's diagnosis at Derby. *This assertion, as I said in my former letter, is utterly untrue.*

I should, also, like to ask Dr. Winslow whether he approves of the frequent insertion in the weekly and daily press of similar statements of his "right and scientific judgments", etc., such as this paragraph in the *Observer*? You will observe, if you compare it with its original in the *Lancet*, how the story is here dressed up for the public. I am, etc.,

C. L. ROBERTSON, M.D.,

Membre-associé Etranger de la Société Médico-Psychologique.

Hayward's Heath, March 15th, 1865.

[Dr. Winslow will naturally say that he is not responsible for the indiscretions of other people. EDITOR.]

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on March 9th.

Cox, Charles Lindsay, the Queen's Indian Army: diploma of membership dated May 18, 1833

Hemsted, Henry, Newbury, Berks: October 3, 1828

Pitman, Henry, the Queen's Indian Army: April 13, 1840

Sheppard, William Yeoman, Bristol: February 18, 1842

APOTHECARIES' HALL. On March 2nd, 1865, the following Licentiates were admitted:—

Libbey, Henry Cornelius, Dewsbury Road, Leeds

Simpson, Thornton Gerald, Westbourne Road, Islington

At the same Court, the following passed the first examination:—

Wright, William Evatt, Guy's Hospital

Admitted on March 9th—

Forster, Edward Wood, Newcastle-on-Tyne

Maturin, Henry, Lymington

At the same Court, the following passed the first examination:—

Brocklehurst, Thomas Howard, Manchester School of Medicine

APPOINTMENTS.

ARMY.

HENRY, Staff-Assistant-Surgeon R., to be Assistant-Surgeon Royal Artillery, *vice* W. D. Smythe.

JEEVES, Staff-Surgeon W. Y., to be Surgeon 25th Foot, *vice* D. D. McCay McDonald.

LEWIS, Staff-Surgeon J. H., to be Surgeon 18th Foot, *vice* W. Stewart, M.D.

MACKINTOSH, Surgeon-Major W. H., M.D., 21st Foot, to be Staff-Surgeon-Major, *vice* J. H. Lewis.

STEWART, Surgeon W., M.D., 18th Foot, to be Surgeon 21st Foot, *vice* W. H. Mackintosh, M.D.

ROYAL NAVY.

BRIETZKE, H., Esq., Acting Assistant-Surgeon, to the *Excellent*.

COMBIE, Peter, Esq., Surgeon, to the *Sparrowhawk*.

DONOVAN, Jeremiah, Esq., Assistant-Surgeon, to the *Torch*.

MACDONNELL, Henry, Esq., Assistant-Surgeon (additional), to the *Figard*.

McKENNA, Arthur, M.D., Surgeon, to the *Pelorus*.

STEWART, James, Esq., Acting Assistant-Surgeon, to the *Asia*.

WHITAKER, Joseph, Esq., Assistant-Surgeon, to the *Cambridge*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

BICKERTON, T., Esq., to be Surgeon 1st Administrative Brigade Lancashire A.V.

CALTON, W. J., Esq., to be Assistant-Surgeon 1st Administrative Brigade Lancashire A.V.

CRAWFORD, G., M.D., to be Honorary Assistant-Surgeon 5th Renfrewshire R.V.

HULME, H., Esq., to be Assistant-Surgeon 1st Lancashire A.V.

MARSH, N. K., Esq., to be Surgeon 1st Lancashire A.V.

MILES, R., Esq., to be Honorary Assistant-Surgeon 12th Glamorganshire R.V.

PATERSON, G. R. H., Esq., to be Assistant-Surgeon 1st Administrative Battalion Perthshire R.V.

PYLE, T. T., Esq., to be Assistant-Surgeon 3rd Durham R.V.

THEED, F., Esq., to be Honorary Surgeon 1st Administrative Battalion Flintshire R.V.

WARKE, W. L., Esq., to be Assistant-Surgeon Liverpool R.V. Battalion.

WOLSTENHOLME, J. H., Esq., to be Quartermaster 1st Administrative Battalion Flintshire R.V.

DEATHS.

BATES. On February 26th, at Manchester, aged 34, Ellen, wife of William Bates, M.D.

CRICHTON. Sir Archibald William, M.D., D.C.L., many years Physician-in-Ordinary to the late Emperor Nicholas I, at St. Petersburg, aged 74, on February 15th (27th).

CURRIE. On March 8th, at Boulogne-sur-Mer, aged 72, Caroline Mary, widow of Claude Currie, Esq., late Physician-General Madras Army.

HILLMAN, William, Esq., Surgeon, at 1, Argyll Street, aged 51, on March 11.

LADBURY, John, Esq., Surgeon, at Kidlington, Oxfordshire, aged 63, on March 9th.

MARSHAL. On March 2nd, at Hammersmith, aged 64, Mary, widow of the late John A. Marshal, Esq., Surgeon, Aylesbury.

TURNER, Thomas, M.D., at 31, Curzon Street, aged 92, on March 10.

WAY. On March 10th, at Pullen's Row, Islington, Charlotte More, widow of the late John Way, Esq., Surgeon.

DEATH IN THE STREETS. Five persons last week died in London from carriage accidents.

VILLAGE HOSPITALS are rising up over the country. It is announced that one is to be started at Guisborough, in Yorkshire.

THE DEATH OF DR. STOESS at an advanced age, who first practised section of the tendo Achillis in France, is announced.

A NEW JOURNAL. The Branch of the French Medical Association des Bouches-du-Rhône has now its own medical organ, *L'Union Médicale de la Provence*.

BEQUEST. By will, Miss E. Hervey, of Park Street, Grosvenor Square, leaves to St. George's Hospital, King's College Hospital, Cripples' Home, and Cambridge Asylum, each £250, free of duty.

FRENCH MEDICAL ASSOCIATION. The Central Society of the French Medical Association has distributed 5,000 francs in assistance of indigent medical men, etc., during the past year.

SIR RUTHERFORD ALCOCK. This gentleman who it may not be generally known, is a member of our profession, although holding the high appointment of her Majesty's Minister at Japan, has just returned to England.

LADIES' SANITARY ASSOCIATION. Under the patronage of the Ladies Sanitary Association a syllabus of a course of lectures has been issued. One of the lecturers appointed by the ladies is, we understand, a practitioner in homeopathy.

ST. BARTHOLOMEW'S HOSPITAL is, we learn, to issue during the present year a volume of Reports—its first volume. The editors are to be Dr. Andrew and Mr. Callender—gentlemen well qualified for the duty.

BERLIN OBSTETRICAL SOCIETY. The following gentlemen have been made honorary members of the Berlin Obstetrical Society: Dr. Murphy, Dr. Eastlake, Dr. Greenhalgh, of London; and Dr. Leishman of Glasgow.

PROFESSIONAL PENURY IN FRANCE. A French editor laments over the sad condition, "the penury of a large number of medical men in France," indicated by the subscriptions of two, three, and five *francs*, which have been made towards the fund for raising a statue to Laennec.

PRESERVATION OF MEAT. The French government has tried Dr. Morgan's method of preserving entire sheep and oxen, and the results of the experiments have been highly satisfactory. The animals killed and injected last August have been eaten recently, and the meat was found to be excellent—especially the beef-steaks.

INCREASED VALUE OF LIFE IN FRANCE. In 1806-9 the average duration of life was—in males, 30 years 6 months; in females, 32 years, 7 months; mean, 31 years, 6 months. Now, in 1865, it is calculated that males on the average live 33 years, 4 months; and females 36 years, 4 months; mean, 34 years, 10 months.

MADAME PAILLOUX, a benevolent lady, has left a good country house and 1000 *francs* a year for a doctor to attend gratuitously the poor of the commune in which she lived, either at their own houses or at an asylum, which she has also endowed for aged and necessitous agriculturalists.

TESTIMONIALS. His friends have given to Mr. R. Garner of Stoke-upon-Trent a substantial proof of their esteem in the shape of a horse and brougham of the value of about £180. Mr. Garner has for many years been one of the surgeons of the North Staffordshire Hospital.—Dr. Hamilton of Falkirk has been presented with a silver *épergne* by the Falkirk School of Arts.

UNIVERSITY OF LONDON. On Friday, March 10th, Mr. G. Duff asked the First Commissioner of Works whether he had under his consideration a letter from the Senate of the University of London, on the subject of a building for the University. Mr. Cowper had received a communication from the Senate of the University, stating in detail the accommodation they considered necessary for the proper transaction of the business of the University. It was still under the consideration of the government.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. At the meeting of the Council on March 9th, Mr. F. C. Skey, late president of the college, and Mr. S. Cartwright, were elected members of the Dental Board, the term of office of Messrs. Lawrence and Rogers having expired.—At the same meeting Mr. Edward J. A. Trimmer, M.A.Cantab., was elected Secretary of the College, in the vacancy occasioned by the decease of Mr. Edmund Belfour.

SCHOLARSHIPS AT CAMBRIDGE. An examination for four minor scholarships will be held in Downing College, on Monday, May 22nd, and two following days. The examination will be chiefly in classics and elementary mathematics, but some weight will be given to proficiency in French and German. Two additional papers will be set; one on Moral Philosophy, in connection with the principles of Jurisprudence, and on the Elements of International Law; the other, on the Natural Sciences, in connection with Medicine, namely, Chemistry, including analysis, Mineralogy, Botany, Comparative Anatomy, and Physiology; and, in awarding two of these scholarships, considerable importance will be attached to any special proficiency in the legal or in the medical subject. Persons who have not been entered at any college in the University, or who have not resided one entire term in any such college, are eligible to these minor scholarships, which will be of the value of £40 per annum, and tenable for two years, or until

their holders are elected to Foundation Scholarships. No one elected minor scholar will receive any emoluments until he has commenced residence as a student of the college. Satisfactory testimonials as to their moral character must be sent to the Master by all candidates for these minor scholarships, on or before Wednesday, May 17th. Further information will, if required be given by the Tutors of the college.

HOMICIDE BY IMPRUDENCE. That is a verdict which brought a fine of fifty *francs* and eight days imprisonment upon Madame Roy, who deals in drugs and groceries, and in the course of her business sold fifty *grammes* of nitre in mistake for *seidlitz* powder, and so caused the death of Madame Helie. It is a curious feature in the French law that a grocer may sell drugs, but not in medicinal doses; a regulation which seems to afford no protection for life. (*Chem. News.*)

UNION MEDICAL OFFICERS IN IRELAND. On Friday, March 10th, Mr. M'Evoe moved that her Majesty's Government should now adopt the recommendations of the Select Committee of 1858, to take into consideration the claims of Ireland to a grant of the half-cost of medical officers in unions, as is now the practice in England and Scotland. The Chancellor of the Exchequer opposed the resolution, observing that the recommendations of the Committee of 1858 did not show sufficient reasons for adopting it; that it was not for the interest of Ireland to urge the principle of equality in local taxation; and that the general question of relative taxation had been recently referred to a committee of the House. The resolution was negatived by 37 to 34.

REMOVAL OF LUNATICS FROM ENGLAND. In the House of Commons on Tuesday, Sir G. Grey said the law appeared to be that it was illegal to remove by force a lunatic who was a subject of this country, inasmuch as he or she was thereby deprived of the protection of the laws of England. Mary Ryan had been illegally removed, and the government were prepared to have requested that she should be sent back to this country; but it was considered that it would be injudicious to have her brought back to this country. The letter which he had himself written stated that the act was illegal and liable to prosecution; but, under all the circumstances, it was not thought expedient—and such were almost the terms of the law officers' opinion—that legal proceedings should be taken.

INFECTIOUS PATIENTS IN WORKHOUSES. On Tuesday, in the House of Commons, Colonel North asked whether by Article 115 of the General Consolidated Order of the Poor-Law Board, dated July 24th, 1847, any pauper suffering from small-pox or other infectious disorders could insist upon leaving the workhouse, in opposition to the opinion of the doctor, upon giving to the master, or, during his absence or inability to act, to the matron, a reasonable notice of his or her wish to do so. Lord Enfield said that neither master, matron, nor medical officer had power to detain any person in the workhouse against his will. All that they could do was to warn the persons who wished to leave, and who were in the condition referred to, of the extreme danger of the course, and that they were liable to be indicted for a misdemeanour.

ROYAL VISITS TO HOSPITALS. On Tuesday morning her Majesty surprised the inmates of the Consumption Hospital, Brompton, by a visit. The Queen, attended by the Duchess of Roxburghe, Lord Alfred Paget, Colonel the Hon. Arthur Hardinge, and Dr. Jenner, arrived at the hospital at eleven o'clock, and was received by the Hon. A. Kinnaird, Mr. P. Rose, Dr. Roe and Dr. Cotton, etc. Her Majesty walked through the four "galleries," called respectively the

"Victoria," the "Albert," the "Foulis," and the "Jenny Lind," entering many of the wards, speaking to several of the patients who were confined to their beds; and bestowing upon all kindly smiles and sympathising looks. Her Majesty then visited the chapel, and inspected the library; after which she expressed a wish to see the kitchens, with which, as well as with the larder and the steam apparatus for cooking and for raising the lifts for the patients and the provisions, the Queen appeared much interested. Her Majesty wrote her name in the visitors' book, and examined the vellum scroll containing the signatures of the late Prince Consort and of the distinguished visitors who were present at the laying of the foundation stone of the new building by His Royal Highness on June 11th, 1844. During her somewhat lengthened visit the Queen narrowly inspected all the arrangements, and by her numerous questions manifested much interest in the charity, which has long been honoured by royal support and patronage. To the patients, of whom there are 210, the royal visit was an occasion of intense gratification. Amongst those honoured by special notice was one of the survivors of the famous Balaklava cavalry charge. This poor soldier is an inmate of the hospital for the third time since his discharge from the army, having on each occasion been sufficiently restored to health to earn his livelihood.—On Wednesday her Majesty visited the General Lying-in Hospital, Lambeth. The Queen was received by Sir Charles Locock, Dr. C. Hutton, Dr. J. Clarke, and some of the officers of the hospital. Her Majesty, accompanied by the physicians, passed through the various wards, and evinced great interest in the health and welfare of the patients. Her Majesty afterwards wrote her name in the visitors' book, and on leaving the hospital expressed herself greatly pleased with all that came under her notice.

ODONTOLOGICAL SOCIETY. The monthly meeting of this society was held on the 6th instant, Thomas Rogers, Esq., president, in the chair. A letter was read from Dr. Weber of Paris, accompanying some specimens of vulcanite and enamel, which were distributed among the members. Mr. Spence Bate produced two specimens, teeth, found in a Roman cemetery during the excavations at Plymouth; the one showing, he said, that the ancients, two thousand years ago, were liable to suffer from toothache caused by decay; the other showing that in the development of teeth at that time the same laws seemed to hold good as were occasionally found now—namely, that the premolar was retained after the other teeth were developed. He regarded them as objects of antiquarian interest rather than physiological. Mr. Ramsay brought the patient he had introduced at the previous meeting, in order that the Society might judge of the progress of the case—one of cleft palate. He said the boy had practically worn the instrument only since February the 15th; but, notwithstanding his short practice, he had much improved in his articulation. The boy read a few lines; and the President and others expressed their satisfaction at his progress. After a short discussion, Mr. Ramsay promised to read a paper explaining his mode of treatment at the Society's meeting in May. The discussion of the papers read at the last meeting followed, in which Messrs. Cattlin, Tomes, Hulme, Vasey, Bate, Rymer, and Mummery took part. Mr. Bate mentioned a question put to him by Dr. Darwin; whether any dentist had ever met with a third deciduous molar, and if so, whether such a case was ever known to be hereditary. The President said he had seen three bicuspidis on one side of the lower jaw; but he had no knowledge of the previous

history. The thanks of the Society were accorded to the authors of the papers; and the meeting adjourned.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Medical Society of London, 8 P.M. Mr. R. Barwell, "On the Prevalent Mismanagement of Common Forms of Joint-Diseases." Dr. Brunton, "On the Treatment of Tape-worm by Male-Fern and Kamala."
TUESDAY. Pathological Society of London, 8 P.M.—Ethnological.—Statistical.
WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Peacock, Croonian Lectures. "On some of the Causes and Effects of Cardiac Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Geological.
THURSDAY. Royal Society.
FRIDAY. Royal College of Physicians, 5 P.M. Dr. Handfield Jones, Lumleian Lectures. "On some Points in the Pathology of Nervous Disease."—Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Irish.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

We do not consider that paragraphs, unauthenticated or authenticated, in newspapers, reflecting on the conduct of any of our medical brethren, or on matters professional, require notice in our pages. The profession itself is the only proper court of appeal in such matters. The publication of medical disagreements in the daily prints is very much what Voltaire called washing dirty linen in public. The public cannot be, and never are, correct judges of professional matters. To appeal to them, therefore, is to appeal to incapable and very bad judges—to excite, perchance, a scandal, without a chance of procuring a fair judgment. We have faith in the opinion of our professional brethren—a firm belief that they not only know how to do, but that they always will do, justice; and therefore consider it not only superfluous, but sadly out of place, to make appeals to popular sympathies through the daily press on professional subjects. The Profession has always set its face against such proceedings. The abuses which may arise therefrom are evidently very great. If such appeals were accepted as legitimate, then this would happen: That a man might unjustly injure his professional brother in public estimation; and at the same time loudly blow his own professional trumpet. Against such things we, therefore, enter protest. If a medical man is aggrieved, let him be contented to appeal to his own brethren.

THE ARMY MEDICAL SERVICE PASS-LIST.—Mr. C. Spurway informs us that the statement in the list of successful candidates at the Netley examination, that he was educated at Cork, is an error; and that he was educated in London and Paris. The list which we gave last week was printed accurately from one sent to the office of the JOURNAL by the Director-General. It is plain, however, from Mr. Spurway's statement, that the list contained an error in regard to him. Our readers will see that a slight modification of the figures is therefore required in the remarks which we made on the list.

WE have received the following note from Professor Boeck.

[TRANSLATION.]

SIR.—It is stated in No. 213 of the BRITISH MEDICAL JOURNAL, that I have not had a case of relapse since commencing to inoculate with the matter of indurated chancre. This, however, is a misconception; and I understand very well how the mistake has occurred. I will send you a reply to Mr. Lee, and will remove the misconception above mentioned. You will receive my reply in a few days, and I hope that you will be good enough to insert it in your JOURNAL.

I cannot write your language; and hence it is not so easy for me to reply.

Accept, sir and much-honoured *confrère*, the assurance of my high regard
W. BOECK.

Christiania, March 2nd, 1865.

THE BOWEN FUND.—SIR: I much regret to find that, through inadvertence, I omitted to express my gratitude for the signal service you rendered my cause in the late action which was brought against me. I am, indeed, most grateful for the powerful advocacy and influential assistance you afforded me at the trying time when I so much stood in need of them.

The sympathy shown me by the profession and the medical press in this matter, has been so general, that my regret has been, and will be, that, in return, I am only able to express how truly sensible I am of the obligation under which I have been placed.

I am, etc.,

E. BOWER, M.D.

Birkenhead, March 11th, 1865.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—Dr. Jno. Ewens (Blandford), 5s.; Dr. Barker (Bedford), 5s.; N. Godfrey, Esq. (Turvey), per Dr. Barker, 5s.; Dr. Spriggs (Great Barford), per Dr. Barker, 5s.; J. F. Williams, Esq. (Craufield), per Dr. Barker, 5s.

Amount previously announced, £117:11:0. Received at the *Tanet* office, £7:17:6.

I am, etc.,

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, March 15th, 1865.

BOOKS RECEIVED.

1. Lectures on Nursing. By J. C. Lory Marsh, M.D. London: 1865.
2. Manual of Practical Therapeutics. By E. J. Waring. Second Edition. London: 1865.
3. On the Inhalation of Gases and Medicated Vapours in the Treatment of Consumption and other Pulmonary Diseases. With a Paper on the Treatment of Whooping-Cough. By W. Abbotts Smith, M.D. London: 1865.
4. The Forty-ninth Annual Report of the Manchester Eye Hospital. Manchester: 1865.

COMMUNICATIONS have been received from:—Dr. THOMAS RADFORD; Dr. DURRANT; Mr. J. H. WOLSTENHOLME; Dr. HENRY SIMPSON; Dr. W. H. O. SANKEY; Mr. T. M. STONE; Mr. J. VOSE SOLOMON; Mr. HARRISON; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Dr. KELLY; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Mr. RICHARD GRIFFIN; Mr. C. SPURWAY; Mr. HULKE; Dr. BOWEN; PROFESSOR BOECK; Dr. J. HEGGATE; Dr. J. D. SCURRAH; Dr. FREDERICK J. BROWN; Dr. G. H. PHILIPSON; Dr. MARSHALL; Mr. JONATHAN HUTCHINSON; Mr. J. Z. LAURENCE; Dr. P. W. LATHAM; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. JOHN BARCLAY; Dr. C. L. ROBERTSON; Mr. H. E. NORRIS; THE SECRETARY OF THE HARVEIAN SOCIETY; Mr. A. B. STEELE; and Dr. ROBERT FOWLER.

ADVERTISEMENTS.

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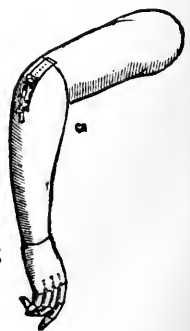
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Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P. EDIN. AND F.R.C.S. ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL,
MANCHESTER.

CHAPTER V.

Other Obstetric Operations.

THE other obstetric operations which require to be now considered are reduced into two classes, one of which includes those measures which are to be adopted compatibly with the preservation of the lives of both the mother and the infant. This division embraces the Employment of the Long Forceps, Turning, and the Induction of Premature Labour. The other class of obstetric operations are those by which the life of the infant, or that of the embryo, as the case may respectively be, must be sacrificed; namely, Craniotomy, Embryotomy, and the Induction of Abortion.

I shall make a few remarks on a suggested plan for Dilating the Distorted Pelvis; and I shall also briefly mention Symphyseotomy.

The objects to be attained by these two classes of operations are very differently estimated by different obstetricians. Some consider that those measures by which the lives of both mother and child are preserved, are adopted solely for the purpose of lessening the too frequent employment of craniotomy; others consider them as applicable to prevent the performance of the Cæsarean section. But few practitioners would ever think of having recourse to this latter named operation in cases in which either the long forceps, turning, or the induction of premature labour, could be successfully employed. The latter class of operations are performed with the express object and intention, as far as possible, to supersede the Cæsarean section.

CHAPTER VI.

Operations intended to save the Life of the Mother, and also that of the Infant.

I.—*On the Employment of the Long Forceps.* This instrument most justly takes a high position in obstetrics, because its sole employment is for the preservation of life. It is intended, within a certain range of protracted labour, to supersede craniotomy. In the hands of a discreet and judicious practitioner, it is both a safe and a very powerful instrument. Before its introduction into practice, whenever turning could not be performed, the child was doomed to destruction by craniotomy. The employment of the long forceps in this country has been very tardily recognised. When I commenced (1817) my professional career, this instrument had never been used in Manchester; but, having heard the valuable remarks of Dr. Haighton upon its use, I availed myself of the first opportunity of making trial of it. I employed his instrument; but, after repeated trials, I abandoned it, and contrived one of my own, with blades of equal length, but with parallel shanks. This in-

strument I also found tended, in its embrace and compression of the infant's head, to produce disagreeable effects upon it, which I endeavoured by a second contrivance to obviate. This instrument is so constructed that only a limited degree of compression can be exercised. It has very short handles, and consists of blades of an unequal length: one, the long one, to lie over the face; the other, the short one, to be placed over the occiput. By this arrangement, the head of the infant is placed in the most favourable position within their grasp, and none of the injuries are inflicted upon it which are found when forceps with equal blades and long compressing handles are used. This instrument is employed mainly as a tractor, and very limitedly as a compressor.

To save the life of the child by the use of the long forceps is, doubtless, the object of every obstetrician; for, unless this were his intention, it would be better at once to have recourse to craniotomy. The head of the child cannot bear more than a certain degree of pressure compatible with its life; and, although it is wisely ordained that it can safely bear a greater degree of pressure before than after birth, yet there is a limit even here, beyond which it cannot be carried without the destruction of the infant's life. The head can also bear a greater degree of pressure when the force is applied in one direction, than it can in another. Much greater compressing force can be more safely used when exercised in the bi-parietal, than when applied in the occipito-frontal diameter. As the long forceps are usually placed on the head of the infant so as to embrace it in its long diameter, we ought therefore to consider whether our instrument is so constructed as to permit such an undue degree of pressure as may prove unfavourable to the life of the infant.

The head of the infant, when it is situated at the brim of the pelvis, usually lies with its fronto-occipital diameter corresponding to one of the oblique diameters of the pelvis; the vertex or face being placed towards the right or towards the left acetabulum. But when the antero-posterior diameter of the pelvis is shortened by the sacrum projecting more forwards, the head assumes a more directly transverse position. Now, in this position of the head, it is most desirable to place the two blades of the forceps on the sides of the pelvis, so that one blade lies over the face, and the other over the occiput of the infant. In this case, the instrument embraces the head in the most unfavourable direction for its safety, if forcible compression be made. But the lateral pelvic position of the blades of this instrument is much safer for the maternal pelvic organs than if, as recommended by some practitioners, they were placed in the conjugate diameter. To add the bulk of the instrument to the already diminished capacity of this part of the pelvis would be unwise. In all our artificial appliances, we ought to endeavour to produce similar changes on the head of the infant, which nature accomplishes, if left unaided. The head is lengthened, and its rounded shape changed; whilst its bi-parietal diameter is lessened. The former change we ought to obtain by having the instrument so formed as to allow the head to elongate when traction is used, and by the pressure it receives from the anterior and posterior parts of the pelvis. Notwithstanding the high opinions expressed of the great advantages of compression, I am convinced it is mis-

chievous. This statement is not theoretical, but rests on facts derived from the use of the long forceps both as a strong compressor, and, as now recommended, a tractor with very slight compressing power. In truth, I cannot understand how effective compression can be made, unless the blades of the forceps are applied on the sides of the head, and on the anterior and posterior parts of the pelvis. The tractive power of my instrument is increased by having a handkerchief passed through an opening in the shanks, which is formed by nearly a semicircular curve in each shank near the handles. The handles should be only slightly tied, to maintain their position. A pendulum, or side-to-side movement, must be combined with the traction; taking care that the range is regulated by the line of the axis of the pelvis, and that no pressure be thrown upon the maternal pelvic structures.

This instrument is sometimes required to rectify the position of the head of the infant, when its long diameter lies parallel with the antero-posterior diameter of the pelvis: the face lying either towards the pubes or towards the sacrum. In such cases, the blades of the forceps should be introduced along the sides of the pelvis, but should be placed over the parietal bones of the head. (For a further exposition upon these questions, I refer my reader to essays on various subjects connected with midwifery.)

There are no statistics published which afford any truthful information either as to the frequency of the application of this instrument, or as to the mortality of those women who have been delivered by it. In my own practice, I have used this instrument very frequently; and I can most conscientiously assert that I never had a death as a result of its application. In cases in which craniotomy had been performed, in some once, in others several times, under the management of different practitioners, I have delivered the women by this instrument, and saved the children. It is the duty of the obstetrician to keep constantly before his mind the dangers of protraction, and recollect that these increase in a ratio (already stated) proportioned to the length of time the labour is prolonged.

If this instrument is to fully accomplish its capabilities of saving life, it must be used before those dreadful mischiefs are produced by delay. If we calculate to bring a head through a fixed pelvic space, we ought to remember that this space is considerably lessened by the effects of long continued pressure.

The dogmatic injunctions of present and former authors, that the forceps ought not to be used before the os uteri is fully dilated, or until the woman has been in labour a certain number of hours, or until the ear of the child can be felt, are highly dangerous. They are delusive, and would, if acted upon, altogether prevent the use of the long forceps.

If these alleged conditions are required to exist to guide the practitioner when he ought to have recourse to this instrument, these rules are tantamount to a complete interdiction of its use. In fact, they are too absurd, unfounded, and dangerous, as indications of the propriety of even using the short forceps.

To wait for the dilatation of the os uteri after the rupture of the membranes is a great mistake; for, in the great majority of cases which require aid by the long forceps, this organic change cannot take place.

The obstacle being at the brim of the pelvis, the head of the infant cannot be pressed down upon it; so that, before this change happens, irretrievable mischief may be inflicted by the continued pressure which the pelvic tissues must, under such circumstances, endure. Therefore, as soon as the time has arrived for delivery, we must not hesitate to apply the long forceps, provided the os uteri is so far dilated, and further dilatable, to enable the practitioner safely to introduce the blades.

If the instrument is in the hands of a discreet and judicious obstetrician, no mischief need be dreaded; for the blades of a well-made instrument will rest as safely within the uterus as the hand of the practitioner.

Time ought never to be considered an element of calculation, especially during the second stage of labour, for the use of instruments, except in creating an anxiety to be on the watch, and to take timely steps to deliver the patient.

An early use of the long forceps, when the necessity of the case is established, will prevent those serious constitutional and local mischiefs (already mentioned) which are produced by the long continued pressure of the head of the infant upon the pelvic organs and tissues. Those who are opposed to the use of instruments, and advocate time and patience, attribute to their application those structural and organic lesions which are really the effects of delay.

It has been already stated, that the head of the infant can only safely bear a certain amount of compression by the forceps; but it must also be understood, that the infant is frequently destroyed by injury inflicted upon the head during protracted labour. Procrastination beyond a certain limit is highly hazardous to its life; and, as its preservation is an important object to attain, the long forceps should be immediately applied (if safe to the mother), if the stethoscope indicates danger.

In convulsions occurring during labour, these instruments may be of essential benefit, if they can be safely used.

In cases of accidental, and also in some cases of partial, attachment of the placenta over the os uteri, this instrument has great advantages over other means, if the os uteri is dilated and dilatable, when the vital powers are very considerably depressed.

In some cases of rupture of the uterus, in which the child does not recede, and if there is sufficient pelvic space, and if all other requisite changes exist for their safe introduction, then there may be a remote chance of saving the infant's life by their use.

In cases of arrest from exhaustion, and even in fatal syncope, this instrument may be usefully employed. In some cases of face-presentations, and other unfavourable positions of the head, the application of the long forceps will be found most advantageous. The want of relative proportion between the infant's head, being abnormally large, or too firmly ossified to allow a necessary diminution in its size, in order to pass into and through the pelvis, are causes of protracted labour; and, when the obstacles are so great as to oppose the head passing through the brim of the pelvis, the long forceps will be required to effect the delivery. When the pelvis is relatively too small in its general conformation, from premature defect of development, or when it partakes too much of the male conformation, or in the

slight oblique-shaped pelvis of Nægele, or when the pelvic bones have been fractured and there has been irregular union (I have a cast of a pelvis which had been fractured, and which in character now resembles the oblique of Nægele), or when small sized exostoses or loose or fixed tumours occupy the pelvis, the long forceps may be requisite and effectual in the delivery; but, in all these cases, the practice must be determined by the available space which exists in each case.

Those cases in which the value and powers of this instrument are most conspicuous are those in which the brim of the pelvis is diminished in its antero-posterior diameter, either by rickets or by mollities ossium.

In the slighter pelvic deformities produced by rickets, the brim is often considerably lessened in its conjugate diameter, whilst the cavity and outlet are not very much altered either in size or in shape; so that the obstacle to the descent of the head is chiefly confined to the brim. But, in a pelvis distorted by mollities ossium, the diminution in its capacity is not confined to any one portion, but the brim, cavity, and outlet suffer in a greater or less degree; so that, when delivery by the long forceps is contemplated, the character of the distortion must be well considered.

It must be obvious to every well informed obstetrician, that the head of the infant can be more easily brought through a pelvis distorted by rickets, than through one distorted by mollities ossium; assuming that the antero-posterior measurements are the same in both. Opinions as to the space required to bring the head through the pelvis by the long forceps differ very considerably; and, on reflection, this variation is not to be wondered at. It is at all times difficult to arrive at an arithmetical accuracy by a vaginal examination of the different character of distortion just alluded to. The difference in the size of heads of infants, and likewise the different degrees of ossification, must all tend to influence the result. But, notwithstanding these uncertainties, it is desirable that I should state my opinion as to the smallest space at the brim of the pelvis through which the obstetrician would be warranted in attempting to extract the infant by means of the long forceps. Knowing as I do the great responsibility I incur in making positive assertions on practical points of such importance, yet, as I have by trial proved the truth of my statement, I hope I shall not be charged with temerity. I have the more confidence in giving my opinion on this point, because it is certain that, if this instrument cannot be successfully used, the life of the infant would have to be sacrificed. I would, therefore, rather run the risk of committing a venial error by leaning to the side of mercy, by recommending, in the first place, a cautious trial of the long forceps where there was the least doubt in the mind of the practitioner as to the precise pelvic measurement, and thereby give the benefit of the doubt to the unborn babe. With this feeling, I then say that, where the distance from sacrum to pubes is three inches, and a fraction under, and there exists sufficient space in the transverse diameter, an experienced practitioner ought to make a cautious and persevering trial of the long forceps before he has recourse to craniotomy. This opinion is advisedly given, because it is quite impossible to compute either the positive and relative space of the pelvis, or the size, compressibi-

lity, or other conditions of the head of the infant, with such mathematical certainty as to warrant any person to destroy life.

II.—*On Turning in Cases of Slight Distortion of the Pelvis.* Turning, in cases of slight distortion of the pelvis, justly ranks as a conservative operation. Turning was formerly had recourse to in all difficult labours in which craniotomy was not performed, because the use of the forceps was not known at that time; but, after Chamberleyn's discovery, this practice gradually sank in the estimation of obstetricians.

The thanks of the profession are due to Professor Simpson for the revival of this operation, and for the clear and lucid manner in which he has enforced his opinions both by argument and statistical data. He advocates turning in cases of slight distortion of the pelvis, and considers that the base of the head of an infant will pass with more facility and through a smaller aperture, when brought first, as in footling cases, than when it passes last, as in ordinary head-presentations. This doctrine, however, I ventured to differ from (see *Provincial Medical and Surgical Journal*, vol. ii, p. 3); and it has been more recently doubted by Dr. McClintock (*Obstetrical Transactions*, vol. iv, p. 175). At that time, I considered perforation, if required after turning had been performed, would be more difficult and more hazardous. This opinion has been also lately expressed by Dr. McClintock.

Notwithstanding my former opinion, above referred to, and the opinion I now hold, that turning in cases of protracted labour, from the slighter contractions at the brim of the pelvis, cannot ever become an alternative operation for the use of the long forceps. There are, doubtless some cases in which turning would deserve a preference; and, in the hands of some practitioners, it might be more safely undertaken.

The merit of the professor, in trying to establish this as an alternative operation, is in the intention to abolish, as far as possible, craniotomy.

"This practice of turning, in cases of pelvic deformity, is one of the agitated questions of the present day, which requires the sober and dispassionate consideration of all who are interested in the establishment and advance of obstetrics."

This question can only be settled by a long accumulation of practical facts and comparative trials. Mere opinion can make no approach towards its settlement.

The danger of turning will be considerably diminished when the plan of internal and external version, as recommended by Dr. Hicks, is adopted. (*Vide Obstet. Trans.*, vol. v, p. 219; also his essay.)

In the performance of turning, I prefer and recommend the operator to seize one foot or one knee, for reasons set forth in my essays on various midwifery subjects. The funis is thereby better defended, and the egress of the head is rendered safer and easier by a partial breech-case having preceded it.

Dr. McClintock, "after having seized one leg and brought it into the vagina, could not, with all the force he could use, make the child revolve." He quotes the opinion of Madame La Chapelle, who speaks of the difficulty of effecting version by one leg when the head presents. She says the difficulty is produced by the head being pushed into the brim

before the breech. It is quite evident that the cause which opposed the revolution of the child was, not taking hold and bringing down one leg, but the result of protracted labour after the rupture of the membranes. The head was forcibly pushed down upon or partially into the pelvis; and the uterus was doubtless violently, and perhaps spasmodically, contracted upon the infant's body, moulding and applying itself to all its hollows and projections.

As turning, in the cases of slighter distortion of the pelvis, is intended to save the child, this operation ought to be early performed—before, or as soon as possible after, the discharge of the liquor amnii. In cases which have been unduly procrastinated after this event has happened, and when the uterus is strongly embracing the infant, violent attempts to turn ought not to be made until some plan has been adopted to lessen the irritability of the uterus, and relax as far as possible its tonic and alternate contraction. Venesection and opiates are appropriate remedies. Does chloroform relax the uterus?

The death of the infant after the operation of turning (if it be living when this operation is commenced) is most frequently caused by the practitioner hurrying too rapidly its delivery after the revolution has been made. Time should be first given for the uterus to adjust itself to the changed position of the infant. When extractive force is used, it should at first be slow and gentle, and, if possible, in cooperation with uterine contraction. If the infant be rapidly and forcibly dragged through the pelvis, the chin leaves the breast, and is tilted upwards, thereby creating an unfavourable relative position between the diameters of the head and those of the pelvis. A great difficulty is now found to exist, which opposes an easy entrance of the head into the brim. Another mischief happens from attempts to draw the infant too quickly along by bringing the too bulky part of the infant (the head) to press upon and distend the os and cervix uteri before these parts are prepared to bear the change; and, consequently, spasmodic retention takes place, which is often so violent and obstinate as to cause the death of the infant.

[To be continued.]

A SENSIBLE REMARK. Mr. Shillcock at the Pharmaceutical Society exhibited a "Poison Bottle." A short discussion on poison bottles in general followed, in the course of which Mr. Morson sagaciously remarked that the best of them was but a clumsy substitute for the care and intelligence which should always be exercised when dealing with such important matters as remedies and poisons.

FAILURE OF THE METROPOLITAN GAS REGULATION ACT. The first prosecution instituted under this Act has failed. The prosecution was instituted by the City Sewers Commission. The lighting of our streets and houses in some districts of London is at present disgraceful. The Gas Regulation Act was a great legislative mistake; but its complete failure in improving or even maintaining the quality of the gas supplied by the companies must be ascribed to causes into which we dare not particularly enter. But we have no hesitation in saying that district medical officers of health, sometimes in large practice, can hardly have time to devote to the duties of a gas inspectorship, even if they had the knowledge to qualify them for the post. (*Chemical News.*)

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D. Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[Continued from page 220.]

IN the last paper was given a case of general paresis. The importance of the disease warrants a report of another case of the same; and this will be given in the words of the case-book, with omissions only for the sake of brevity.

A. M., married, aged 40, had had one child; she was a lace-cleaner. Her education had been plain. This was her first attack. She was admitted Sept. 12th, 1861. She was married twenty years previously, but never lived with her husband. She was in partnership with a female, and they lived together many years; and, about two years ago, the partner took to drinking, and ever since had been the cause of great trouble and annoyance to the patient.

About April 1861, A. M. shewed the first indications of insanity. One Saturday night, she bought three or four shillings' worth of "sweet-stuff", and scattered it and half-pence to the children in the street, and acted in a strange manner in several other ways. A short time after this, she became involved in a dispute with a cabman; after which event especially, her mental aberration became more marked. She began to squander money; talked of her wealth and her importance; and, within a week of the dispute with the cabman, she began to talk of erecting a chapel at her own cost, and made numerous extravagant purchases.

Her natural disposition, as described by her brother-in-law, was rather penurious; at all times economical and careful. She was quiet in her dress, and retiring in manner; was kind and cheerful; of rather warm temper; fond of the company of her own family; and she went often to the public amusements (her relations were employed at theatres).

No hereditary predisposition was known. Her habits had always been temperate; on this point, the informant spoke positively.

Her previous health had been good; but she had complained of headaches during the last twelve months. She was first sent to Camberwell House Private Asylum, and remained there five months; and was then transferred to Hanwell.

On admission. She was five feet in height; her figure square and well developed; her head was long, and slightly contracted across the forehead. Her hair and irides were grey; teeth regular and well developed. The bodily condition was pretty good. Articulation was indistinct and confused. In protruding the tongue, she made one or more ineffectual efforts before she succeeded. The gait was unsteady. In taking anything with her hand, she made several catches at the object before she could seize it. She was restless; not noisy; was cleanly in habits.

Sept. 12th. She said, she was twin-princess with Queen Victoria. On the 24th of next May, she was going to be crowned. She was the eldest daughter of the Virgin Mary, and was going next year to Jerusalem by telegraph to be crowned. She had been in the world hundreds of years.

Sept. 30th (eighteen days after admission). She said that she had been here four months, and had been mad ever since she came; and then was overcome and cried. She said she was queen; that "we were not going to have any women; she was a man; she was Jesus." There was an expression of slight excitement; and a slight difference in the pupils—the right being the larger. She had continued much in the same condition since admission; she had occasional outbreaks of crying of about an half an hour's duration. She continued to talk in a rambling discursive manner. Her ideas were elated.

Elation of ideas is the expression by which this peculiar form of delirium is usually described. The French call it an expansive delirium. The words used are usually expressive of size or immensity; they are not imaginative, but usually of puerile character; as, for example, the following, which were taken down from this patient's mouth, and delivered in somewhat drawing tone: "I'm married, I am. I've got six children. My husband is at Buckingham Palace. We are all dukes. I've all the isles in the world. A beautiful husband. He is very fond of me; and I am as happy as the day is long."

Her feelings also were very excitable; the least appeal to the sensibilities caused tears, and the least affront aroused her anger. The eyes had a heavy appearance; the eyelids were slightly drooping. She walked cautiously, and not very steadily, apparently by an effort of the attention; her gait was peculiar, straddling. Speech was drawing; but the tongue was protruded without difficulty. The tongue was clean; appetite good; bowels regular; pulse 96. She slept well.

From Oct. 3rd to Oct. 6th, the notes describe an occasional outbreak of noise, with restless and noisy nights, with the same condition of mind. She was ordered three glasses of wine daily.

1st Month after Admission. She said she was "first rate"; that her name was altered; that she had lots of money, and was the richest woman in the world; that she had bought all the theatres; that Mr. —, her brother-in-law, was so very happy and very handsome, etc. Her speech was mumbling; she could not pronounce "truly" or "rural". There was slight drawing down of the angles of the mouth; but no tremors were detected about the mouth. The right pupil was larger than the left.

2nd Month after Admission. Her mental state was about the same. There was a slight improvement in bodily health; but the appetite was reported to be indifferent, which is rare among paretics.

4th Month. She said she was "Princess Annie". Her voice was tremulous; the articulation mumbling and indistinct, with twitching of the muscles of the face. Pulse 108. She was looking better in general health. The tongue was clean and free from tremor; appetite indifferent. The pupils were unequal; the right to a slight extent larger than the left. She was disposed to undress or loosen her clothes.

5½ Months. She had been more restless, and slept ill. She was out of bed knocking at the door all one night, and calling out. She appeared a little depressed; but said she was "all right". The mind was more imbecile; she spoke in a simple and childish tone. She had not menstruated since admission.

7th Month after Admission; or 12th Month of Disease. She was restless, and constantly wandering up and down the gallery; was disposed to undress, and was regardless of decency. She walked with a great inclination to the left side, and this had been very gradually increasing of late; she occasionally fell. The speech was now very indistinct; she slurred the syllables and ran them together. In attempting to protrude the tongue, she had but little control over

it; it was jerked out and retracted several times, or held back for some time, before it was protruded in a way to exhibit its surface. The pupils were unequal; the left was smaller, and was also irregular in shape, somewhat flattened in the upper edge, and uneven in outline. Her appetite was now voracious. Her mental state was more feeble. She was unconscious of stools. She had lost flesh.

13th Month of Disease. She was gradually becoming more and more feeble, both in mind and body. She could not recollect the visit of her sister two days previously. She was up, and would not lie in bed; was very dirty. She stooped and bent much to the right side. Articulation was very indistinct; the voice tremulous; and the pupils irregular. The tongue was protruded with difficulty, and after several efforts. Her appetite was ravenous.

14th Month of Disease. The mind was imbecile. There was considerable twitching of the lips. The gait was very tottering and feeble. The right pupil was larger than the left. She was emaciating; but ate largely, and had four glasses of wine daily.

15th Month of Disease. During the past month, the notes show at first slight improvement, especially in mind; but this lasted but a few days. She took to the bed early in this period, or about the end of the first week. The knees then began to be drawn up, and, after a short time, could not be extended. She then was reported to be wholly unable to stand. She gathered up the bed-clothes into heaps. She became more and more demented; her voice was almost unintelligible from stammering and mumbling of the syllables. In attempting to speak, the words were drawled, and considerable twitching of the facial muscles took place. She took food well up to the last; but she was fed carefully with mince and wine. Death occurred in the fifteenth month of the disease.

It must be remarked, that there is great disposition to choke in paretics; but this is guarded against by the precautions adopted.

The above case will be seen to bear a general resemblance to that which preceded it. But all the phenomena of the disease are scarcely to be met with in two cases, however typical they may be. The following summary of the symptoms and history of General Paresis of the Insane may, therefore, be of interest.

General paresis is more common in men than in women; more frequent in cities than in country districts. It is common in certain countries, and is almost unknown in others. It is more common in the lower orders. It bears, therefore, a certain parallelism in the above particulars to syphilis. Sexual improprieties of some sort occurred in many of my cases. The question of the connexion of syphilis with general paresis is deserving of further investigation.

The disease has been divided by writers into three stages. These separations are of course perfectly arbitrary. The symptoms manifest a very gradual ingravescence; and they are connected chiefly with mental and motor phenomena.

The earliest symptom is usually some act of extraordinary character, occurring suddenly. The attack is often without well marked melancholic premonitory stage. A common act to show itself first is an unmeaning act of theft without any attempt at concealment; or some indecent act, stripping in females, or going about without proper clothing or indecent exposure of person in males; or some extravagant or foolish expenditure, as the purchase of large quantities of useless articles, lavish distribution of property, etc.

The mind is at first usually excited. The patient is talkative, is bragging, gay; occasionally the excitement is attended with great violence.

It is common for the mental excitement to subside after two or three months; at which period the motor symptoms are often scarcely perceptible. Hence, the patient is often supposed to be recovered. At this period, the paresis of the muscles usually commences; there is at first to be detected only a slight or occasional stutter in speaking, or a slight twitching of the upper lip, and a quivering on the surface of the tongue when it is protruded. In those cases in which the delirium has subsided, the mind gradually begins to manifest some feebleness; also, a slight simplicity in conversation, with some foolish bragging, especially of their health. However, the mental and motor symptoms increase together. But to continue the latter first.

The paresis extends to the limbs, affecting both sides equally, or nearly so. The patient, perhaps, complains of weakness of the knees, or places his hands on his thighs in going up stairs, or finds a difficulty in descending. There then occurs a gradual alteration in the gait. The expression of the gait, so to speak, is altered. The patient walks with evident attention and caution. The legs straddle; the head is carefully poised, sometimes as though there were on it something which the patient was anxious not to drop. The feet are raised only slightly, and quickly replaced on the ground again. There is a want of spring in the foot; and while standing the patient stands on both legs—seldom poises his body on one or other limb. There is occasionally some stumbling; there is no reeling, though there is some approach to the phenomena of drunkenness—in which also there is a paresis of the muscular power. The characters differ in the two states. There is no reckless motion in the disease. The speech, however, or rather the articulation, becomes like that of the drunkard. From the occasional stutter at first observed, the difficulty of executing the labials becomes pronounced. The patient stammers, splutters, slurs, and runs the syllables together; and, late in the disease, has a difficulty in commanding the movements of the tongue as well as of the lips. On being asked to protrude the organ, the patient opens the mouth, and retracts the tongue to the back of the mouth; then thrusts it out and in; and, late in the disease, on being asked to show it, will very commonly open the mouth, and take the hand, as it were, to assist in the protrusion. When the disease has reached this pass, it has entered the arbitrary division of the third stage. The pupils now begin to show inequality of dilatation and irregularity in shape, and differ from time to time in both respects; the power over the limbs becomes less and less; the hands are now clearly affected; the action of the fingers in manipulation is difficult. The patients fumble, as if chilled with cold; in this state, too, they are particularly fond of picking at small objects. The feebleness of limbs at length confines them to the bed. At first, the want of power is always more marked the first thing in the morning. After the patient becomes no longer able to stand from want of power, the difficulty is further increased by a commencing contraction of the limbs, especially of the inferior extremities. The patient then lies in bed, and has a peculiar propensity to huddle up the bed-clothes in heaps about his head. Difficulty of swallowing also sets in; and a disposition to cram the mouth full occurs at the same time, and requires care. In this last stage, epileptiform seizures are common; they also occur at earlier date; they are probably due to eccentric causes. At all events, enemata relieve them at once.

The mental symptoms bear throughout the characters of imbecility, which gradually increases. Elution of ideas is said to occur; the patient deals in extatic

talk perhaps: millions of angels; glorious palaces; gorgeous scenes; great riches; immense strength; but the figures of speech used are of the most commonplace character—"I'm all right"; "I'm a king", etc. The state of mind is clearly pleasurable. In this respect exhibiting also a parallel to the state of drunkenness; the mind gradually increases in feebleness as long as the power of speech continues to manifest it.

[To be continued.]

NOTES ON

THE ADVANCE OF PHYSIC:

BEING THE ANNUAL ORATION BEFORE THE
HUNTERIAN SOCIETY FOR 1864-5.

By JONATHAN HUTCHINSON, F.R.C.S., Surgeon to the London Hospital; and Assistant-Surgeon to the Royal London Ophthalmic Hospital.

[Concluded from p. 271.]

ARRANGEMENT and system are undoubtedly the very sinews of success, and at first sight it would certainly appear likely that nothing could better tend to economise the labour of medical investigators, and facilitate their researches, than the grouping and classifying of the materials on which they have to work. So far as Specialities do represent a reasonable system of classification, so far they are useful to science. Unfortunately, however, it is quite impossible to carry this far. Our existing specialities are chiefly founded on groupings according to the organ or part affected, and this is most arbitrary and unnatural. Were it possible to classify according to cause, an immense aid in the advancement of our art would be gained in so doing; but this would of course presuppose the diagnosis established beforehand. As it is, however, nature and disease persist in declining to allow the human body to be considered as other than one whole, and constantly permit one and the same organ to suffer under the most varied influences. It is needful, therefore, to the successful specialist, as regards any single organ, that he thoroughly understand all the various causes of disease which may come into operation; and this necessity destroys his character and imposes upon him that general course of study from which he attempts to escape. If he decline this, it is to the injury of his patients, and with peril to the progress of science.

I need but mention the recent discoveries as to the frequency of syphilitic affections of internal organs, or those relative to the influence of the nervous system in the production of a host of organic maladies, to illustrate what is meant. How is it possible for us to have such a being as an oculist proper and exclusive, when the domain of ophthalmic surgery includes syphilis, rheumatism, gout, scrofula, every type of nerve disturbances that can be mentioned, all the varied forms of cachexia, and requires for its satisfactory pursuit a full knowledge of remedies and their uses in reference to the most infinitely varied conditions of the human body? The special part of ophthalmic medicine and surgery is small, and can very easily be taught and acquired; but the general part is large, and necessitates familiarity with the whole range of pathology and therapeutics. Might I not assert the same of each one of the other permitted specialities in succession?

Year by year the specialist loses hold of the general knowledge he acquired in early life, and his range of investigation becomes narrower. Not only is he at a disadvantage in regard to the chance of making additions to our knowledge from the arbitrarily restricted kind of facts which are brought before him, but his

mind itself suffers in its grasp and power. This latter aspect is, I think, one of the most serious which the general subject of specialisms presents to us. In allusion to this evil influence of the division of labour, I may venture to quote the sarcasm of an eloquent modern writer. "We have much studied and much perfected of late the great civilised invention of the division of labour, only we give it a false name. It is not, truly speaking, the labour that is divided, but the men—divided into mere segments of men—broken into small fragments and crumbs of life; so that all the little piece of intelligence that is left in a man is not enough to make a pin or a nail, but exhausts itself in making the point of a pin or the head of a nail." In making these remarks, it is far from my desire to speak only on one side, or to keep out of view the benefits which our science owes to specialists. In the early stage of any department of knowledge, it is almost a matter of necessity that it should be in the hands of a few. But it is the highest privilege of those who thus devote themselves to the reclaiming of new spots of territory to be able, after a while, to hand them over to the commonwealth, to prove that they are now cultivated and well worthy of annexation. Thus, I trust, we may safely regard all our modern specialisms as serving, though somewhat clumsily, purposes which, on the whole, are useful. Already we discern the approaching success of several of those of oldest growth, and which have been most zealously worked. Their victory will be consummated in their own death as such. It is a mistake in observation to suppose that specialists are of modern invention. Never did they abound more than in the early stages of our profession. In the present day they are on the wane. We have got rid of bone-setters, of water-casters, of worm-doctors. The absurd distinctions between physician and surgeon are fast falling before a general recognition that the two departments are essentially one. Our oculists now spurn the title, and the introduction of chloroform has thrown the practice of operative surgery open to all.

It is true we have still not a few special institutions, but the most earnest endeavours of those connected with them are directed to the object of making them no longer necessary, by diffusing the knowledge thence possessed as widely as possible, and by demonstrating its accessibility and its importance to all who practise our noble art. Should any one doubt the correctness of these impressions, I appeal to facts. Two generations ago, the practice of eye surgery was to a very large extent in the hands of quacks, and medical men generally declined to concern themselves with it. Then came a period during which it was undertaken by certain excellent members of the profession, a majority of whom were in a certain sense specialists. The means of acquiring knowledge of these diseases became yearly better and better, and year by year the knowledge of them extended in the profession at large. For one surgeon who understood eye diseases fifty years ago, we have twenty now, and in another ten years the ratio will have doubled.

We now come to the question as to whether the amount of knowledge current in our profession has reached such an extent that it can no longer be profitably mastered by individuals. If we contrast the bulk of the volumes published a few centuries ago with those of the present day, we shall certainly be obliged to admit that the apparent increase is enormous. I hold in my hand *A Discourse of the whole Art of Chirurgerie*, published in 1612, and a remarkably full and instructive volume it is. Before me are the ponderous tomes which comprise the *System of Surgery* of our own times; the contrast is alarming. We must not, however, be misled by appearances. The

possession of large books imposes no duty to read them, far less to commit them to memory. Their chief use is for the purpose of reference, and the larger and more complete the work, the easier and more satisfactory such reference is. A rich literature, instead of embarrassing, makes a subject much more easy. There is no doubt that the details of knowledge have enormously increased, but *pari passu*, have also the facilities for becoming familiar with them.

Two hundred and fifty years ago, "Mr. Peter Lowe, Scottishman, Doctor in the Faculty of Chirurgerie at Paris," wrote thus: "If we consider the sentence of the divine philosopher Plato, that things good are difficile, there is nothing harder than chirurgerie, the which will occupy a man all his life time to seeke out the nature of things pertaining thereto." We might adopt the same language still—there is a life's work, but there is nothing which need cause despair. May the day be far distant when any number of those who profess medicine as a practical art shall consider it needful to shirk, as being too detailed and extensive, a sound knowledge of the sciences upon which it rests.

There is, however, another point of view from which we may consider the recent additions to our knowledge. Instead of merely adding new facts which the mind must master and remember, in the greater number of instances accessions of true knowledge displace cumbrous loads of false theory. The mind is relieved rather than burdened, when once the effort of transfer is accomplished. All true knowledge tends indeed to simplicity—to the discovery of general laws which furnish the clue to a vast number of facts which were previously isolated. In this way the task, whether of acquisition in the first instance, or of retention afterwards, is greatly facilitated. There is not a single science which has not of late years been simplified and rendered more accessible to all.*

I will venture to take one instance; it shall be from a department of surgery which is by many regarded as very difficult. We have lately heard much about the Accommodation of the Eye, and I fear some have been almost tempted to exclaim, with Justice Shallow, "Accommodate! it comes from *accommodo*; very good; a good phrase." A most invaluable work on the *Anomalies of Accommodation and Refraction* has, I believe, been received with but little gratitude by a large proportion of those in whose hands it has been placed. Yet the new light which the splendid researches of Professor Donders and others have thrown upon this subject, far from adding anything to its complexity, have made it so beautifully simple, that it is now within the easy reach of any intelligent student. Not only have they done this, but they have swept aside a host of mistaken theories and conjectures, with which the subject was encumbered. No better instance of the practical fruits of pure science has been given us for many years. There is not the least doubt that this work of the Utrecht professor has already conferred the blessing of accurate sight on hundreds of Englishmen, and that it will in the future do the same for thousands more. The discovery of hypermetropia and of its cause, is a new era in our knowledge and in our practice. Let me briefly illustrate my assertion that the subject is quite simple.

I hold in my hand an opera glass, fitted with certain lenses which refract. If these lenses are too convex or not convex enough, or too near to each other or too distant, the usefulness of the instrument

* See some excellent remarks on this subject, in an article of the Teaching of Languages, in the *Saturday Review* for Jan. 21, 1865.

would be correspondingly impaired; we have an anomaly of *refraction*. In addition to the lenses, however, we find a screw which moves them. This screw is our apparatus of *accommodation*; it enables us to adapt the same instrument for objects near at hand and for those at a distance. If it were out of order, we should have an anomaly of accommodation. Now we have a fair parallel to all this in the eye, with the exception that, instead of the screw, there is a delicate muscular apparatus, by which the lens itself is rendered more convex at some times than others. If I turn this screw in the instrument and put the lenses at a great distance from each other, we have the condition of a short-sighted eye. Lengthening of the eyeball is the one cause of short-sight. It causes the refractive power to be too high for distant objects, and requires correction by a concave glass. It is possible that an eyeball may, however, be too short instead of too long; if so, we have the opposite condition, and must increase the refraction artificially. It is clear that all eyes must arrange themselves in one of the three classes; either they are of normal length, or they are too long or too short. If too short, we have *hypermetropia* or weak sight; if too long, *myopia* or short sight. Neither of these accounts for what is called *long-sight*; this is an anomaly, not of refraction, but of accommodation. By long use I might expect the screw of an opera-glass to become worn and inefficient; and this is just what happens as age advances in respect to the apparatus of accommodation in our eyes. We can no longer make the same eye adapt itself to objects at different distances; our lens has become hard and rigid, our ciliary muscle atrophied. Determined to console ourselves for the loss of our faculty of near vision in the fact that we retain that for distant objects, we call our state *long-sight*; although it is perfectly clear that we have gained nothing whatever. Strange would it have been if old age, which slowly but surely robs us of all, had here conferred any kind of a boon. *Long-sight* or *presbyopia* is therefore no *long-sight* at all; it is simply the loss of the power of accommodation; the screw has got worn and rusty, and will not work. The indication as to artificial aid in each state is clear enough, and it is most melancholy to think how many thousands of times in the past, surgeons and surgeon-oculists have given the strongest opinions against the use of glasses in some of the very cases most likely to be benefited by them.

I have ventured on this digression merely by way of proof, that much of our new knowledge is really the removal of obscurity and the making difficult subjects plain and easy. Numberless other instances quite as good might be cited. The introduction of the microscope, the stethoscope, the ophthalmoscope, as aids in diagnosis, so far from increasing the labour of the surgeon, has wonderfully diminished his work. Ten years ago, the diagnosis of amaurosis was a matter of the utmost difficulty; and to obtain any data for decision as to treatment necessitated very careful study both of the symptoms and of the history of the case. Now, a moment's glance into the eye tells us all. Nor is the use of these instruments difficult to acquire. It is only those who have not learnt them, and who consequently are dismayed at the new terms in use, who fancy that our knowledge is become more complicated and difficult of mastery. To such we may say, in the favourite words of Bacon, "Come close to your work". The mists are due to the distance at which you stand; if you will only take courage, and come close to what you want to see, you will find that it is clear enough.

Thus, then, we return the verdict, that there is no motive for restricting the subjects of medical study,

and that to do so would be to act most prejudicially as regards the true interests of physic. In respect to specialties, we come to an almost similar conclusion; they may be useful as temporary expedients, and for a few individuals, but are most injurious both to our patients and to the progress of our science, if they be made permanent or be developed to excess. That there is great room for improvement in our mode of teaching, all will admit. It ought to be far more of the practical and demonstrative character than it now is; and such it will certainly become whenever our colleges shall alter their modes of examination.

There is, however, one form of specialism which I do advocate earnestly and fully. I am speaking for the advance of physic, and must speak boldly. It is that we should keep close to our own calling, and should not, in the fulness of our energy, aspire to also acquire the experience of politicians, of judges, and of generals. Art is long and days are short; and if we would secure fair time for note-taking, we shall not have much left for newspaper-reading. Not only is a certain time every day occupied to no special profit by those who indulge in this habit; but the mind is kept filled with subjects which far too frequently press themselves into its notice. Anyone who will sternly rid himself of the habit of requiring a daily dose of news, will be surprised to find how easily he does without it, and to what a remarkable extent the mind is left at liberty to engage with other topics. I shall be told that newspapers are contemporary history, and that it is disgraceful to be in ignorance of what is going on around us. To this I must reply, that there is no need to study history in daily detail, and that ignorance of our own profession is much more to be regretted.

In commencing this address, I said that before the Hunterian Society I should claim the privilege of entering upon details, and I have now to do so by making two or three specific proposals. Despite the number of our London societies, I believe that the principle of co-operative research has not as yet been developed to the extent which the interests of physic require. I would beg to suggest the formation of a Society of Comparative Pathology. The diseases of the lower animals have as yet been too much neglected; or, if not wholly so, have been studied by themselves, and not in relation with those of mankind. It is from the investigation of these that we may expect the most fruitful discoveries in the future. Despite the little attention yet given them, we have already reaped most splendid results in this direction. The discovery of a mode of preventing scarlet-fever and measles, in all probability awaits some future Jenner.

I would not propose, however, that such a Society as that alluded to, should restrict itself to the examination of epidemics or exanthemata; but that it should take up the detailed investigation of the various viscera as to their pathological anatomy. Comparative anatomy and physiology have thrown each a flood of light on their corresponding departments; and, if I mistake not, comparative pathology is a yet richer field.

Another society might, I think, be profitably instituted, under the name of Medical Travellers. Its object should be to systemise and collect information on all subjects relating to medicine in foreign parts. We are often at a great disadvantage in comparing our own experience with that of foreign medical men, whether as to pathology or treatment of disease, from the fact that the descriptions are too often furnished by observers who have studied only in one country. Many an obscure point might be cleared up, if the facts concerning it were submitted to the same

eye. Such a society or club might do excellent service in sending out small deputations with special duties allotted to them, and thoroughly informed beforehand as to the kind of facts needed. It should take cognisance, not only of foreign schools, but also of remote countries where, as yet, but little in the way of medical investigation has been done; it should appoint corresponding members in all parts of the world, to whom queries might be sent on any subject on which information was required.

Such an institution would make use of the services of the hundreds of zealous young surgeons who yearly leave our shores for distant parts; many of whom would be only too glad to obtain information beforehand as to the kind of service which they might be able to render. Want of system, and of previous preparation for our tasks, leads to the waste of an enormous amount of energy and zeal. It was well remarked, I think by Dr. Johnson, that we bring back from foreign travel in proportion to what we take out with us; and this is especially applicable to medicine.

In order to observe well, and particularly in order to make the most of short chance opportunities for observation, we must be previously well informed as to what we ought to notice.

Then, too, such a society would make use of the summer vacations of its members. Much good is already done in this way; but it is in a desultory manner. A vacation would be none the less enjoyable, because it had associated with it a subject of scientific interest. Its zest would rather be increased. A journey to Bergen and its adjacent fjords to investigate leprosy, would be just as health-giving as one for fishing; and to most of those who are accustomed to enjoy work, I unhesitatingly assert that it would give more pleasure. I am no believer in the necessity for absolute change of mental occupation, provided the occupation be one in which the mind takes pleasure. On the contrary, the attempt to eject altogether such a subject is attended by a certain degree of pain. I cannot help mentioning the very important contributions to medical literature which our late Vice-President, Dr. Peacock, has repeatedly made as the fruits of summer excursions; and the excellent *Essay on Alpine Climates*, which Dr. Weber has just supplied from a similar source.

The strides which physiology and pathology have recently made suggest to us, that it is time that the subject of therapeutics should receive more systematic attention. For long it was felt by most that this department, although of primary importance, must of necessity wait until those just mentioned had established themselves on a wider and firmer basis. We have emancipated ourselves from one system of empirical drug-giving, and are in no haste to impose another. Yet the time must come when a Therapeutical Society will be both feasible and necessary. Whether that time is come as yet, I must leave for others to decide.

Another direction in which I think aid might be given to the progress of our art, is by the more careful study of symptoms as they occur in ourselves. Sydenham has given us the example of recording his own case; and many physicians have enriched medical literature by similar contributions. I do not, however, intend so much to recommend the record of rare examples of disease when, unfortunately, we may chance to be their subjects, as that we should habitually study in ourselves what are deemed minor symptoms.

The phenomena which attend little and apparently insignificant ailments are often of the utmost interest and mystery as regards their physiological explanation. It is exceedingly difficult to compel our-

selves to attend to these when they are brought before us by others; but when we ourselves are the subjects of the mysterious ache, it is easy enough to get the mind to speculate on its cause. So far from leading to hypochondriacism, the act of doing so will amuse many an hour of illness and pain. There are symptoms which would be incredible did we not ourselves experience them; and, as one instance, I may mention that there would no longer be any scepticism as to what are called reflex inflammations, did medical men sufficiently study the phenomena of disease subjectively.

Amongst the hindrances to the more rapid improvement of medicine, we must not omit to mention our great enemy. Jealous, it may be, of our puny efforts to dispute his sway, Death does his utmost to retard our science. The necessity which compels each generation to transfer its knowledge to a successor and to yield its place, acts prejudicially on all progressive sciences, but on none more so than on medicine. Just when a man has succeeded in mastering all preliminaries, when he is becoming used to the tools with which he is to work, his personality comes to an end, and another must take his place; under the necessity of beginning anew; and again, in time, succumbing to a like fate. So much of medicine is a matter of experience and memory, and admits of being transferred only with the greatest difficulty and loss, that this law of death is felt most injuriously. In any one of the more exact sciences its influence is much lighter. To us it is a matter of constantly recurring regret, as we hear of the removal of one after another of our teachers or *confrères*—the amount of empirical knowledge which is thus lost to the world. Men who, whilst living, were invaluable, depart, and but too often leave no heritage. I do not speak so much of premature deaths, although the loss which science sustains in this direction is very great; but I prefer for the present to consider simply the working of that great law under which we are all compelled, sooner or later, and it may be not until what is called old age, to yield our places to younger and less experienced successors. Let us think for a moment of how science might advance if its experts could but enjoy a double tenure of life. Where would our knowledge have reached by this, had we still amongst us the trained intellect of Hunter, which retaining its early vigour, might be supposed to have become with each discovery better fitted for future ones.

The pursuit of science may indeed be compared to the ascent of some inaccessible mountain summit. Each one who attempts it improves the path somewhat, and cuts out a few fresh steps at the top for his successors, but the greater part of life is occupied in gaining the spot where others left off. Each adventurous climber gets a little higher than his predecessor, but each one has to begin at the bottom, and there is consequently no very rapid gain. Imagine how it might be if one man were permitted to double his hold on life, and having reached the highest point yet attained, were allowed another life in which to prosecute his advantage. As a practical commentary on this, we may note that nearly all the fathers of our art have been men who enjoyed great vigour of animal health, and who attained to a good age. The discoveries which enrich an empirical science are not to be made by us whilst in the stage of youth. Harvey and Jenner were both of them beyond middle age when their great discoveries were made; and Hunter was in the full activity of scientific investigation up to the time of his death, after forty years of work. Fully admitting that it is in vain to hope for the suspension of a natural law, or waste our time in longing for a race of patriarchs of medicine, I still

think that some important practical conclusions may be based upon this consideration.

The problems before us clearly are, as regards this matter, how best to economise our own lives, and to facilitate our successors' easy attainment of the vantage-ground for which we have fought. In the aim to protract our individual periods of industry, with the systematic object of gain to science thereby, we have two points to keep in view. It is not necessary only that a man should live long in years; for, in that case, it may happen that he outlive his capability of usefulness, and present what Bacon has wittily termed the melancholy spectacle of following, whilst yet living, in the funeral of his own reputation. It is requisite that, not only shall he secure many years, but that he shall retain the mental vigour of middle age, and, as far as possible, the zeal and enthusiasm of youth. In reference to the good of science, surely we do not sufficiently consider, and in a certain sense cultivate and train, our own bodies and minds. We ought to regard our own minds just as we should the mechanism of a valuable instrument. We might compare them to microscopes, and certainly they are as well worth taking care of. If the lenses get dusty, if the wheels are out of order, if the light be removed, or the mirror broken, the value of the once splendid instrument is at an end. Did we attain the habit of looking upon ourselves objectively, of estimating our own value just as we do that of our microscopes, a great gain would follow. We should learn the absolute necessity of the utmost care of its every part, if the instrument is to last long and to do good service. I speak, of course, of the mind as an intellectual engine, not of it in its moral relations. Looking upon ourselves as lenses of greater or less power for the concentration of the scattered rays which surround us, we shall clearly appreciate the duty of keeping the glass bright.

Great, however, as is the detrimental influence of the shortness of individual life upon the progress of a science which must be built upon individual experience, there is another form of death yet more widely prejudicial. I allude to that most melancholy subject of the too early failure of the appetite for work. Men who, during the first twenty years of their course, have given high promise, suddenly experience a lapse of energy; and, although they still continue to live as most useful members of society, producing, in many instances, plenty of "fruit," they yield no further accessions of "light." In this direction, the losses to science are beyond estimate. The very men who are most capable of advancing her interest, desert her cause; and they who have painfully toiled up the preliminary heights, content themselves with a Pisgah view of the promised land, and decline to enter it. If we ask how Hunter, Sydenham, Harvey, Cooper, Brodie, did so much, we shall find that it was not only by living long, but continuing to work up to the very end of life. The necessities of the case demand a long day's work, begun early and continued until light fails. No doubt, great difference exists in men and races of men as to the endurance of long protracted work; and to this consideration we may perhaps refer in explanation of the splendid array of names which Scotland has given to the lists of science. It is well known, that no Scotchman is of age before thirty. Nor would I for a moment be understood to advise the exaction of task labour out of any one. If the energy have really left us, if the appetite be gone, if work have become a weariness and not, at least in some degree, a pleasure, then it is time that we should rest. No good would come of contending against nature. Whilst, however, we freely admit that science could gain nothing by forced contribu-

tions, it is a subject well worth our consideration, how the evil alluded to may best be met. How best can the human mind be kept resilient, youthful, energetic, through the longest series of years? I commend this problem to a profession which has for its special care the physical welfare of the community.

One of the ablest of modern observers has expressed so vigorously the importance of this subject, that I cannot deny myself the pleasure of quoting the passage.

"The real animating power of knowledge is only in the moment of its being first received, when it fills us with wonder and joy..... That man is always happy who is in the presence of something which he cannot know to the full, which he is always going on to know..... Once thoroughly our own, the knowledge ceases to give us pleasure. It may be practically useful to us, it may be good for others, or good for usury to obtain more; but, in itself, once let it be thoroughly familiar, and it is dead. The wonder is gone from it, and all the fine colour which it had when first we drew it up out of the infinite sea. All men feel this, though they do not think of it, nor reason out its consequences.

"They look back to the days of childhood as of greatest happiness, because those were the days of greatest wonder, greatest simplicity, and most vigorous imagination. And the whole difference between a man of genius and other men, it has been said a thousand times, and most truly, is that the first remains in great part a child, seeing with the large eyes of children, in perpetual wonder, not conscious of much knowledge—conscious, rather, of infinite ignorance, and yet infinite power; a fountain of eternal admiration, delight, and creative force, within him, meeting the ocean of visible and governable things around him."

In reference to the future prospects of physic, we must note, with some regret, the comparative neglect in the present day and in this country, of the study of medical biography and medical history. Surely, there is no knowledge so likely to enhance our zeal, as familiarity with what has been done, and what left undone for us to do, by those who preceded us. Their earnest work is an example for us, and their successive advances constitute the best kind of encouragement we can have. As the young soldier revels amid the narratives of military prowess and daring, so should the students of physic delight to contemplate the heroism in another sphere of men like Haller, Hunter, and Harvey. It is a bad sign as to our estimate of our art itself, if we do not learn to revere its seers. I do not speak of a slavish reverence for the past; that is the very last impression which an earnest mind would receive from the study of medical biography. I allude rather to that feeling of affectionate respect which springs from familiarity with the lives as well as the works of departed great ones. A feeling in which we may come almost to regard them as literally our fathers and we their sons, in which we feel as if we had inherited direct from them a glorious patrimony and an honourable name to be guarded as we should guard the paternal acres or the family escutcheon.

Nor are the lessons from a study of the history of medicine less beneficial than those of medical biography. It shows us how progress has been made, under what drawbacks, with what hindrances; how it has been achieved by unflinching perseverance, and not by erratic flashes of genius. It shows us how one fact has been added here and another there; how error was at first mixed even with the greatest discoveries, and how little by little it was eliminated, until the truth at length set in the light of many minds shone

clear and bright. It shows us, also, how science has too often received detriment from the moral weaknesses of her votaries; it paints in their true colours, as the giant enemies of progress and of truth, the vices of envy, selfishness, and greed of gain. Above all, it encourages us under those impressions of weariness and disappointment which must at times steal over the minds of all of us. It shows us what has been really gained; that the barren moor of the old maps is now a cultivated farm; that morasses have been drained; that roads have been planned; and that a country once an almost impassable wilderness is now of easy access to all.

I have ventured to hint, that our profession might with advantage neglect politics and newspapers; and I would now suggest to those who require occasional amusement and change of thought, that they should seek these, not in the pages of the sensation novel, but in the original documents of medical history. Do not take up any modern synopsis of old opinions; but read the books themselves in all their quaintness and peculiarity. They contain much valuable information, and in human interest they far exceed a large proportion of the productions of our modern press.

In concluding these remarks, I may perhaps be allowed to add that, although I have insisted throughout on the importance of earnestness and of close application to our own work if we would do anything for the advance of physic, that nothing is further from my wish than to advocate asceticism or painful labour. My assumption has been that there are few higher pleasures than those which we earn in the pursuit of duty, and which come as the reward of successful work. I have endeavoured to show that the advance of science depends almost as much upon the physical as on the mental vigour of those who devote themselves to her cause. In a certain sense I have urged what has been fairly called the duty of delight, advocating frequent resort to the sea, the mountain, and the moor, as the only means by which we can expect to maintain that healthy tone of body and mind which is so essential to scientific success.

It remains but to express a strong confidence as regards the future of our profession. Never perhaps had it brighter prospects than at present. Never did discoveries follow each other with greater rapidity than they have done during the last quarter of a century. Never, probably, were there more earnest workers, and certainly at no former period had we such splendid tools. Still, however, it is most needful that we stimulate our minds by reminders of the comparatively little that has been accomplished, and the much that is possible.

"It appears to me," wrote large-brow'd Verulam, "it appears to me, that men know neither their acquirements nor their powers, but fancy their possessions greater and their faculties less than they are. Whence either valuing the received knowledge above measure, they look out no further; or else despising themselves too much, they exercise their talents upon lighter matters without attempting the capital things of all. And hence, the sciences seem to have their Hercules pillars which bound the desires and hopes of mankind."

Let us trust for the advance of physic, that her disciples may avoid these errors; that they may recognise clearly that there are no limits to the possible extension of our science, that estimating fairly our own powers, opportunities, and responsibility, we may go forth

"Strong in will
To strive, to seek, to find, and not to yield."

CASES OF SKIN-DISEASE.

By JOHN BARCLAY, M.D., F.R.C.P., Leicester.

I.—SIMPLE ALOPECIA.

In the report of the meeting of the Liverpool Medical Institution, at p. 204 of the current volume, Dr. Balman's remark is quoted that "the records of medicine supply but a very few examples of the complete loss of hair." I would, therefore, add one to the list.

A. B., master printer, was seen on Feb. 24, 1853. He was aged 24, married, steady, never had syphilis. In the middle of September 1852, he noticed his hair falling off, not in patches. He could give no possible reason for it, except that he had been closely confined and working hard.

I found him a robust, very active young man. His hair had been dark brown; he was now absolutely hairless, except one or two eyelashes. The scalp was perfectly smooth; and with a magnifying-glass, no trace of hair-follicles was to be seen. The eyebrows and eyelashes were gone; also the hair on the pubes and in the axillæ; as well as the downy hair all over the limbs. He was perfectly smooth over the whole body. There was no heat of skin; no unhealthy appearance; no patches; but a simple absence of hair.

I kept him under treatment with tonics for some time, and applied various stimulating lotions and unguents to the scalp; but with not the slightest effect. The one or two eyelashes left soon disappeared; and his only inconvenience seemed to result from their loss, as he had always slight palpebritis.

He now—twelve years later—is in exactly the same state as when he left off treatment, and in perfect health.

I have met with one other case of complete and total baldness in an old gentleman suffering from calculus in the kidney; but, as he was 81 years of age, it may be considered as merely an extreme degree of the loss of hair incidental to old age.

II.—PSORIASIS OF TWENTY YEARS' STANDING CURED(?) BY ARSENIC.

In church, on Christmas-day 1863, some hundred miles from home, I observed a young lady whose face and neck, so far as I could see, were covered with red-looking scars and scaly patches of lepra or psoriasis.

I was afterwards told, when expressing my sympathy for such a sufferer, that the poor girl had always been so—a martyr all her life. Of course, in conversation, I inquired if every means of treatment had been exhausted, and learned that the family was of the strictest sect of the homeopaths. My objections were wanting in neither loudness nor depth; they reached the parents' ears, and the result was, an inquiry of me, by letter, whether I considered there was any chance of cure by medicine; and further, whether I would undertake to try that chance. In spite of the impossibility of communicating except by letter, I did not hesitate to do so; for I felt that it would be such a triumph for legitimate physic, such a satisfaction even to myself in these days of doubts and scepticism—of heresies, among which I rank the do-nothing theory as about the worst—to see the power of medicine exerted and evidently (though, perhaps, not logically) demonstrable. I only bargained that no remarks should be made on my want of success for twelve months.

The history I gathered was this. C. D., aged 21, was a strong, healthy, robust young lady, with not a single symptom of disease or derangement of any kind, except her one misery. There was said to be "scrofula" in her father's family. The eruption ap-

peared when she was cutting her first double teeth, and had continued to increase, and of late years had been a source of much distress. It disappeared once for a few weeks, at seven years of age, after a long course of sarsaparilla and cod-liver oil by the seaside; but it soon returned worse than ever. At the age of 12, she had measles; and then it again disappeared of itself for a few weeks, and she was "lame in her feet" until the eruption came out again in all its virulence. "Besides the face, the eruption spreads over neck and shoulders, arms, and legs; and on the knees and elbows thickens very much, and comes off in large dry scales, and then gathers again." It was, therefore, nine years since there had been any mitigation of the disease, and twenty since it first appeared.

The treatment I adopted was, three daily doses of some form of arsenic—either the arsenite of potash or of soda; a little cod-liver oil; and sesquioxide of iron. As regarded diet, the only prohibition was fish and stimulants—neither of which she had habitually used. I directed her to drink largely of cold water or barley-water, etc., to promote the "metamorphosis of tissue". The details of treatment are superfluous. Very little of the cod-liver oil could be taken because of nausea. A recommended change of air was found impracticable; so that the treatment was very much narrowed to the ingestion of arsenic. It was only discontinued during two weeks from February 11th to December 31st. Improvement commenced about August, and steadily went on, till at Christmas the cure was complete. There was a little conjunctivitis occasionally, and at the end considerable anæmia and debility, now rapidly disappearing under the use of tincture of sesquichloride of iron.

On February 6th, 1865, she came here for my inspection. The only remains of her former enemy were slight stains on the cheeks, which showed when she was excited or hot. The whole surface of the body was clear, smooth, and healthy. She looked upon life as now something desirable, as she had entered on, as it were, a new phase of existence.

Post hoc, certainly; propter hoc, surely.

CAPTAIN GORDON, who has lately so distinguished himself as leader of a Chinese army against the Taepings was accompanied in his perilous enterprise by only one officer—a medical officer. The *Times* says: "Gordon accepted the very perilous offer. He went upon half-pay, thus risking his prospects of promotion, and taking a step in which only one officer—a medical officer—was found to follow him."

BEQUESTS. By will, Miss Rachel Lamage, of Stoke Newington, has left the following bequests: To the German Hospital, the Royal Free Hospital, London Fever Hospital, Middlesex Hospital, St. Thomas's Hospital, North London Hospital, Margate Sea-Bathing Infirmary, Hospital for Incurables, each £100; Charing Cross Hospital and Stoke Newington Dispensary, £50 each.—Miss Julia Olivia Brodie, of York Place, Portman Square, has left the following legacies: The Cripples' Home Refuge, Infant Nursery, and Laundry, Marylebone Road, £300; British Orphan Asylum, Slough, £300; Idiots' Home, Redhill, £200; Royal Westminster Ophthalmic Hospital, £200; Infirmary for Consumption, Margaret Street, £200; Samaritan Hospital for Women and Children, £200; Cancer Hospital, £100; Establishment for Invalid Gentlewomen, £200; Orthopædic Hospital, £50; Society for the Prevention of Cruelty to Animals, £50; St. George's Hospital, £100; Middlesex Hospital, £100; University College Hospital, £100; Guy's Hospital, £100; Hospital for Consumption, Brompton, £100.

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MARCH 25TH, 1865.

MEDICAL EVIDENCE ON RAILWAY ACCIDENTS.

THERE appears to be something more in the results of many railway accidents, in which human beings are concerned, than is usually dreamt of in the philosophy of medicine. With many medical men, it would appear as if *de non existentibus et non apparentibus eadem est ratio*, in reference to certain of the phenomena which represent these accidents. They do not seem to believe in any of those morbid symptoms of which the patient tells, but of which they cannot themselves seize the physical demonstration. Of course, we are now speaking of those medical men who appear as witnesses in courts of law to defend railway companies against the pecuniary damages sought from them by their injured passengers. That the injured individual should endeavour to make the worst of his case against the company, is a matter of course; and therefore the company is quite right to defend itself against the attempts of extortion. Of this we do not complain; but we think—indeed, we are sure—that our profession greatly errs in lending its aid, as it so often does, in depreciating the amount of injury suffered by an individual. We do not believe that railway companies have gained much by the practice of calling witnesses to declare that the plaintiff is doing something like attempting to humbug them; and we are sure our profession has not gained much credit with the public by assisting the companies in the matter. That medical witnesses on behalf of the companies often give very unfair—we mean incorrect—evidence, is certain. We know more than one case in which it was asserted by certain very high medical authorities, that the plaintiff was, in their opinion, perfectly sound—as well as he was before the accident; or, in other words, that he was trying to extort money from the company. And we also know that in such a case, to this day—now three or four years after the accident—the patient has never perfectly recovered from the *shock*. A collection of certain of the consequences of these modern kind of accidents, with a true history of their results, would be a very valuable addition to our pathology. We mean the kind of accidents which present no external signs of

injury, but are represented to us solely by symptoms described, and capable of description only, by the sufferer himself—of injury to motion or sensation. A person receives a violent shock in a railway carriage. His loins, or head, or some other part of his body, are thrown violently against the carriage. He perhaps, at the moment, may suffer very slightly: but afterwards he will complain of weakness of the limbs, pain in the back or head, and confusion of his intellectual faculties; and yet present no marked symptoms of paralysis or disease of the nervous centres. Now, in such a case as this, it is manifest that the individual *must* be the exponent of his own symptoms. The signs which indicate injury of the nervous centres (of the kind supposed) are, from the very nature of the case, signs which can be represented to us only by the words of the patient himself. More than this: we know that all he says may be the truth; that the tale of his weakened powers of mind or body is perfectly consistent with well ascertained pathological facts. We know that men frequently never fully recover from the effects of certain violent shocks. They may look to all appearance perfectly in health, but yet they are not so; they are not the men they were before. If such individuals come to us as private patients, we believe implicitly what they tell us, because there is nothing in their statement contrary to what we know may be perfectly true. Why, then, should medical men go boldly into the witness-box in cases of this sort, and boldly aver that they believe there is nothing the matter with the man? The case mentioned below is not a case of this kind; but it exhibits a greater divergence of opinion than we like to see given by members of the profession. The nature of the accident from which the plaintiff suffered is thus described.

"At the time of the accident, the plaintiff was thrown violently against the back of the bench opposite to him; but he did not feel any injury at the time, and assisted Dr. Woodward in attending to the other wounded. On his way home, the plaintiff found his stockings to be wet with blood, and felt shiverings, and could not remember the names of the people who were with him. The plaintiff next day attempted to go to business, but was obliged to be taken home in a cab. He then became seriously ill, with intense pains in the head, deafness of one ear, and acute sensibility in the other. He suffered also from intolerance of light, and loud noises, like the hum of a thrashing-machine, in his head. He was recommended rest, and sent to a place about four miles from Worcester, and afterwards went to Malvern for about six weeks; but, instead of improving, he became worse. He was then attended by Dr. Hastings and Mr. Everett of Worcester. He was afterwards attacked with violent spasms in one hand and foot, and pains as of knives being thrust through his chest to his backbone. Mr. Carden of Worcester was then called in. No improvement has taken place; and, when the plaintiff came into the witness-box, he presented the appearance of a man suffering from intense pain. He stated that he was subject to horrible dreams, and had not had more than three

nights' rest since the accident. Mr. Erichsen, Dr. Hastings, Mr. Carden, and Mr. Everett gave it as their opinion that there was injury to the brain and spine at the point of junction between the brain and spinal cord, and that the plaintiff's ultimate recovery to his full vigour was very doubtful. For the defendants, Mr. Skey, Dr. Wade, Mr. Cooper, Mr. Bradon, and two other medical gentlemen, stated that the plaintiff's symptoms were consistent with and attributable to hysteria; but they admitted that it was possible that hysteria might supervene upon or be concurrent with the effects of the accident. The plaintiff had never suffered from hysteria. The plaintiff had been a most energetic man of business; and since the accident the business of the firm had greatly fallen off, the other partners being incapable of its management."

The jury, however, did not take in the hysterical hypothesis, and awarded to the plaintiff £6,000 damages.

ENDOSCOPY.

On Wednesday, the 15th instant, at a meeting of the Medical Society of the King and Queen's College of Physicians, held in the new College Hall, Kildare Street, Dr. F. R. Cruise, of the Mater Misericordiæ Hospital, exhibited an "endoscope" which he has been using for some time past, and read a short paper explaining its practical utility in the diagnosis and treatment of many obscure forms of disease, especially those of the rectum and urino-genital organs. Dr. Cruise's endoscope is a modification of Desormaux's, and possesses the great advantage over it of an illuminating apparatus, so brilliant, and easily admitting of such perfect adjustment, that little or no previous training is required to enable the practitioner to obtain a satisfactory view of deep cavities which heretofore have been generally looked upon as quite inaccessible to sight.

Amongst these, we may specially mention the bladder and urethra: the rectum beyond the reach of the finger and speculum: the cavity of the cervix, and even of the body of the uterus; the nasal fossæ; the pharynx; cavities of ovarian cysts; abscesses; wounds containing foreign bodies: etc.

Dr. Cruise's paper was enriched by the details of a number of obscure cases in which he had used the endoscope to the entire satisfaction of numerous medical men in Dublin.

This instrument, which has been thought of and talked about for the last thirty years, has from time to time attracted passing attention, and then sunk back into oblivion.

M. Segalas would appear to have originated the idea of endoscopy, which he soon abandoned as impracticable; and the late Mr. Avery of London paid much attention to it. Sir Philip Crampton also is said to have taken up the matter at one time; but no result followed. It would appear that of late years M. Desormaux of Paris has been the only

worker in this unexplored field; and to his perseverance much credit must be given.

This negligence would appear to be mainly due to the difficulty of obtaining a satisfactory and manageable illumination. Dr. Cruise has undoubtedly removed this difficulty; and now, for the first time in this country, the endoscope has been proved an unquestionable success, and likely before long to modify and correct our opinions respecting certain obscure ailments, and to serve materially in their treatment.

It is unnecessary to enter into details of the means by which Dr. Cruise obtains the admirable illumination and adjustment in his instrument, as we understand he is about very shortly to publish an account of it, as also a *résumé* of the work hitherto accomplished by its use. We think it only justice, however, to notice his labours and improvements, and the very favourable reception his communication met on Wednesday, and to give him the credit of priority in following up in this country the study of the long neglected endoscope, and demonstrating, for the first time in Dublin, its value as an aid in diagnosis and treatment.

SCIENTIFIC INQUIRIES.

It is to be hoped that the Medical and Chirurgical Society will continue the good work which it has commenced, of scientifically inquiring into matters physiological, therapeutical, etc. It is needless to say that there is a vast field still open for its researches; and we are sure that the Pathological Society will agree with us in this, that in no way could the funds of the old Society be better expended than in carrying out the kinds of investigation alluded to. Its next efforts, we may suggest, may well be turned towards the question of the action of our therapeutical agents. Such an inquiry would naturally involve clinical observations. And we would ask, Might not the occasion be indirectly turned to another most excellent purpose? How often is it that the hospital practice of a physician or surgeon is *controlled* or fairly judged of by competent authority? Now, might not the Medical and Chirurgical Society, to the advantage of science, appoint a committee to investigate personally, at the bedside of the patient, the real value of any particular treatment of disease which is highly extolled by the individual who employs it? It is often surprising to note the differences in practice, in matters of principle as well as detail, which are often to be met with even in neighbouring hospitals. Surely there would be a better chance of agreement being come to in matters of opinion and practice, if physicians and surgeons could only see the doings of their brethren, and judge for themselves. In the present

state of isolation, men naturally become overwedded to and wrapped up in their old routine of practice. And on this point we may observe, that it has always seemed to us just as great a misfortune that medical students have not an opportunity of seeing the different practice of physicians and surgeons at different hospitals, as it is that physicians and surgeons of one hospital themselves know so little of what is being done by their *confrères* in another hospital. A medical commission of inquiry, started under the authority of the Medical and Chirurgical Society, might perchance pave the way to a more general diffusion of the different practices which are followed in different hospitals, as well as tend to settle the real value of particular methods of treating diseases. At all events, let us hope that the Society has merely commenced its career of active scientific investigation; and that it will still show itself ready to continue its labours into any field of research worthy of its attention. Is there any question, we would suggest in conclusion, more worthy of attention, or one more likely to be productive of great practical results, than the question of hydrotherapeia—the cure of diseases by the agency of water, in all its different modes of application? One thing is very sure; viz., that the profession has allowed quackery to get possession of the remedy, for remedy it surely must be called; and also sure is it that there is not a hospital in London which is possessed of the means of applying the remedy in all its possible forms. Dr. Risdon Bennett and some few other hospital physicians have now and then resorted to and spoken highly of the use of the remedy in some of those forms of it which are usually regarded by the profession with a certain kind of suspicion—and solely, we suppose, because quackery has had the wit to forestall the profession in the general use of them. Here, then, is a grand occasion for science to come forward and maintain its right to the use of all things proved to be good and useful in the cure of diseases. Let the Medical and Chirurgical Society try and prove the value of water in the cure of diseases, and report thereon. The apathy of the profession on the subject is really very surprising. That the remedy is a powerful one is certain; and that it must be powerful for good or evil also certain. A scientific committee would enlighten us; and, if they decided that the remedy was a grand one, is it not certain that every hospital in this country would be under an obligation at once to add to its therapeutical remedies the means of applying the remedy—a complete bath establishment? But if Turkish baths, wet sheets, and all the other powerful means of acting on the human frame which are employed by quacks and unscientific people, and by the public, be really injurious, then is it our duty publicly to proclaim the fact.

ANOTHER victim to the scoundrels who disgrace our civilisation is recorded in last week's papers. It may be very difficult, perhaps impossible, for the law to touch them; but surely something might be done to purge the country of the filthy demonstrations of their existence which pollute so many of our newspapers, and even our public streets. The case, at all events, is one which might well occupy for a short time the consideration of our great medical discussion forum. Some suggestions the Medical Council might perchance make, which would tend to the diminution of the "vigour of life" infamy.

"SUICIDE OF A CORPORAL IN THE GUARDS. An inquiry was held at the Westminster Hospital, respecting the suicide of Corporal Ashford of the Coldstream Guards. Colonel Strong and many officers of the regiment were present. Mr. Myers, assistant-surgeon, said he found deceased lying quite dead, with his feet on the bed and his head on the floor; a discharged rifle lay underneath the body. The deceased had evidently leant out of bed, placed the muzzle of the rifle in his mouth, and then pulled the trigger, whilst the stock rested on the floor. The bullet carried away a portion of the brain as well as part of the skull. Witness learned, upon inquiry as to the cause of his committing so desperate an act, that he had been treated by homœopathic and quack doctors; he was not labouring under any disease. The deceased bore an excellent character, and was much liked by all his officers. Sergeant Barfield confirmed the fact of his having consulted quack doctors, and stated that he complained of being ill at Christmas. He wrote to Messrs. Smith and Co., of Burton Crescent, or of Tavistock Square, witness did not know which, and said he received from them a book called the *Warning Voice*, of which he had read the third and fourth chapters. He paid £1:5:0 for medicine, which he took three times a day. He afterwards became greatly depressed. Witness had often seen him look in a glass, gnash his teeth, stamp his feet, and say, 'I feel I am a ruined man for life.' He also asked, 'What is the quickest death to die.' Witness tried to cheer him up, going with him to various places; and he (witness) was firmly of opinion that the letters he received from Burton Crescent, and his reading of the book referred to, had excited his mind, and caused him to commit suicide. Up to that time, deceased had always been a lively, jovial man among his comrades. A letter was found in his room briefly bidding his comrades farewell. After some other evidence, the coroner summed up, when some of the jury inquired whether, in giving their verdict, it would not be competent for them to express their opinion as to the publication of such books as the one described. The coroner said that the matter in question was beyond the power of the court. The jury then returned a verdict, 'That deceased shot himself while in a state of unsound mind.'"

Two brochures which have just appeared indicate that the same changes which happily are going on in the general, the literary, and the political world, influence also the medical. Thirty years ago, a speech in which religion was introduced in Parliament, or a religious leading article in the *Times*, or a religious article in the quarterlies, was not thought of. How different now. Our leading men in both houses, our first newspaper writers and reviewers,

boldly and reverently, by word and pen, recognise Christianity as the great foundation of all stability and real progress. Very striking is the same change in medicine. In introductory lectures, in our journals, and public utterances of our leading men, there is the same out-spoken recognition of the highest truths. In a marked way, these two memorials of recent deaths indicate this great change. Dr. Risdon Bennett has not only traced the scientific life of Richard Grainger, and the solid work he did for sanitary science, but he has also drawn with discrimination a most delightful character of a good and modest and unselfish Christian, founding all his life's work on the deepest principles. And Dr. Harvey of Aberdeen has, with the warm feelings of friendship, traced the moral qualities of Dr. Williamson—who, just rising into professional eminence, was suddenly cut off by typhus at 40 years of age, to the regret of all who knew him—making to his class the life of their professor and infirmary physician the best clinical lesson as to the importance of always living the highest kind of spiritual life. Neither writer has in any way avoided the fullest expression of religious principles. The former reticence on these matters was, in some cases, from indifference; in others, from the natural dislike to express feelings; but in how many was it from an unmanly fear and shame? Now, the weakest form of cowardice is a disinclination to confess great benefits, and this wholesome avowal is a sign of real progress.

A TESTIMONIAL was lately presented to Mr. Cammack of Benington by the poor, for his attention to them as district medical officer during twenty-one years. On the occasion, Mr. Cammack made the following remarks, which, coming from his long personal experience of Poor-law medical relief, are worthy of especial record here.

"With regard to my successor, he has got more work than one medical officer ought to have; and the pay is far too small for the service. I would not take the district again for £200 a year. It is now £50; the drugs cost all the money, and one horse is altogether unequal to it. The guardians behave badly to their officers generally, and never acknowledge their good deeds. They sit with closed doors, and take every opportunity to humiliate and degrade; and, in order to become in reality the Inquisition, they need only the rack, the thumbscrew, and the boot. The Poor-law Board will never mend them, because they wish to please the guardians who vote them into Parliament. The present race of guardians will not do it, because they wish to be tyrannical, and are afraid that the poor should see who grind them down. It is the people who must open their doors and let in the press. The chairman (Mr. Plummer) was always an advocate for an open board; and, therefore, I am proud to accept this present at his hands. When the people can see for themselves how the Poor-law is administered, and when the medical officers are well paid, and independent of a private practice—for it was wrong to offer a Poor-law appointment as a stepping-stone to a

private practice, because, having got it, the badly paid officer will naturally look to his best interests as his age increases,—when, I say, the officers are properly paid, then may the people be certain of the care and comforts which the poor require. In conclusion, I beg to say this occasion affords me the highest gratification of my life. I may become rich, or I may become poor; but this presentation will ever be my most valued possession."

MR. HENRY SMITH reports, that three fatal cases of dilatation of the urethra for stricture by Mr. Holt's dilator have occurred in King's College Hospital.

OUR readers may be aware that, under the Registration of Deaths Act for Scotland, medical practitioners there are obliged, under penalty, to give a certificate of death. Naturally enough, they resent such an unfair law, but have hitherto vainly attempted to get it repealed. A few weeks ago, a meeting of the Glasgow Medical Association was held in Glasgow, to determine how best to proceed; and it was determined, under the advice of Dr. Christison, to make a strong effort in the next Parliament, and with the general assistance of the profession, to have a new Bill passed on the subject.

WE are glad to find, from the following, that Sir George Grey has himself doubts as to the sanity of the murderer whose case was specially alluded to in last week's JOURNAL.

"Two commissioners have been appointed by her Majesty's Secretary of State for the Home Department to examine into and certify to the mental condition of the murderer Potter at Derby. They examined the Rev. E. W. Foley, the chaplain, and other officers of the prison. Sir George Grey has ordered the respite of Potter for seven days, solely to afford time for the commissioners to inquire into the state of the prisoner's mind."

This case shows also, in a striking manner, the folly of those persons who, as the present Lord Chancellor once did, affirm that an ordinary jury, or any unskilled person, is just as capable of judging of the mental condition of a supposed lunatic as any expert is. We are very pleased to note this act of Sir George Grey's. The only fault which can be found with it is this, that the examination comes late. It should have been made before the trial, so that the evidence of the experts might have gone before the jury. By this plan of deciding the sanity of the prisoner, it is clear that the verdict becomes the verdict of two experts in lunacy, and not the verdict of the jury—a proceeding which is distinctly unconstitutional. We hold, as we have frequently done in these pages, that what justice and humanity demand in all cases where there is a reasonable doubt as to the sanity of the prisoner put on his trial is, that the Government expert should invariably be present to assist justice, and give her the benefit of an impartial opinion. This proceeding of Sir G. Grey's is, we trust, a movement tending in that direction.

SOME time ago, the Administration of Public Instruction in France exempted all Polish students from the expenses attending education in the Faculties and the Lyceums. To increase this Act of generosity, the Committee of the Sorbonne has opened a subscription in order to purchase books and scientific instruments required by the Polish students.

Dr. Stokes's work on Diseases of the Heart and the Aorta has lately been translated into French by Dr. Sénac of Vichy.

M. Roulin has been elected to the Academy of Sciences. He is librarian of the Institute. He was a pupil of Cuvier and Magendie; and in 1821, went out to Columbia as Professor in a chair of Physiology. But he, instead of professing, made a topography of the country for Bolivar. He is the translator into French of Prichard's *Natural History of Man*; and has, we are told, been long engaged in an important work on Pliny.

M. Verneuil informs the French Surgical Society that he has been astonished at the good effects produced by the use of opium after strangulated hernia. It seems that our French brethren have yet to learn the dangers and mischief resulting from the employment of purgatives after that operation!

MM. Eulenburg and Landois (*Berlin. Klinisch. Wochen.*, 1864) have undertaken a number of experiments on the suture of nerves. Their conclusions are unfavourable to the proceeding. They say that the cut ends of nerves, when brought into exact apposition by sutures, have no tendency to unite by first intention. In no case, moreover, has the suture been followed by return of function of the nerve, and even after several weeks. The anatomical examination of the cut nerves showed that the peripheric portion of the nerve had undergone the same changes—degeneration of structure—as when ligature is not applied.

The *Gaz. Méd. de Paris* relates a case of poisoning from atropine. Three grains of sulphate of atropine, mixed with eight *granmes* of lead, formed an ointment which was applied to the raw surface of a blister on the neck.

"A few minutes afterwards, the patient sprang up in agony; he rushed about the room, crying out that he was suffocated; that all his blood was rushing to his head; that all was black before his eyes; and that he felt as if he were being strangled. He tore the plaister from his throat, and fell on the couch with his eyes fixed and his face red. Dysphagia and dyspnoea increased. His pupils were widely dilated; his eyes rolled about convulsively; the conjunctiva injected. All his limbs were convulsed as in violent chorea; respiration very hurried; pulse 140 to 150; he could not speak a word. Nothing could be introduced either into the mouth or the rectum; nor could a vein be opened. The patient became gradually worse, and died about two hours after application of the ointment."

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

It must have often occurred to the mind of those who, coming to Edinburgh, have visited our Royal Infirmary, as a remarkable contradiction, that so great a school of medicine as that of Edinburgh should possess so ill built an Infirmary. On visiting the handsome and expensive buildings which have been erected around Edinburgh for the purpose of affording places of maintenance and instruction for infirm people and destitute children, they must have wondered that more had not been done for the sick poor of our city; and that a more handsome, suitable, and cheerful building had not been provided for their use. The apathy which has for so long a time prevailed upon this subject has, however, fortunately come to a close; and the opinions expressed at a late meeting of the subscribers to the Infirmary, render it certain that ere long our city will possess a hospital more suited to its wants than the present one.

The Royal Infirmary of Edinburgh is partly an old and partly a new building. The medical hospital is almost in the same state in which it was at the time when Cullen and Gregory used to teach it; the surgical hospital, on the other hand, is a comparatively new building, sufficiently well built and convenient. The wards are moderately spacious, well ventilated, and cheerfully lighted; the operating theatres are large and commodious; and the accommodation provided for the surgeons and their assistants is, although limited, sufficient. Far different, however, is the condition of the medical hospital. The wards have low ceilings and small windows, are dreary, badly lighted, badly ventilated, and unprovided with baths. The cubic space allotted to each patient is far too small. The appliances and arrangements for good clinical teaching are also deficient. The rooms attached to the wards, and set apart for the use of the physicians, are excessively small and inconvenient. The lecture-room and pathological theatre are bad; and no properly constructed and appointed pathological laboratory exists.

The chief evils to be pointed to in our medical hospital are connected, however, with the subject of ventilation, and have been well demonstrated by the events of the last few months. A limited epidemic of typhus fever has prevailed in Edinburgh, and the fever wards of the Infirmary have been crowded. It is here (I may say) the custom to separate patients suffering from typhus fever from other patients.

As usual, the fever-wards have been rather more crowded than the other wards. On visiting one of the female fever-wards (Ward 17) lately, I was struck by the close and ill ventilated atmosphere. The ward, which from its construction is not susceptible of even fair ventilation, was crowded with fever patients. The results of this state of matters have been very much what has been noticed in other places and on

other occasions—the attendants have suffered severely. Of four house-physicians, who entered on their duties at the commencement of the winter session, three (Drs. Carmichael, Anderson, and Muirhead) took typhus fever. One of these gentlemen was replaced by one of our most zealous senior students, who has himself become affected with the disease. Of five persons who have this session filled the office of house-physician, four have, therefore, become affected with typhus. The nurses, too, have suffered most severely. Since the commencement of the epidemic many have contracted typhus, and six or seven have died.

The facts are painful, but not startling; and prove how true it is that, unless a very abundant supply of pure air is provided for patients suffering from typhus and other contagious diseases, especially where many are congregated in the same apartment, the danger to attendants is rendered very great. They are facts which have occurred so often, that it is much to be regretted that nothing should have been done to prevent the sad occurrences. Our medical hospital is bad, I have said; still half its wards are left unoccupied. If the cubic space allotted to each patient were at least doubled, I have no doubt that such occurrences as those which I have mentioned would cease; and those to whom the care of patients is allotted would discharge their arduous duties in comparative safety.

An interesting case of acute yellow atrophy of the liver occurred lately in the hospital. A pregnant woman was admitted suffering from profuse hæmatemesis. She was intensely jaundiced, and violently delirious. Immediately after admission, she aborted of twins and expired. Her friends stated that she had only been ill for a week. The progress of the case after admission into the hospital was so rapid, that no definite opinion as to the nature of the case had been formed. The excessively acute nature of the disease occurring in a pregnant woman, the very limited area of hepatic dulness, and the intense jaundice, led Dr. Grainger Stewart, the pathologist to the Infirmary, to express, before commencing an examination of the body, the opinion that the case was one of acute yellow atrophy. The opinion was proved to be true. The liver only weighed 1 lb. 5 oz., and presented the characters of the organ affected with acute yellow atrophy. The bladder contained sixteen ounces of urine; which was analysed, and found to be very rich in leucine and tyrosine. Enough of these substances was separated to enable them to be completely identified by their chemical as well as their microscopic characters. The urine contained 1.8 per cent. of urea, and merely a trace of albumen.

In connection with the Infirmary, I have to announce a fact which will, I am sure, be a source of regret to all who have, within the last few years, studied in Edinburgh. I allude to the approaching retirement of Dr. Warburton Begbie from the office of physician to the hospital. The practice has prevailed here, to limit the duration of the office of physician to the hospital to ten years; and Dr. Begbie's term of office having expired, he is about to retire.

The advantages of the practice are, that it enables a considerable number of men to enjoy the extraordinary opportunities for studying medicine which are afforded by the physicianship to a large hospital. The disadvantages, which, however, fully counterbalance the advantages, are well shown in the present instance. Physicians, who have rendered themselves most popular and useful as clinical teachers, are deprived of their office exactly at the time when they are becoming most fit to discharge its functions with advantage to the students themselves. It is a plan well calculated to train many very good general practitioners and very few very good physicians. Dr. Begbie has now for many years occupied a very high position here, both as an extramural lecturer on Medicine, and as a lecturer on Clinical Medicine in the Infirmary; and his retirement cannot but be looked upon as a great loss to the school of medicine of Edinburgh.

Professor MacLagan's address at the late *conversation* of the College of Surgeons gave general satisfaction. No more appropriate subject could have been chosen for discussion by the Professor of Medical Jurisprudence in the University than the one which he made the basis of his lecture—viz., Civil Incapacity. His *résumé* of the law on this subject was admirably clear; and his arguments for bringing under a certain amount of restraint the class of persons comprised under the foolish term "dipsomaniacs", commended themselves, I am sure, to the great majority of his hearers. The lecture was of such a character, however, that no abstract could possibly do it justice.

We have lately had some very interesting communications presented to the Medico-Chirurgical Society.

Association Intelligence.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The next meeting will be held at the Infirmary, at Gravesend, on Friday, March 31st, at 3.30 p.m.

Dinner will be ordered at the Yacht Club House, at 5.30 p.m. Tickets 5s. each, exclusive of wine.

C. J. Pinching, Esq., will preside; and papers are promised by M. Adams, Esq. (Clinical Ophthalmic Cases), and by Dr. Bell (Craniotomy).

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, March 11th, 1865.

WEST SOMERSET BRANCH.

A QUARTERLY Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 p.m.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, March 11th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Quarterly.]	Clarke's Castle Hotel, Taunton.	Wednesday, April 12, 7 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, April 13, 7 P.M.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETING.

A MEETING of the East Kent District was held at the Ship Inn, Faversham, on Thursday, March 16th; EDWARD GARRAWAY, Esq., in the Chair. There were fifteen members present.

Papers. The following papers were read and discussed.

1. Variola and Vaccination. By R. S. Francis, Esq.
2. Polypus Uteri and Instrument. By F. E. Barton, Esq.
3. Diabetes Mellitus successfully treated with Permanganate of Potash and Rigid Diet. By Wm. Sankey, Esq.
4. Surgical Scraps. By James Reid, Esq.
5. The Magnesium Light. By R. L. Bowles, Esq.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

FEBRUARY 23RD, 1865.

J. CAMERON, M.D., Vice-President, in the Chair.

Fracture of the Acetabulum. Mr. HAKES showed, for Mr. LOWNDES (who was unable to be present), a specimen of fracture of the acetabulum. In this case, the pelvis was extensively fractured. One line of fracture extended from the anterior superior spine of the ileum directly downwards behind the acetabulum, entirely through the whole thickness of the bone; this was met by one extending forwards across the upper third of the acetabulum to just above the obturator foramen. Another fracture passed at right angles to this through the horizontal ramus of the pubes, and another through the ramus of the ischium. The bladder was uninjured. The peculiarity in this case was, that these extensive injuries were caused solely by the patient, when drunk, falling on his hip from the top of an omnibus, which was not in motion at the time.

Pyæmia. Mr. RAWDON narrated two cases of pyæmia, and showed specimens of purulent deposit.

Adjourned Discussion on Fever. Dr. BURROWS said he thought the nature of fever was involved in mystery. He believed that many fever-patients, who might now have been living, had died from overstimulation. Alcohol, regarded by many practitioners as the sheet-anchor in the treatment of fever, he declared to be an acrid narcotic stimulant, a true poison, and not possessing a nutritious or life-sustaining power. It was not a tonic; it did not tone or brace up the nervous and vascular systems, but depressed them. Nor did it maintain animal heat; as was proved by the fact that, after the administration of wine or spirits, the temperature of the body gradually diminishes. The similarity of the symptoms caused respectively by alcohol and opium showed that the former was a narcotic. Alcohol was not an element of respiration; neither was it burnt up or consumed in the lungs, as taught by Liebig. As a hydrocarbon, it could not afford plastic material. He alluded to the favourable results of Dr.

Gairdner's treatment of fever without stimulants, contrasting it with that of Dr. Todd, whom he regarded as the champion of the heroic or intoxicating treatment, and who, as he said might be expected, had a very high rate of mortality. He thought that, in many cases of typhus, the stomach had an excellent power of digestion; and that many articles of food usually forbidden might be given with safety. Dr. Stokes had said that fever cannot be cured; that the patient must be kept from dying of exhaustion by food and stimulants. But, even if he thus recognised the use of alcohol, should its deleterious influence be ignored because a great authority recommended it? Dr. Gull did not believe in giving enormous doses of brandy in fever, and also condemned strongly the practice of continual feeding in fever. When a patient recovered from the sinking stage of typhus under the administration of half an ounce of brandy every half-hour, it was because his organism rose superior to the depressing and devitalising influence of brandy, rather than from any remedial virtue attributed to it. He (Dr. Burrows), in his own practice, had tested the value of the stimulating treatment in a very moderate form. In ten cases out of sixty, he had allowed a minimum quantity of wine, and sometimes spirits; four cases of the ten died. The remaining fifty had no alcoholic stimulants, and they did well. So that the result left an impression on his mind that his patients were not benefited by stimulants, and that the non-alcoholic treatment of fever will ensure a less rate of mortality than that which is universally advocated at the present day.

Mr. BAILEY, from his experience in the Toxteth Park Workhouse, thought that, although many cases of typhus might be successfully treated without stimulants, yet these remedies were sometimes absolutely necessary. The quantity he had given varied from four ounces of wine to ten ounces of brandy daily. He had never seen any benefit from henbane, but found opium very useful. In coma, he always used blisters—never gave purgatives; nor did he approve of diaphoretics in typhus.

Dr. TELFORD took exception to Dr. Burrows's view of the physiological action of alcohol, as at variance with the present state of our knowledge on the subject, and inconsistent with the teaching of all leading physiologists of the day. He thought that alcohol was certainly a food; its use as a remedy might often have been abused; but he contended that, when properly administered, instead of increasing excitement as had been alleged, it produced a sedative and calmative effect upon the system. He disagreed with Dr. Shearer, who used it chiefly in the convalescent stage; believing that, when that period of the disease was reached, stimulants were no longer necessary. He thought the hydropathic treatment, recommended by Dr. Burrows, must be exceedingly hazardous; for his observations had satisfied him that sweating was much to be dreaded in typhus.

Dr. BARNES said that alcohol must be a food, because cases were on record, and some had come under his own notice, where individuals had lived upon alcohol alone for many weeks. With reference to thirst in fever, he reminded the Society that two distinct kinds of thirst were recognisable; one being the instinctive appeal of nature for a requisite supply of fluids, and the other arising from nervous exhaustion. The former was relieved by a due supply of water; the latter, which was the thirst of fever, could only be alleviated by wine or alcohol in some form.

Mr. TOWNSON, in his capacity of surgeon to the letter-carriers and to the police force, had recently met with many cases of acute pyrexia, the result of

exposure to sudden transitions of temperature, in which the wet sheet had entirely subdued the disease in two or three days. He deprecated the indiscriminate use of alcohol in the treatment of disease, on moral as well as on medical grounds.

Mr. STEELE, in replying, expressed his disappointment in finding that Dr. Burrows had not brought forward a single clinical fact in support of his sweeping condemnation of alcohol as a remedy, on the score of its poisonous effect upon the system. He thought the action of alcohol as a poison was clearly understood. In large doses, as, for instance, when a man for a wager drank a quart of gin at a draught, it produced almost instant death; or when taken in repeated doses for a long period, as in the case of habitual drunkards, it induced other well known injurious effects. But neither of these modes of action had the remotest connexion with the proper use of alcohol as a remedy in acute disease. Nothing could have been more clearly demonstrated than the fact that alcohol in considerable quantities (say ten or twelve ounces of brandy in twenty-four hours) might be administered for many days in various diseases, without producing any perceptible injury; and he could only suppose that those practitioners who ascribed such injurious effects to the use of alcohol as a remedy must have founded their conclusions upon the injudicious use of this valuable agent in unsuitable cases, either in their own practice, or in that of others. In quoting Dr. Stokes as an authority in the treatment of fever, Dr. Burrows had omitted to state that he was deeply impressed with the great importance of stimulants in fever. It was worthy of notice, that the physicians of Dublin, with scarcely an exception, all recommended the stimulating plan of treatment; and we find, on the authority of Dr. Tweedie, that the mortality from fever in the Irish hospitals is less than that in any other part of the kingdom. During the last forty years, the death-rate had never exceeded 10 per cent. The only safe rule for withholding or giving alcohol, or for regulating the dose, consisted in a due appreciation of the indications present in each case. As he had endeavoured to establish in his paper, typhus must be treated on purely rational principles, by applying appropriate remedies for the regulation of the special functions which presented a marked deviation from normal action; avoiding the use of specifics, and abstaining from violating the laws of Nature by attempting to procure critical evacuations, such as sweating or purging, which the history of the disease amply proved were not the means by which Nature endeavoured to throw off the disease. The course of typhus was gradual throughout, and, as a rule, unattended by crises in the usual acceptation of the term, and not accompanied in most instances by critical discharges of any kind which could be considered salutary or curative.

KING'S COLLEGE HOSPITAL. The performances at the Bijou Theatre have produced £130 to the funds of this hospital.

THE WOUNDED AT BELFAST. Dr. Murney, surgeon to the General Hospital, reports: "I give the experience of 78 medical practitioners, added to which is that derived from the practitioners of the Belfast General and Union Hospitals, and I think the public may be satisfied that the death-roll is complete, and the list of those injured closely approximated to." His return given presents this result:—316 persons suffered more or less seriously; recovered, 219; died, 11; yet under treatment—for this was written on November the 6th—there were, by slight gunshot injuries, 64 sufferers; severe, 34; total from gunshot wounds, 98.

Correspondence.

MEDICAL ERRORS.

LETTER FROM A. W. BARCLAY, M.D.

SIR,—The very temperate article in the last issue of your JOURNAL demands an immediate reply. I am well aware that it was “a serious thing” to select examples from modern writings, when I ventured to point out that medical men are dealing illogically with the evidence which they hold in their hands, of the efficacy or the worthlessness of certain modes of treatment. It has seemed to me a proof that there is yet left in our body some longing after a more perfect knowledge, and some feeling that one's own personal fame and success are not the highest aim of the practitioner, when I have experienced so little personal vituperation as the reward of my boldness. It may indeed be that some people are not so “thin-skinned” as to feel injured by the attack which has been made on them; but I am more disposed to regard their silence as an indication of good feeling and love of truth, when I read such an article as that on “change of type in disease”.

I may first remind Dr. Markham that the lecture to which he refers was both written and delivered before his own were published; and, though I had the advantage of hearing them at the College, yet perhaps I did not carry away such a clear idea of their scope as was subsequently obtained from their perusal. Still it did not seem necessary to modify the reference to his views, because, in the few words in which I alluded to them, the weak part of his argument was directly referred to. I confess that, as his error, if error there be, is not one of inductive reasoning, it ought to have had no place in my lectures; and, in truth, the allusion was prompted chiefly by the accident that my friend Dr. Markham had selected the “uses of blood-letting in disease” as the subject of his Gulstonian Lectures in the same year in which I was asked to deliver the Lumleian; and his antipathy to the theory of “change of type” was already pretty generally known. It is one of those speculations in which medical men are too apt to indulge; and it has, unfortunately, been too much mixed up with the consideration of venesection.

There are two points in Dr. Markham's remarks which especially call for notice; viz., my own allusion to the subject, and his explanation of the sense in which he uses the words. On each of these I have a few remarks to make.

It seems to me that those who assert that there is no change of type are fairly bound to give us an explanation of such remarkable circumstances as those referred to, which, *primi facie*, point so distinctly to some change having occurred since the days when an epidemic of plague was looked on as no very extraordinary circumstance, and an epidemic of cholera was unknown. It would cause us some surprise if syphilis were to disappear; or if small-pox, in spite of the neglect of vaccination which still permits its ravages in a modified form, were to be limited for the future to some special region. For my own part, I feel that the incursion of cholera is a very curious phenomenon in this age, and quite as inexplicable as an epidemic of yellow fever would be. It is, indeed, possible that improved sanitary arrangements may be sufficient to explain the absence of plague. But do they also account for the ravages of cholera? I confess that, in my opinion, they do not explain either. There seems to me to be some circumstance yet undiscovered necessary to a satisfactory explanation

tion of these facts; and the suggestion of a “change of type” is one which has been made theoretically to fill the void. It may not do so in a very satisfactory manner, and certainly no inductive argument has been employed either to prove or disprove the theory.

Dr. Markham goes on to say, that he believes we are using the term in a different sense, and he proceeds to give us anew his own definition. I have studied it again, and do not find that I have ever given the words any other interpretation; and I may fairly retort on my friend, that he has misconceived my meaning, and has attributed to me views which I never did entertain. More than this; it seems that he has himself employed wholly erroneous terms in speaking of the cases cited. When I say, “Cholera was unknown in Europe forty years ago”, he substitutes the words, “Whenever a new disease appears”. When I say, “Plague has entirely ceased to spread beyond the regions of the Levant”, he transmutes it into, “Whenever an old disease disappears”. Surely, this is not fair argument. Cholera is not a new disease; plague has not disappeared. From this, he flies off to the potato, where I decline to follow him.

The fair and simple interpretation of my language surely is this. The susceptibility to cholera has within forty years become such that the disease has travelled round and round the world more than once during that period—which it never did before, long as it has been known; whereas the susceptibility to plague has become so much less than it used to be, that we now never hear of it beyond the shores of the Levant. These circumstances may indicate the existence of “change of type”; or, in other words, “not any imaginative alteration in the essential nature of the diseases themselves; but some change in the condition of the body which is the subject of the diseases.”

As Dr. Markham has gone into hypothetical matters, I would ask him whether some such explanation would not be necessary if inflammation of the lungs should occur as an epidemic in the human race? and I may also ask him, whether veterinary surgeons are not perhaps justified in believing that such a change has taken place, when they have so constantly to encounter the so-called “contagious pleuro-pneumonia” of cattle? a disease in which blood-letting and blistering, as I understand, are wholly out of the question. Possibly, this may be an entirely new disease, like the potato-blight or the vine-disease; and I quite agree with Dr. Markham in holding that the springing up of some entirely new form of malady is no evidence of a “change of type”. It may possibly spring out of the “change in the condition of the body”, if any such change have occurred; but clearly it cannot be taken as proof of any alteration, so long as we are in ignorance of the circumstance which has given origin to it, or whether any change was necessary to its development.

I would only beg to remind your readers once more, that the question raised by Dr. Markham was not essentially connected with the subject of my lectures. I have only ventured to criticise theories which were supposed to be supported by inductive arguments; as my object was to endeavour to stimulate the writers of the day to seek legitimate proof of their conclusions before attempting to add them to our stock of medical literature. Abstract speculation, such as the theory involved in the question of “change of type in disease”, may serve to sharpen the logical acumen of those who engage in its discussion; but does not practically teach us anything of the causes or consequences, or the most appropriate treatment of disease. I am, etc.,

A. W. BARCLAY.

Bruton Street, March 21, 1865.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, Esq.

SIR,—I shall feel obliged by your affording me space for the annexed letter from the Poor-law Board, it being the reply to one dated March 6th, and inserted in your JOURNAL of the 11th inst. It has been said, that "language was given to enable us to conceal our thoughts"; and this is verified by the wording of the letter from the Board. I believe our appointments and contracts are two different things; and, even where the former are permanent, the latter can at any time be altered; therefore, perhaps, it may be intended to enter into new contracts with the medical officers, and readjust on equitable principles all the salaries. I trust it may be so.

Allow me to explain that the M.P., to whom I referred in my last letter as not having replied to my communications since January 31st, has forwarded to me a letter dated March 6th, in which he explains that domestic affliction and absence from England were the causes of the long delay. He also says: "I quite agree with you that some such measure as that drawn by you should become the law of the land, as the present state of the law is not only unsatisfactory, but unjust to the profession and the poor. When you first addressed me on the subject of my introducing a Bill this session, I thought I should be able to do so with effect; but I regret that circumstances will prevent my taking an active part during the present session. — is greatly opposed to an alteration of the law, and county members will not hear of any alteration. There must be something very wrong in the profession, when it is unable to make itself felt in a political sense throughout the country. Attorneys have their organisation; and, when any question relating to them comes before the House, it is *not only heard*, but duly considered."

From the above quotation, I greatly fear that nothing can be done by the Poor-law medical officers this session. If, however, the Poor-law Board still continue obdurate, we must, like the lawyers, become politicians, and at the next election refuse to give a vote without a promise that each member will aid in obtaining from Parliament an equitable adjustment of the claims of the Poor-law medical officers. This is all that we ask; and no honourable man ought to refuse it. I trust the medical men of Wolverhampton will insist upon Mr. Villiers giving this pledge, as I cannot but feel that he is our great opponent. I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, March 20th, 1865.

[COPY.]

Poor-law Board, Whitehall, March 18th, 1865.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 7th inst., on the subject of the supply of expensive medicines, when required in the medical treatment of sick paupers.

The Board direct me to inform you that they have given much consideration to the subject referred to in your communication, and have caused various inquiries to be made as to the best course of proceeding to carry into effect the recommendation of the Committee on Poor Relief on this point.

In the cases of new contracts which are entered into by boards of guardians with their medical officers, the Board are endeavouring to secure in the most practicable manner the objects suggested by the Committee; and they will not lose sight of the subject, if any further proceedings for the purpose should appear to be practicable.

I am, sir, your obedient servant,
ENFIELD, Secretary.

DR. FORBES WINSLOW'S INDISCREET FRIENDS.

LETTER FROM C. LOCKHART ROBERTSON, M.D.

SIR,—You add a note to my last letter, in which I ask Dr. Forbes Winslow whether he approves of the laudation of his "right and scientific judgment" made in the *Observer* of March 12th, that "Dr. Winslow will naturally say that he is not responsible for the indiscretions of other people."

That same objectionable paragraph has been on duty last week in all the Derby papers. Who sent it there? That same indiscreet friend? Verily, so devoted and indiscreet a henchman is he, that memory at once suggests the eloquent though anonymous author of the *Voice from Derby to Bedlam* as the culprit. Whether I be right, however, or not, in this guess, I really must ask you to try and induce Dr. Winslow to exercise a greater supervision over the zeal of his friends in the press. In an address which I heard him deliver in 1857, he says, after lamenting the fact that our position as psychologists is not what we have a right to expect or are entitled to claim, "there must be something rotten in the State to justify such a sad condition of things." I desire herein to call his attention to these rotten laudations of his "right and scientific judgment" in the London and provincial public papers. I am, etc.

C. L. ROBERTSON, M.D. Cantab.

Hayward's Heath, March 22nd, 1865.

COLD WATER INJECTIONS.

LETTER FROM HENRY E. NORRIS, Esq.

SIR,—In the last number of your JOURNAL, I see a letter from Mr. Roper of Croydon, advocating the use of cold water injections in cases of *post partum* hæmorrhage. I can bear testimony to the efficacy of the remedy, having not unfrequently had occasion to administer it myself under similar circumstances. I have found, however, the addition of brandy to the water sometimes necessary; and in one case, I remember, not having with me the necessary instrument, I found the introduction of ice into the uterus of the greatest service. In fact, I have no hesitation in saying that by it the patient's life was saved.

I was a long distance from home, and several miles from any brother practitioner; the patient was almost in *extremis*; and I had no syringe with me; and all other means at command, including the administration of the ergot of rye, had failed to produce the necessary contraction of the womb, so as to arrest the hæmorrhage. There happened to be a frost the same night; and I sent a servant out with lantern and candle, to collect ice in the pools around. In a short time, I had a basin of ice at command, which I introduced bit by bit into the womb. The effect was soon perceived. Permanent contraction of the viscous very soon came on, and the woman did very well.

As this case was a very peculiar one, I will just mention that the woman had sustained a short time before a rupture or laceration of the linea alba, extending very nearly from the umbilicus to the pubes. She was at the time in a very atonic state, and her animal fibre was generally in a very lax condition; and, moreover, she had been enormously enlarged previously, and, in fact, had been confined of twins. She, however, recovered sufficiently to produce another child at the end of two years, and has had two or three since; but her accouchements are invariably attended by more or less disposition to flooding, consequent on want of proper contraction of the womb.

I have on some occasions found that repeated

shocks from the galvano-magnetic machine produce contraction and arrest uterine hemorrhage, when cold water injections have entirely failed to do so.

Two of the worst and most obstinate cases of flooding after delivery I remember treating happened, I believe, from my own previous treatment of the cases. I had been recommended by a friend to try the application of liquor belladonnae when great rigidity of the os uteri existed. Happening shortly afterwards to get two cases of this kind, I used his remedy, with immediate effect. The os uteri dilated, and the labour was speedily over. But as in both cases the patients suffered from *post partum* flooding, which I arrested with great difficulty, I have never again tried the remedy, as it appeared to me to temporarily paralyse the muscular fibres about the os uteri, which no means that I used would stimulate to contraction. I thought the first case might be accidental; but, as the second case was followed by exactly the same effects, I concluded it best to discontinue the practice.

In my practice, I have found long continued pressure with the hand externally over the womb, grasping and keeping it closed; the administration of the essence or tincture of ergot of rye internally (and I may mention that prepared by Mr. T. C. Jobson, 87, Lever Street, Goswell Street, E.C., I have found most to be depended on); with, if necessary, the injection of cold water into the uterus; with the addition of brandy, if required,—to be the most effectual means of producing uterine contraction. If extreme faintness be present, I give brandy with cold water, or, in some cases, undiluted, according to the urgency of the case. I am, etc., HENRY E. NORRIS.

Charmouth, Dorset, March 15th, 1865.

IRIDECTOMY AND GLAUCOMA.

LETTER FROM J. W. HULKE, ESQ.

SIR,—I send, for insertion in the JOURNAL, a note of a case of *glaucoma with very acute inflammation*, in which iridectomy was performed last spring, during the discussion respecting the value of this operation in glaucoma. I leave the case, without comment, to speak for itself. I am, etc.,

J. W. HULKE.

10, Old Burlington Street, March 7th, 1865.

A lady, aged 63, stout, but active, of simple habits, and in excellent health, was seized with violent pain in her left eye, blindness, intense redness, and swelling of the eyelids. To use her own words, "My sight went in a moment. The pain was most intense. . . . I felt sick, but did not vomit." A week afterwards, her right eye was similarly attacked, in the same sudden manner. An eminent physician now saw her, said it was gouty inflammation, and prescribed a lotion. Some days later, she came under the care of Mr. J. G. Forbes, who, after watching the case for upwards of a week, was led, from the inefficiency of the treatment and the extreme loss of vision, to suspect the existence of glaucoma, and request me to see her.

I found both eyeballs extremely hard and very painful, with occasional more intense paroxysms. The conjunctivæ were scarlet and oedematous; the pupils dilated and motionless; and the corneæ so dull that an ophthalmoscopic examination of the retina was not possible. The visual fields were very contracted, and acuity of vision was so diminished that a candle-flame was faintly perceived, and became invisible when moved a few inches in any direction from the axis. I recommended immediate iridectomy, to which she gladly acceded. Mr. Forbes at once gave chloroform, and I operated, removing a

large piece from the upper part of each iris. Three hours afterwards, she was free from pain, and said that her eyes felt only sore. Next day, the redness was less, and the wound had closed. Two days later, she could distinguish my hand, and, the day after, discern the fingers. Her sight gradually returned; and now, ten months after the iridectomy, she reads "minion" type with the right and "two-line great primer" with the left eye, and writes remarkably well and clearly.

Medical News.

APOTHECARIES' HALL. On March 16th, 1865, the following Licentiates were admitted:—

Constable, John Henry Caffry, St. George's Road, Southwark
Craigie, John, Fairlight Villas, Hackney
Hendry, Daniel, Liverpool
Snow, William Vicary, Vicarage Lawn, Barnstable

At the same Court, the following passed the first examination:—

Buerton, William, St. George's Hospital
Ceely, Robert Walter, London Hospital
Croft, John Henry, Guy's Hospital
Grey, John Henry, London Hospital
Goodworth, Roger Portington, London Hospital
Jackson, Mowbray, St. Bartholomew's Hospital

As an Assistant:—

Brown, William, Blackstone Street, Liverpool

APPOINTMENTS.

ARMSTRONG, Alexander, M.D., Deputy Inspector-General of Hospitals, to Haslar Hospital.

ARMY.

BRADSHAW, Assistant-Surgeon A. F., Rifle Brigade, to be Assistant-Surgeon Royal Artillery, *vice* A. C. M'Favish.
GUNN, Staff-Assistant-Surgeon F. L. G., to be Staff-Surgeon, *vice* H. S. E. Schroeder, M.D.
MAHER, Assistant-Surgeon V., 41st Foot, to be Staff-Assistant-Surgeon, *vice* N. Norris.
NORRIS, Staff-Assistant-Surgeon N., to be Assistant-Surgeon 41st Foot, *vice* V. Maher.

ROYAL NAVY.

BROSTER, E. B., Esq., Assistant-Surgeon, to the *Sharpshooter*.
CRAIG, Hugh B., M.D., Acting Assistant-Surgeon (additional), to the *Macedon*.
COCKIN, John, Esq., Surgeon, to the *St. Vincent*.
DAVIDSON, S. M.D., Acting Assistant-Surgeon, to the *Stromboli*.
DOBBIN, John W., Esq., Assistant-Surgeon (addit.), to the *Victory*.
HARRISON, G. W. L., Esq., Assistant-Surgeon, to the *Sharpshooter*.
HUNTER, John M., Esq., Assistant-Surgeon, to the *Dee*.
INGLIS, John, Esq., Surgeon, to the *Egmont*.
MESSER, Adam B., Esq., Surgeon, to the *Perseus*.
MITCHELL, John T., Esq., Assistant-Surgeon (additional), to the *Formidable*.
MULLIN, Albert A., Esq., Assistant-Surgeon, to the *Spider*.
WELLS, S. S. D., Esq., Surgeon, to the *Britannia*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BOWES, Lt., Esq., to be Assistant-Surgeon 15th Yorkshire R.V.
GIBB, G., M.D., to be Honorary Assistant-Surgeon 1st Dumfriesshire R.V.
WHITTLE, A., Esq., to be Surgeon 51st Lancashire R.V.
WYNTER, D. Lt., Esq., to be Assistant-Surg. 10th Warwickshire R.V.

DEATHS.

BRETT. On March 19th, at Watford, aged 31, Fanny Elizabeth, wife of Alfred T. Brett, M.D.
FENTON. On March 22nd, at Eyam Terrace, Derbyshire, aged 13, George, son of Thomas Fenton, Esq.
JAMES, William Withall, Esq., Surgeon to the Devon and Exeter Hospital, etc., at Exmouth, aged 41, on March 17.

ARMY MEDICAL ESTIMATE. A vote of £246,544 for medical establishments has been agreed to in the House of Commons.

DR. ARMSTRONG, Deputy Inspector-General Royal Navy, has been appointed a member of the executive and finance committee of the Patriotic Fund.

A DUCAL AUTOPSY. The autopsy of the body of the Duke de Morny was performed, at the express wish of the Emperor, by M. Robin. The operation took fourteen hours to perform; the result has been to ascertain the cause of his death to have been poverty of blood, resulting from a lesion of the pancreas and a disease of the liver. The brain weighed 1,532 grammes—that is, 232 grammes over the average.

GLASGOW MEDICO-CHIRURGICAL SOCIETY. At a meeting of the Glasgow Medico-Chirurgical Society, held on Tuesday, March 14th, the following gentlemen were elected office-bearers for the present year. *President*—C. Ritchie, M.D. *Vice-Presidents*—R. S. Orr, M.D.; R. Paterson, M.D. *Council*—J. G. Wilson, M.D.; W. Prichard, M.D.; J. D. McLaren, M.D.; W. Naismyth, M.D.; W. T. Gairdner, M.D.; G. Yeaman, M.D. *Secretaries*—J. Adams, M.D.; G. H. B. Macleod, M.D. *Treasurer*—J. Coats, M.D.

CHEMISTS AND DRUGGISTS. In the House of Commons, on the 17th inst., Sir F. Kelly moved, in committee of the wholehouse, that the chairman be directed to move the house that leave be given to bring in a bill to regulate the qualifications of chemists and druggists. The bill was subsequently brought in and read a first time. On Tuesday last, Sir J. Shelley, in committee of the whole house, moved a resolution that leave be given to bring in a bill for regulating the qualifications of chemists and druggists in England and Wales, and suggested that the measure, and also a similar one which had been brought in by the hon. and learned member for Suffolk (Sir F. Kelly), should be referred to a select committee. Sir F. Kelly consented to the course proposed, though he understood that this bill was more extensive in its operation than the one which he had himself proposed, and he should be sorry that legislation should be prevented by trying to do too much. He trusted, however, that they might from the two measures frame a satisfactory bill. The resolution was agreed to. Sir F. Kelly's bill requires that all persons commencing business after this year shall either be pharmaceutical chemists, or be examined and passed by the examiners under the Pharmacy Act, and registered as chemists and druggists under this bill. But chemists and druggists in business before the end of this year, and their assistants, if of age, are to be entitled to be registered without examination. The register is to be printed for sale annually. The fees for examination and registration are to be fixed by a bye-law, to be made in accordance with the Pharmacy Act.

CHARGE AGAINST A MEDICAL MAN. A medical man in Glasgow, Dr. E. W. Pritchard, is in custody in consequence of suspicions attending the death of his wife. It appears that Mrs. Pritchard some four weeks ago was seized with illness, her complaint being described by her husband as gastric fever. Mrs. Taylor, her mother-in-law, came from Edinburgh to wait upon her, and of course resided in Dr. Pritchard's house. About three weeks since Mrs. Taylor was one evening suddenly seized with severe illness, and despite the efforts of a medical gentleman whose aid was called in died within a few hours. Her body was removed to Edinburgh, and there interred. As for Mrs. Pritchard, she appeared for some time to be in a fair way of recovery. At the end of last week, however, she had a relapse, when she was attended by the same doctor whose services had been engaged for her mother. But in this case also medical skill proved of no avail, and death supervened somewhat suddenly on Saturday last. Dr. Pritchard conveyed his wife's remains to Edinburgh on Monday, although the interment was not intended to take place till Thursday. Meanwhile the attention of the authori-

ties had been called to the case, and the doctor, on his return from Edinburgh on Monday evening, was apprehended by the police at the railway station. On Tuesday morning, although he was not taken before the magistrates, it was intimated publicly in court that he was detained for examination as to the sudden death of his wife, and the case was forthwith remitted to the Sheriff. The *post mortem* examination of Mrs. Pritchard's body, which was made in Edinburgh on Tuesday afternoon, resulted, it is understood, in the decision of Drs. MacLagan and Littlejohn, that there were no natural appearances to account for death. The stomach and its contents were accordingly handed over to Dr. MacLagan for chemical analysis.

THE LATE MR. W. W. JAMES. By the death of Mr. W. W. James (announced in our obituary), one of the surgeons of the Devon and Exeter Hospital becomes vacant, as also the surgeoncy of the Devon County Prisons and of St. John's Hospital. Mr. W. W. James has left by will to his trustees, Dr. Shapter and Mr. Bremridge, the sum of £2000; the interest accruing from which is first to be applied to certain specified family purposes. It is then to be paid over to the Governors of the Devon and Exeter Hospital, to form a fund, the interest of which is to be annually equally divided between the four surgeons of this institution. Mr. James, in making this bequest, desired to give substantial expression to his opinion that the time and energies of the surgeons of this institution were largely called upon by its duties; and that there should be some pecuniary rewards for their labours in its behalf.

DEATH OF DR. BLEGBOROUGH. Dr. Blegborough expired at his residence on the 12th inst., at the age of 85 years. He practised in London about the year 1824, and has since resided in Richmond, where he sought retirement from the arduous duties of his profession. His practice in London was very extensive. He lived in Bridge Street, Blackfriars, and some will remember him in the metropolis as one of the best and kindest of men. Of late years, when his great experience as a physician could be of service, he was induced to employ his medical skill in case of need, and at the request of his friends, or in any case of immediate danger, his assistance was not asked in vain; but he did not, for several years past, make his profession the means of emolument, and he invariably refused to receive any pecuniary reward for his attendance. His charity was well known, and next to his personal friends, there are none who will miss him so much as the poor of Richmond. The amount which he dispensed for charitable purposes was very considerable, and his generosity was not confined to this borough. Besides those liberal gifts to his needy brethren which we have little doubt he bestowed and without sufficient ostentation to make them known to the world, he has bequeathed several noble donations to institutions for the relief of the sufferings of those in whom it would appear he seldom lost an opportunity of showing his sympathies. Amongst these are £1,000 to the York Infirmary, £1,000 to the York Blind Asylum, £1,000 to the Doncaster Deaf and Dumb Institution. His annual distribution of coal to the amount of £100 to the poor of Richmond is well known, as also the fact of his having been a large subscriber to the funds for the restoration of the parish church. He has bequeathed legacies of £500 each to his servants. His many acts of kindness and generosity are sufficient to speak for themselves, and nothing that we could say in this short notice would tend to increase the affection with which he will be remembered; and perhaps the most fitting monument that he can receive will be the esteem

with which his name will be treasured in the hearts of those who knew and experienced his goodness whenever an appeal was made to his sympathies. (*Richmond Chronicle*.)

EXTRAORDINARY FRAUD. At the Mayo assizes Dr. Barrett, M.D., registrar of births and deaths to the Castlebar Poor Law Union, has pleaded guilty to a charge of extraordinary fraud. He literally drew upon his imagination for his records, and, in order to increase his fees, entered in the register a number of births and deaths that had never taken place. The Crown did not press for punishment; but allowed Dr. Barrett to go out on his own recognizance, for the following reasons. It was the first offence of the kind in Ireland; he had not made a false entry of any actual birth or death, he was a married man with several children depending on him for support, he had lost all his situations, and had been in prison for six months. Judge Christian, without assuming the responsibility of this lenient course, gave it his sanction.

MORTALITY IN PARIS. The following statistics of the diminished mortality in Paris extend over a period of twenty-four years. In 1841 the population of twelve parishes amounted to 935,000 persons, and one death in 36 is proved. In 1864 the number of deaths was one in 40. Wide streets and open boulevards have replaced the narrow passages and crowded courts of old Paris. Also there is an immense increase in the quantity of water. In 1840 65,000 cubic metres were distributed in twenty-four hours, whereas in 1863 133,258 cubic metres were supplied. In 1840 there were 36,000 metres of sewers, whereas in 1863 the sewers of Paris attained the surprising length of 350,000 metres—that is 90 leagues. Another cause of the increased salubrity of Paris is the immense number of squares and open gardens created for the use of the people.

THE STREETS OF LONDON. The Registrar-General recently called attention to the deplorable condition of the London streets. The monthly report of the medical officer of health for Marylebone contains the following remarks on the same subject. "A feature in parochial management not yet realised, but greatly needed, is the adoption of some efficient system of cleansing our streets and thoroughfares. The sanitary advantages to be derived from dry pavements and well swept crossings cannot be overrated. How many hundreds of ill-clad and badly shod pedestrians catch cold from wet feet and damp exhalations, and thus lay the foundation of fatal pulmonary disease? What a large amount of failing strength among the infirm and aged is expended in toiling through the thick, tenacious mud that gives to London an unenviable notoriety which might otherwise be husbanded for useful and profitable labour; and how incessant is the work imposed upon poor industrious women with large families, who, appreciating the blessings of cleanliness in their humble dwellings, strive, but strive in vain, against the all-pervading dirt and mire! A liberal and judicious expenditure in this department would surely prove a wise economy, a saving in health alone, irrespective of all other considerations, which, if estimated merely at its money value, would suffice to pay back the additional outlay ten times over. It is to be deplored that, with the local powers possessed by the parishes and district boards of this metropolis, so great a defect in our sanitary arrangements should be permitted to exist. The streets, markets, and public places of Paris are models of cleanliness; there the channels are washed twice a day, and every morning, before the inhabitants are stirring, every particle of dirt and refuse is removed."

THE ZOOLOGICAL SOCIETY has resolved to appoint a Prosector, with a salary of £250 a year. His duties will be as follows. "1. To attend daily at the dissecting-room in the Society's gardens, from 10 A.M. to 4 P.M. 2. To take charge from the Superintendent of the bodies of all animals that die in the Society's menagerie, and to keep an accurate register of the same. 3. To dispose of each body according to the instructions of the Zootomical Committee of the Council. 4. If the Zootomical Committee shall have assigned it entire to any institution or individual, to take measures that it may reach its destination as speedily as possible, and to record the fact of its having been sent. 4. If the Committee shall have merely disposed of the skin, or skeleton, or both, to make an examination, with a view to determine the cause of death, so far as such examination can be made without injury to the skin or skeleton, and to record full notes of the examination in a book to be kept for that purpose—the book from time to time to be inspected by the Committee. 6. To make such other dissections, or perform such other anatomical or physiological work as the Zootomical Committee may from time to time direct, and to keep an accurate record of these dissections and observations. Such of them as may be approved of by the Committee, shall be presented by the Prosector to the Society at its scientific meetings, for publication in the *Proceedings or Transactions*, but the Prosector shall not make public his observations through any channel without the express permission of the Zootomical Committee."

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

PROFESSOR BOECK'S letter on Syphilisation shall appear next week.

ROYAL COLLEGE OF SURGEONS.—It is stated that the "Proceedings" of the Royal College of Surgeons are in the press, and will be shortly published.

NEW MEDICAL ACT.—SIR: I would suggest that in any future amendment of the Medical Act, a clause should be inserted to the following effect, viz.:—

"The occupier of any premises shall be liable to be fined, etc., who shall have the word 'surgery' written or printed upon the door, fanlight, or any other portion thereof, or exhibited in a window, unless there be a name stating whose surgery it is, the resident not being a qualified medical man."

In this neighbourhood the Medical Act is evaded by two unqualified men; they each exhibit the word surgery on the fanlight, and their own name on the door, keep their vehicles, and lead the public to believe they are qualified practitioners.

March 20th, 1865.

I am, etc., M.R.C.S., ETC.

SECTION OF THE TENDO ACHILLIS.—SIR: You state in the number of last week, that the late Dr. Stoess of Strasburg was the first who practised the section of the tendo Achillis in France; but I beg to state that this is an error, as the operation was first performed in France by Delpech.

London, March 21st, 1865.

I am, etc., H. D.

COMMUNICATIONS have been received from:—MR. JONATHAN HUTCHINSON; DR. W. H. O. SANKEY; DR. RADFORD; DR. JOHN THOMPSON; MR. PICK; MR. DAYMAN; MR. J. STONE; PROFESSOR BOECK; MR. J. WATKINSON; DR. B. FOSTER; MR. RICHARD GRIFFIN; DR. GILCHRIST; DR. DURRANT; DR. BULLAR; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; MR. J. WINDSOR; DR. ROBERTSON; DR. DICK; MR. JABEZ HOGG; DR. A. W. BARCLAY; PROFESSOR SIMPSON; MR. ARTHUR RANSOME; MR. R. L. BOWLES; DR. SHAPTER; MR. FENTON; and A PUPIL OF PROFESSOR SPENCE.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

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F.R.C.P. EDIN. AND F.R.C.S. ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL,
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CHAPTER VI.

*Operations intended to save the Life of the Mother,
and also that of the Infant. (Concluded.)*

III.—On *Premature Labour*. The induction of premature labour was first performed by Dr. Macaulay in England in the year 1756. But, although this is the fact, and though the importance of the operation is acknowledged and its adoption sanctioned by the most eminent British obstetricians, yet, if we consult statistics, we shall find it has only been limitedly employed, in comparison with its practical importance. There is no recognition of this practice in the statute-book, to distinguish it from that abuse of it which is committed for criminal purposes. In this respect, it is estimated in the same way as some other operations which I shall consider in the subsequent part of these remarks, being only sanctioned by the law of custom. This is an unwise legislative omission, because it permits wicked men to cover their crimes under the pretension of a legitimate act. On this account, therefore, great caution should be exercised whenever this operation is intended to be performed. It is justifiable on moral grounds, and it is approved of on every professional and social principle. The object of its performance is noble and humane, as the lives of those infants are saved by it which must otherwise be destroyed; whilst at the same time, according to my experience, the woman incurs little risk, if any more than that which is contingent on ordinary labour, and very much less than that which results from craniotomy. But, notwithstanding its high value, it ought never to be performed without great necessity, nor without having been first well considered and sanctioned by a consultation.

It is a simple, safe, and efficacious operation, and, if duly performed, infants not to be computed in number would be born alive; it saves when its alternative assuredly destroys. It is not intended to supersede the Cæsaean section, for no right-minded practitioner would ever think of adopting such a course if the operation now under consideration were eligible; but the great object to keep in view is, to prevent as far as possible the performance of craniotomy. It has, however, been asserted by one writer, "that premature labour should never be attempted before it has been proved, by the event of one or more destructive foetal births, that the pelvis was so much distorted that life must have been unavoidably sacrificed before delivery could be accomplished, because a single fatal instance is not always a sufficient warrant for the operation."

The destruction of one infant ought to satisfy every obstetrician that premature labour in a future pregnancy ought to be induced, if the pelvis is so

contracted that one full grown cannot possibly pass through it. A second life ought never to be sacrificed in such a case. But, in case such a pelvic deformity were suspected, and, after a careful examination, proved to exist, it would be highly improper to allow a woman to go on to the full period of pregnancy, in order to prove by craniotomy the necessity for the induction of premature labour.

The longer gestation is allowed to proceed before the performance of this operation, a greater chance of living is given to the infant; but the precise period at which labour ought to be induced must entirely depend on the degree of positive or relative diminution in the pelvis.

The express object of the obstetrician is to save the infant; and, therefore, he should allow a sufficient length of time for its intrauterine existence, so as to enable it to support an extrauterine life. Most writers assert that it is not viable before the end of the seventh month of pregnancy; but I think it will live after a shorter sojourn in the uterus. Well authenticated cases are recorded of infants having lived who were born at six and at six and a half months. Similar cases have occurred in my own practice, and also in that of some of my British and foreign medical friends.

The following table shows the progressive development of the foetal head which takes place during pregnancy, from the fifth and half month up to the ninth.

Date of pregnancy.	Bi-parietal diameter.	Occipito-frontal diameter.
At 5½ months	2½ inches	3½ inches
At 6 months	2¾ inches	3¾ inches
At 6½ months	2¾ inches	3¾ inches
At 7 months	2¾ inches	3¾ inches
At 7½ months	2¾ inches	3¾ inches
At 8 months	3 inches	4 inches
At 9 months	3½ inches	4½ inches

The above measurements strikingly show that the size of the head will be found greater or less according to the period of pregnancy at which artificial labour is brought on; and the size of each must be relatively compared with the varying pelvic cavity through which any of them have to pass. The pelvis may be only just so much diminished in size as not to permit the passage of an infant at the seventh month, and yet allow an easy transmission of one at the sixth or even at the sixth and a half month. A very slight addition of bulk to the head, or a very little diminution of space in the pelvis, will mechanically oppose the passage of the infant; and, on the contrary, a very little comparative difference in either case will render its egress easy. This fact is exemplified by a very simple experiment. Add a little gold-beater's skin to a ball turned to the size or of the diameter of the space it would only just pass through, and this slight addition will be found sufficient to resist its passage.

In correspondence, then, with the facts just mentioned, I have ventured to recommend for consideration the induction of labour at the end of the sixth and the end of the sixth and a half months of pregnancy, in those cases in which the pelvic space is below that which is required for the safe delivery of an infant at the end of the seventh month.

The gradual development of the infant's head during pregnancy should never be forgotten when this operation is contemplated; and it is of equal im-

portance accurately to measure the pelvis, in order that a correct relative comparison may be made. But if the calculation has been erroneous, and the head cannot pass unassisted, then, under such circumstances, the long forceps ought to be applied.

The value of the long forceps should not in all such cases be merely estimated as an accidental contingent auxiliary power; but, in some, this instrument from the first should be considered and accepted as an essential means for delivery.

The combination of these two operations will enable the obstetrician to safely extract a living infant which must otherwise be destroyed. This operation stands preeminently forward as conservative; and, as its mission is for the saving of both the lives, perhaps it may be said to be specially intended for the salvation of the infant which must otherwise be destroyed. We ought, in every case of difficult labour, whether terminated by forceps, or by turning, or by craniotomy, strictly and minutely to examine and ascertain the precise measurement of the pelvis, so as to be able to compute the advantages and disadvantages which are contingent on any of these modes of delivery, when compared to those of the induction of premature labour.

My remarks have been more particularly directed to the induction of premature labour in cases in which the pelvis is positively distorted. But it must be understood that, in all cases in which there is such a relative disproportion between the head of a full-grown infant and the available pelvic space, that the head cannot pass without a reduction of the size by craniotomy, while the pelvis is of such capacity as would permit one less (still viable) advanced to pass through at the above specified periods, premature labour ought to be induced; such as when the pelvis is regular in shape and symmetrical, yet too small from want of development; or when an exostosis has grown from some portion of it, or fixed solid tumours exist within it. It is also sometimes desirable to shorten the period of pregnancy in some diseases which threaten the life of the woman, as in some cases of albuminuria, or when violent uncontrollable vomiting exists.

If this operation be undertaken, subject to the restriction inculcated in these remarks, there can be no question as to the morality of the practice in such cases.

A very important object in medical jurisprudence is also gained by the practice of inducing premature labour at these specified periods of pregnancy. According to the English law, the descent of property is in some cases governed by the state of the infant when born. If it be living, or so far alive that the slightest vital movements could be perceived, such as a quivering of the lips, or the twinkling of the eyelids, then, under such circumstances, the husband would become entitled (by what is termed "the tangent by the courtesy of England") to the property. But if the infant be dead, then the right of inheritance passes in the line of consanguinity. A case illustrative of the above remarks occurred to Dr. Denman. (*Vide Beck, and Dr. Paris and Fonblanque.*)

Before the operation for the induction of premature labour is performed, the obstetrician should have fully acquainted himself with the relative measurements of the head of the infant and the pelvic space through which it has to pass. It is true, that there is

some variation in the size of the head; but these are exceptions, and the computation must be made on the average size. (See Table, p. 313.) The development of the infant's head continues to increase during its sojourn in the uterus; and, therefore, the labour should be ended as near as possible to the time we had fixed for its completion, as there is some doubt how soon effective uterine contraction may ensue after means have been employed to induce it. It would, therefore, be most desirable to commence the operation a few days before the computed period for the fulfilment of labour; especially so when some of the measures are adopted for this purpose.

So long as the membranes are entire, and the infant is unrestricted in its movement and floating in the liquor amnii, its life is comparatively safe; but, as soon as the water is discharged, it is subject to more hazard, from the compression it must necessarily bear, and especially so if the os uteri be not dilated. If this be true in ordinary labour, it is more decidedly so when it is artificially induced. Besides, there is no other means so effectual in distending the cervix, and in dilating the os uteri, as the membranous bag filled with the liquor amnii, which acts during each pain as a powerful wedge.

If the infant should happen to lie in a bad position, and require turning, either the old operation or the internal and external manipulation (Dr. Hicks's method) could be undertaken with more ease to the practitioner, and with greater safety to the infant.

On these grounds, then, it is of the greatest importance, when labour is artificially brought on, that the membranes should, if possible, be kept entire; and, therefore, those means should be employed which are calculated to accomplish this object.

There are various measures proposed to induce premature labour, which I shall very briefly mention. Stimulant injections thrown into the rectum, and abdominal frictions, and the application of a firm bandage round the abdomen, etc., ought only to be considered as aiding others.

Secale cornutum, in repeated doses, has been prescribed; but, from its well-known poisonous effects on the infant, it ought never to be employed in these cases.

The old, and perhaps the most common method of puncturing the membranes, is certain in its effects, although some days frequently elapse before labour ensues. Although I have formerly frequently adopted this plan, yet it is objectionable, on account of depriving the infant of the protective influence of the amnion fluid, etc. To partly obviate this evil, it has been proposed to carry an instrument through the os uteri and upwards between the uterus and the membranes, before piercing them.

Dr. Hamilton passed his finger through the os and upwards between the membranes and the uterus, and then round so as to detach them; and had the utmost confidence in it. His success was great. "Of forty-six infants thus prematurely brought into the world, forty-two were born alive." Although this method is safer than the older for the infant, several days sometimes elapse before uterine contraction is excited.

The vaginal douche has the confidence of many obstetricians. It consists of a forcible and continuous stream of water, sometimes warm and some-

times cold, being directed against the os uteri, so as to wash out the mucous plug. Although this is comparatively a safe measure, it is not always certain in its effects, and is also somewhat slow in acting.

The uterine douche, or injecting water into the uterine cavity by means of a syringe and an elastic tube passed between the membranes and uterus, has the approval of some practitioners. A considerable quantity of fluid has been thrown up by some; but this is a most hazardous experiment. Others have only injected three or four ounces. The risk of separating the placenta and throwing air into the uterine vessels renders the uterine douche rather objectionable.

Mechanical dilatation of the os by expanding instruments has been recommended; but such a plan ought never to be done; it is attended with great hazard.

Sponges, prepared so as to easily pass through the os, and left to expand, are comparatively safe, and may sometimes be employed as preparative measures. Distending the vagina with sponge-plugs, or by the introduction of a bladder which is afterwards filled by a syringe with water. One formed of caoutchouc is better adapted for the purpose. These latter methods are useful, precursory to other plans.

Elastic bags of various sizes have been contrived by Dr. Barnes, which are to be distended with water when they have been passed through the os uteri. As dilators, these contrivances are both safer and more efficacious.

The attempts to dilate the os uteri should be both gentle and gradual, and made to resemble as nearly as possible the method Nature pursues in opening this part. Forcible dilatation, without preparation, is at all times most mischievous. In cases of labour in which the hand has to be introduced through the os uteri, this operation ought not to be undertaken until this part (the os) becomes dilatible. So, in the operation of the induction of premature labour, our efforts ought to be directed to attain, if possible, this state.

In December 1844, I proposed galvanism as an important means of arresting uterine hemorrhage, and I also at the same time recommended this agency for the induction of premature labour; and my opinion still remains the same. If, however, galvanism is not used to excite uterine action *de novo* in these cases, its employment will be found most advantageous when uterine contraction does not easily or vigorously respond to the employment of some of the other measures. (*Provincial Medical and Surgical Journal*, Dec. 1844.)

Whatever plan is adopted, we should never forget what has been before said as to the necessity of having the parturient process completed as nearly as possible within the period of pregnancy fixed for its accomplishment.

TEST FOR COFFEE. There is probably no reader of the *Chemical News* who is not familiar with the test for the detection of chicory in coffee just published by M. Coulier; and I only quote it for the sake of the explanation he gives. Coffee, we all know, swims on water, while chicory sinks. The reason for this, says M. Coulier, is, that in the roasting of coffee the berry becomes distended, so to say, with carbonic acid, while in the roasting of chicory no gas is disengaged. (*Chemical News*.)

Original Communications.

CASE OF TETANUS IN AN INSANE PATIENT.

By J. GILCHRIST, M.D., Medical Superintendent
Crichton Royal Institution, Dumfries.

THE patient was a female, aged 74, well educated, respectably connected, and in comfortable circumstances. She is stated to have been insane for a month previous to admission; but it is also recorded that peculiarities were observable for some months. She was admitted on Dec. 22nd, 1864, and died on January 13th, 1865, having thus been three weeks resident.

On admission, she laboured under a mixed form of insanity, the characteristics of which were excitement, restlessness, vigilance, and abstinence, associated with delusions of a depressing nature. From the persistence of these conditions for some time previous to admission, the patient had become considerably exhausted, so much so, indeed—considering age, etc.—as to render the prognosis decidedly unfavourable. The usual treatment in such a case was followed—rest, sedatives, nutrients, stimulants, etc. By the end of the first week she had considerably improved. In a few days more, improvement had so far progressed as to allow of her associating with her companions in the common sitting-room. The excitement had disappeared; sleep had returned; she was taking the full ordinary diet, with the addition of beer-tea, milk, and wine daily. Her appearance had greatly improved. The only indication of her unsound condition remaining, being a tendency to revert to her delusions when left alone.

On January 3rd—the twelfth day after admission—her appearance struck me as unsatisfactory, and she was ordered to bed. It was then discovered that the right foot was swollen, and the cause was ascertained to be gangrene of the great toe. A corn which had existed on the first joint of the little toe was also in a state of slough. This had been previously noticed by the attendant, who thought it of no importance.

The patient was now kept in bed. Poulitices, etc., were applied, and nutrients and stimulants increased. For the next nine days, she was in every respect satisfactory, with two exceptions. She was sleeping well, feeling comfortable, taking food abundantly, and expressing herself rationally. The two exceptions were—the entire absence of reactive inflammation round the margin of the slough, and an unsatisfactory condition of the pulse, which, during the whole period of improvement, was slightly accelerated, and had a peculiar thrill.

On January 12th, the attendant went to give the patient her supper at 10 P.M., when she complained that she was unable to open her jaws. I was immediately sent for; but the spasm had considerably relaxed on my arrival. The nature of the disease; its probable cause; the condition of the toe; and the unsatisfactory state of the patient, were immediately appreciated; and, of course, an unfavourable result was anticipated. Attacks followed at 3, 8, and 10 A.M., at 12 noon, and at 1 P.M. The last terminated in death.

The spasms, excepting the two last, were not severe, and involved only the muscles of the neck, and latterly those of the chest.

Pain was never complained of, except in the jaws and neck during the spasms, and especially in the left side, immediately under the mamma. The sternal pain, so often noticed in this disease, did not exist.

The circulation was not much impeded, except during the two last paroxysms. The patient, however, evidently died asphyxiated, as the heart's action was vigorous only a few minutes before death.

The only treatment adopted was the administration of enemata and stimulants. The results of an enema proved the evacuations to be normal; and, from the rapid progress of the case, stimulants could not be administered to any extent.

The cause of the gangrene is still an undecided point; that is, whether it was the ordinary gangræna senilis, or specially induced by the exhausted condition of the patient, or by exposure during the night when excited and sleepless. Her age points to the first as the probable cause. The slough was confined to the lower surfaces and about one-half of the inner side of the toe. It was dry in its character, and might possibly have been unobserved by the attendant.

It is, at the same time, however, to be kept in view that, especially during the first week of the patient's residence, she was restless, and occasionally out of bed, although the night-book does not show this to any great extent, and the night-watch had special instructions to visit her hourly. It remains a question, therefore, whether such exposure, if it existed, was the cause, as is often asserted, of this formidable though happily rare disease.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

[Continued from page 247.]

SKIN-DISEASES.

1. *Eczema*. Among the affections of the skin which have presented to our notice in the last two years, eczema has very greatly preponderated in point of frequency. It has obtained largely among infants, and in the adult it has shown itself chiefly in the acute and chronic varieties of eczema simplex, eczema rubrum, and eczema impetiginodes. Many of the cases have been exceedingly obstinate, and the majority have been intimately associated with irritation of the gastric mucous membrane.

In the treatment of eczema as it has obtained among our patients, three chief indications have appeared to me to be essentially necessary to be observed in its management.

a. In reference to *Diet*, the mildest food, limited to broth, with vegetables, fish, and farinaceous articles, should only be allowed at first. Without this precaution, the stomach has invariably become the painful seat of severe irritative dyspepsia or chronic gastritis, so soon as the eruption has been checked by local treatment. On no account must malt liquor be allowed; but, if a stimulant be needed, claret or sherry and water may be taken.

b. *Medicines*. I have found no combinations answer so well as the citrate and chlorate of potash mixture, with the aromatic spirit of ammonia. In chronic and anæmic cases, the liquor potassæ arsenitis may be advantageously added to this mixture; but in the forms of eczema, as it obtains in this locality, I have not found that arsenical preparations, as a rule, afford the benefit, or, indeed, that they can be borne in the general manner in which their adoption is so strongly advised by many writers upon skin-diseases.

Cod-liver oil is a valuable tonic in chronic eczema; and, if a syphilitic taint be suspected, the iodide of potassium, with the bichloride of mercury, should be had recourse to.

c. *Topical Treatment*. Eczema is one of the diseases of the skin in which local applications act much more favourably when used in conjunction with the constitutional treatment recommended above.

If the form of the eruption be acute, the mildest and most soothing applications should be at first selected. Of these, I have found none better than simple warm water, applied by means of a rag, and covered with oiled silk. If this fail, a weak solution of the acetate of lead, with glycerine, will often prove of great comfort and advantage.

If the skin be dry, and the eruption assume a more chronic form, I have often found the best result from the application, night and morning, of ointment of ammoniated mercury. Again, if this fail, the zinc ointment, or the ointment of iodide of sulphur, should be tried. A solution of the nitrate of silver, in the proportion of five to ten grains to the ounce of distilled water, will sometimes effect a speedy cure, after the failure of all the above preparations.

As already stated, however, eczema is often a very troublesome complaint; and the frequent change of local treatment, with the possession of an extensive and varied formula for its relief, will be found to be of the greatest assistance in its successful management.

2. *Psoriasis and Lepra*. I have coupled the notice of these two forms of squamous skin-affections together, inasmuch as the treatment for each is similar; and the consideration of them as modifications of one and the same disease is a view still held by very many. There is, however, a specific diagnosis given in books; viz., that in lepra the patches are circular, and depressed in the centre, with elevated margins; while in psoriasis the eruption is irregular in form, and without the central depression. Next to eczema, these squamous forms of disease have occurred most frequently; and I, therefore, consider them in succession, irrespective of the order and classification in which they are generally arranged.

In the treatment of psoriasis or lepra, an unstimulating but moderately nutritious diet will be the best, scrupulously forbidding malt liquor in any shape. In reference to constitutional treatment, arsenic is the sheet-anchor; and, if the stomach be irritable and disordered, this medicine may be advantageously combined with an alkali. It should be administered half an hour after the three principal meals. If there be coexisting anæmia, with debility, the addition of the iron wine will be useful.

I have not seen benefit from dulcamara; but it forms a good vehicle for large doses of the liquor potassæ, if the arsenical preparations be not well borne.

In some obstinate forms of local psoriasis, mercury, carried to the extent of slight pyalism, has cured the disease; and this in cases of females, in which no syphilitic taint could be detected.

In reference to local treatment, it will be well to commence, when practicable, with a few simple or alkaline warm baths. After this, I have seen no formula act so well, on the whole, as the following, and which I first saw used by my late colleague, Dr. Beek.

℞ Picis liquidæ, sulphuris, axungiæ, aa partes æquales.

This is to be kept uninterruptedly applied to the parts affected for a week, and in severe and obstinate cases for a fortnight at a time, without being washed off. The patient, if within a hospital, should remain in bed during the application.

At the end of a week or fortnight, the skin should be thoroughly cleansed by means of a warm bath; and, if necessary, the same treatment resumed for another fortnight. As a rule, two or three applications, conducted in this manner, will generally cure

the disease. The arsenic mixture should, of course, be given at the same time.

If this remedy fail, the iodide of sulphur, or white precipitate ointments, may be tried; or, if the disease be limited in extent, repeated blistering will sometimes cure an inveterate patch.

3. *Prurigo*. This eruption has been very troublesome in two or three cases. The varieties in which it has exhibited the greatest obstinacy have been the *prurigo senilis* in both sexes, and *prurigo pudendi* in the female.

In the milder forms of the affection, a light unstimulating diet, with simple or alkaline warm baths, and the steady use of saline purgatives, will often suffice to cure the disease.

To allay the itching, the affected parts should be sponged with vinegar twice a day, which must be allowed to dry on. If this fail, the dilute solution of subacetate of lead, with glycerine, may be used; and, if the disease still resist, the ointment of ammoniated mercury or ointment of nitrate of mercury may be smeared upon the part night and morning.

In the severe forms above mentioned, our best endeavours will be sometimes baffled for a considerable time. In these cases, I have found the preparations of arsenic and cod-liver oil, with small doses of the bichloride of mercury at night, decidedly useful. The latter preparation, used as a lotion, in the proportion of one or two grains to the ounce of equal parts of glycerine and water, will sometimes allay the intolerable itching.

The late Dr. Craigie recommended a strong ointment of the sulphuret of potassium in this and in some other chronic skin-affections attended with much itching.

4. *Urticaria*. This affection is in general of so mild a character, and so easily managed by constitutional treatment alone, that I should scarcely have made a note upon it, had not two severe cases presented themselves. Both of these were benefited in a very marked manner by venesection; and the recovery was speedy and complete.

5. *Herpes*. The only forms of this eruption which have presented among our out-patients have been herpes phlyctenodes, herpes labialis, and herpes zoster. All recovered quickly under a cooling diet and regimen, with salines and mild aperients.

Herpes zoster, when it occurs in elderly persons, sometimes gives rise to much alarm and distress, particularly if it leave behind it the severe neuralgic pains which often attend the disappearance of this form of the disease, in those advanced in years. The best remedy for this latter complication is, I believe, quinine in full doses, and the local application of a very strong solution of opium, to which, if necessary, chloroform may be added.

6. *Erythema*. This affection, in the form of erythema nodosum, is a very common result of the debility and exhaustion under which out-patients so frequently labour. When it occurs, however, as it sometimes does, as a consequence of rheumatic cardiac disease, it must be regarded as an unfavourable complication; and a very guarded prognosis in these cases should be given. No remedy cures this disorder so rapidly as quinine, provided that the stomach be in a state to assimilate it. When the spots are very painful, the legs should be rested in the horizontal posture, and the swelling kept moist by linen soaked in warm water, and covered with oiled silk. If the patient cannot rest, painting the erythematous patch daily with the tincture of the sesquichloride of iron may be adopted with advantage.

7. *Impetigo*. We have had examples both of *impetigo figurata* and of *impetigo sparsa* in the past two years.

The disease may be very severe in its acute form, and very obstinate and unmanageable in its chronic condition. When it occurs as an acute affection in an adult not weakened by previous illness, I should have no hesitation in advising venesection; and its adoption will, I think, be attended with decided benefit. In addition to this, the steady use of saline purgatives, with a mixture of the citrate and nitrate of potash, with small doses of the tincture of colchicum, will be useful. Externally, poultices or warm bran fomentations, and warm baths, with rest, will be proper.

The diet, as in most skin-diseases, must be mild and unstimulating; and wine or beer, as a rule, prohibited. If either be necessary, the former should alone be allowed.

If the disease occur on the scalp, it will be useless to attempt to cure it without having the hair previously cut quite close, and the scalp well poulticed to remove incrustations.

In the more chronic forms of the complaint, liquor potassæ, in full doses (twenty minims to one drachm three times a day, freely diluted), may be given; or, if this fail, arsenic will be the proper remedy. After removing the crusts by poulticing, the ointment of oxide of zinc or of subacetate of lead, used separately or in combination, will sometimes effect a cure.

As a rule, I believe that a better result will be seen to follow the persevering use of soothing measures applied locally, in conjunction with constitutional treatment, than by resorting too early to a more stimulating and exciting method of cure.

8. *Acne*. Two chronic cases of the indurated form of this affection have presented for relief.

Attention to the digestive organs, with the compound rhubarb pill at bed-time, and iodide of sulphur ointment smeared upon the face at night, acted very beneficially.

In some cases, a spirit lotion, with the addition of two grains of the bichloride of mercury to each ounce, will have a good effect.

Change of air, and the adopting of a different mode of living, will sometimes succeed in removing the eruption after the failure of a variety of local applications.

9. *Rupia*. Only one well marked example of *rupia prominens* has shewn itself among the out-patients in the two years.

The treatment consisted of a persevering use of poultices, and an alkaline mixture, with the liquor potassæ arsenitis internally. Under this plan, the case, which was a rather severe one, from the number and succession of the blebs and oyster-shell scabs, recovered satisfactorily.

10. *Alopecia*, or *Tinea Decalvans*. This parasitic affection is not an uncommon out-patient's malady. We have had it present both in children and in adults.

The patches from which the hair has fallen are generally circular or oval in shape and vary in size. In the case of an adult who some years ago came under my notice, the disease had entirely removed the hair from the scalp, eyebrows, pubes, and axillæ.

I have seen the iodide of sulphur ointment cure the disease; or, in the event of this failing, creasote ointment, or either of the following lotions, may be tried; the object being, of course, to destroy the parasite.

℞ Sodæ hyposulphitis ʒij; acidi aceticæ ʒj; aq. rosæ ʒviij. M. Or

℞ Hydrargyri bichloridi gr. xij; tincture canthar. ʒj; aquæ rosæ ʒv. M.

The denuded patches must be well sponged with these lotions night and morning. Painting the spots

with the acetum cantharidis may be necessary in intractable cases.

11. *Syphilitic Eruptions.* Cutaneous eruptions originating from this specific cause are very rife among the class of out-patients who frequent our hospitals. Almost every variety of skin-disease is represented under these circumstances. The majority, however, as a rule, yield readily to the combined exhibition of mild mercurials, with the iodide of potassium.

I have generally found small doses of the bichloride of mercury, given night and morning, to be the best form for its administration; and it is generally admitted that the iodide of potassium acts more certainly when given with this medicine than when a course of each remedy is prescribed separately.

An important point for consideration is the formation of a correct diagnosis; and, in addition to the colour of the eruption, we shall often find useful diagnostic auxiliaries in the condition of the fances and the periosteal covering of the tibiae.

In some questionable cases, an experimental trial of the above medicines will serve to clear up the doubt.

[To be continued.]

Reviews and Notices.

A TREATISE ON MILITARY SURGERY AND HYGIENE. By FRANK HASTINGS HAMILTON, M.D., late Lieutenant-Colonel, Medical Inspector U.S.A.: Professor of Military Surgery and Hygiene, and of Fractures and Dislocations, in Bellevue Medical College; etc. Illustrated with 127 Engravings. Pp. 648. New York, London, etc.: 1865.

THIS book has grown out of a small treatise which Dr. HAMILTON published at the commencement of the present war, for the guidance of those who were for the first time acting as army surgeons. The large stores of military surgical experience which have since accumulated are not yet entirely at the disposal of the profession; but sufficient information has been derived by the author from the communications in the medical journals, and from several friends, to enable him to bring forth a new work, and to discuss fully numerous questions of interest.

In the first or introductory chapter, Dr. Hamilton expresses very clearly the affinities and the differences of military and civil practice. "Military and naval surgery" (he says) "is not a new and distinct science; but only the science of medicine in its largest sense, with a special application." The principles are the same: their fundamental laws are nearly identical, but they differ occasionally in their subordinate rules, in the means used to obtain the same ends, and especially in the relative frequency of certain accidents and diseases. Having illustrated these points of difference, the author refers to the necessary requirements of the military surgeon, and remarks on the manner in which the science of military medicine has advanced commensurately with the science of warfare. We find also some practical remarks on the means of conveying wounded soldiers from the field adopted in various countries, and an account of the system followed in the Federal army.

"The value of medical services to an army" (Dr. Hamilton truly says) "in a strategic, economical, and humane point of view, is indisputable." But, a

few pages further on, we find evidence that this principle has not been thoroughly recognised in America, any more than in this country. On this point the author has some remarks, which are peculiarly interesting at the present moment.

By an Act of Congress dated February 11, 1847, it was declared that

"The rank of officers of the Medical Department of the Army shall be arranged upon the same basis which at present determines the amount of their pay and emoluments: provided, that medical officers shall not, in virtue of such rank, be entitled to command in the line or other staff departments of the army."

The object of this was to raise the medical officers from a position of subordination in which they had been liable to annoyances and even to insults from inferior officers, "and to secure for them those courtesies and that respect which they had a right to claim." But, although the great body of the army and navy officers have, according to Dr. Hamilton, recognised the obligations of the Act of Congress, some have persistently refused to do so, and "have habitually and openly violated both its spirit and its letter."

The American army surgeon, like the British, is told, as a reason for depriving him of his proper privileges, that he is a non-combatant, "and that to combatants alone, upon whom rest the hazards and responsibilities of war, rightly belong its honours." Dr. Hamilton very justly utterly denies the correctness of this argument, and demonstrates the absurdity of the notion prevalent in some quarters that, while the officers of the subsistence department are to be treated as combatants, the surgeons are non-combatants.

"If exposure to hardship and danger is to be the ground upon which rank is to be conceded to officers of the army or of the navy, we think the claims of the medical officers may be easily determined. The medical officers are exposed to the same hardships on the march or in cantonments as the officers of the line; and while the latter have to incur the hazards of battle only occasionally, perhaps but once during a campaign, the former may be said to be doing battle daily, being constantly subjected to the dangers of pestilence by their exposure to the contagions and infections of crowded and unwholesome hospitals. We have not the statistics before us upon which to base a positive statement; but we entertain little doubt that, were the facts known, it would be found that, in proportion to the number employed in any campaign, the number of deaths or of invalided in the medical staff, by the ordinary casualties and exposures of the service, is greater than in any other department.

"But, as compared with the quartermaster or subsistence officers, the hazards of the medical officers are undeniably greater. The services of the first are never required upon the field; whilst the surgeons are expected to accompany their respective regiments until the action commences—and then only to retire to some position of comparative, but not absolute, safety. The instances upon record in which medical officers have been wounded and killed upon the field of battle, when in discharge of their appropriate duties, are numerous." (Pp. 30-1.)

Dr. Hamilton brings forward several illustrations of this fact. The first is a remarkable one related by Dr. Tripler. "In the brilliant campaign of General Scott in Mexico, the medical staff was the

only one that had an officer killed or wounded." The author also refers to the case of Assistant-Surgeon O'Leary, killed at the siege of Sebastopol; to the dangers to which the illustrious Larrey was exposed in the field of battle; to the instances of heroism and self-devotion shown by medical men in times of disease and danger; and says:

"We challenge any man to-day to point us to an educated physician who has fled at the approach of pestilence, or who has hesitated to enter the trenches, or to face the batteries, if required to do so in the performance of his legitimate duties. Even when the strict letter of his instructions forbade his exposure, the medical officer has seldom been backward to accept any duty which the exigency seemed to impose upon him." (P. 34.)

Thus, in 1847, fell in battle a pupil of Dr. Hamilton, Assistant-Surgeon G. W. Roberts, while leading a column after all the officers of the line competent to command it had fallen; and, during the present war, besides the cases in which the surgeons of the Federal army have yielded themselves into the hands of the enemy when they believed that the condition of the sick and wounded soldiers demanded their care, and while some of them have subsequently been confined in prisons, and have died, or have returned broken down in health, examples have not been wanting—we may say they are numerous—in which army surgeons have been wounded and killed on the battlefield in the performance of their appropriate duties. Dr. Hamilton gives, at pages 35 and 639, a list of seventeen such cases. Here are some of the notes appended to the names. "Received a wound at the battle of Gettysburg, on account of which he has been discharged from the service"; "Discharged on account of wounds received at the battle of Chancellorsville"; "Severely wounded in the leg"; "Wounded by fragments of shells"; "Severely wounded in the back"; "Received a ball in his leg"; "Wounded by a ball which passed through the popliteal space"; "Shot through the abdomen and subsequently died"; "Shot through the head and killed instantly"; "Killed by a sharpshooter while riding along the skirmish line in company with the general"; "Killed in a night attack made by the enemy"; "Killed at the battle of Shiloh"; etc. In each case, the name of the officer, his regiment, and the circumstances in which he was wounded or killed, are given.

As a fitting comment on such cases, in their bearing on the question whether army medical officers are combatants or not, Dr. Hamilton quotes the words of Lord Dalhousie, in a memoir upon the medical service appended to the Report of the Parliamentary Committee. While the American army surgeons, on the one hand, thus bring forward a British authority to support their claims, our army surgeons will no less find material in support of their just demands in the facts placed on record by Dr. Hamilton.

The question whether the so-called non-combatant officers are entitled to be members of courts-martial has been agitated in America; and, in the navy, it appears, that the right has been conceded—but not in the army. An order issued by the Secretary of the Navy in 1861 was as follows.

"Whenever any officer of the corps of surgeons, paymasters, or engineers, is arraigned for trial before a Court of Inquiry or Court-Martial, the Court shall

consist in part of officers of the corps to which the accused belongs."

Why, Dr. Hamilton asks, should not a similar rule be applied to the army?

As to relative rank, the following is the present position of army medical officers in America, as established by Act of Congress. The Surgeon-General is a Brigadier-General; the Assistant-Surgeon-General is Colonel; the Medical Inspector-General is also Colonel; and the sixteen Medical Inspectors are Lieutenant-Colonels. With these exceptions, no other medical officers, not even the Medical Inspectors of Departments, have higher rank than that of Major; although, in 1862, commissaries, quartermasters, etc., serving on the staffs of corps commanders, were made Lieutenant-Colonels. In America, as in some other foreign countries, the medical officer is entitled to append to his name his relative rank.

Dr. Hamilton, after referring to the circumstances already mentioned, and to the fact that "in the medical staff there is no such thing as promotion for good conduct or for the performance of signal services", and saying that even *brevet* has been denied, though often recommended, asks on what test of respectability or of social, moral, or intellectual standing, these and other invidious distinctions are made? He asserts, and we have no doubt truly, that the medical officers of the army are at least the equals of the officers of the same rank in other departments. As to the volunteer surgeons of the Federal service, he makes out a still stronger case in their favour; for he points out that "they are the only commissioned officers in the volunteer army who have had any previous education or training to the peculiar and respective duties which they have been called upon to perform."

The question as to the amount of *authority* which should be vested in army medical officers is also noticed by Dr. Hamilton; and from him we learn that the same objection is urged in America as has been urged here. It is alleged "that to divide or distribute authority is to destroy the unity and power of the army, and that it is essentially destructive of all military discipline." But, says Dr. Tripler, an authority of some eminence among American army surgeons, the engineers cannot command out of their corps, but they are not subject to the orders of their juniors in the line; and the result of this is, that this corps, the only one which has an analogy with the medical as to scientific acquirement, special function, peculiar administration, and claims to independent action, is one of which the superior is not to be found.

"We conclude, then" (says Dr. Hamilton) "that to the medical officers ought to be intrusted the complete control of the medical department, because upon the preservation of the health of the troops depends, in a great measure, the success of every expedition, because no others than medical men are, by their education and habits, qualified to perform this duty; because no one else is competent to decide upon the proper location of a hospital, its construction, ventilation, or general arrangement; no one else can determine what is necessary for the sick in the way of diet, clothing, medicine, etc.; no one else knows when rooms are over-crowded and in danger of becoming pestilential, or when patients can be removed with safety. In short, because officers of

the executive department, from the entirely distinct nature of their pursuits, whatever they may believe to the contrary, do actually know as little of hygiene, medicine, and surgery, as they do of engineering. Because, moreover, medical men are supposed to be qualified, they are appointed for the express purpose; and because, without authority, they are unable to carry out their own views, and it is impossible, therefore, that the public service can receive the full benefit of their ability." (Pp. 41-2.)

We have thus dwelt at some length on Dr. Hamilton's remarks on the status of the army surgeon, on account of the interest with which this subject has been and still is regarded in this country; and we have shown from his book how in America the same just demands are made as among ourselves. Assuring him, as we believe we may, that he has the hearty approbation and warm sympathies of the profession in Great Britain, in his endeavours to establish and defend the privileges of the American army medical officers, we must now quit this subject, and proceed to other matters.

The subjects of the remaining chapters of the books are the following: 2. Examination of Recruits; 3. General Hygiene of Troops; 4. Bivouac, the Accommodation of Troops in Tents, Barracks, Billets, Huts, etc.; 5. Hospitals; 6. Preparations for the Field; 7. Hygienic Management of Troops upon the March; 8. Conveyance of Sick and Wounded Soldiers; 9. Gunshot Wounds; 10-12. Gunshot Wounds of the Head, Face, and Neck, and Thorax; 13. Punctured and Incised Wounds of the Thorax; 14. Gunshot Wounds of the Abdomen; 15. Punctured and Incised Wounds of the Abdomen; 16. Gunshot Wounds of the Male Organs of Generation; 17. Gunshot Fractures; 18. Amputations; 19. Exsections; 20. Arrow-wounds; 21. Traumatic Gangrene; 22. Hospital Gangrene; 23. Dry Gangrene; 24. Tetanus; 25. Scorbuts; 26. The Employment of Anæsthetics in Major Amputations and in other Severe Surgical Operations after Gunshot Injuries. There is also an Appendix on several interesting matters.

This list is a comprehensive one, including not only the consideration of subjects directly medical, but also those having a bearing on the preservation of health. *Prima facie*, therefore, Dr. Hamilton has made his book a very complete one. We will notice his opinions on a few points.

Food. In the section on Food in the second chapter, the author expresses a strong opinion against the use of alcoholic drinks in the army, as being unnecessary and injurious. As to food, the supply authorised for the use of the Federal army has been very liberal; but "it is nevertheless true that our soldiers have not always been well fed, even when campaigning in those parts of the country which have abounded with vegetables, grain, and animals suitable for food." As a result of this, and especially of the deficiency of fresh vegetables, scurvy has prevailed to a great extent; so much so, that the author believes that 20,000 men might have been saved to General McClellan's army in one campaign if the men had been furnished with a reasonable amount of fresh vegetables. He attributes the defective supply to want of knowledge on the part both of the commanding officers of regiments and of their subordinates, who do not understand that the prolonged deprivation of vegetables most seriously

impairs the health of the men. He also refers to some curious instances of mismanagement as causes of the non-supply of vegetables. In the army of the Cumberland, the officers *believed* that the soldiers had received a full supply of vegetables, whereas they had had but three full rations in twelve months.

"The explanation of this extraordinary fact is, that during nearly all this time fresh potatoes, and occasionally other vegetables, were received and issued; but of one hundred barrels issued by the Chief Commissary, at least twenty-five went to the staff officers' families and servants at head-quarters, and to the post, including often citizens and hospitals; of the seventy-five remaining for distribution to the Corps Commissaries, twenty-five were barrels disappeared again with the officers and their families; a third distribution to the Division Commissaries blotted out another twenty-five barrels, and a fourth to the Brigade Commissaries disposed of the remainder in a like manner, so that the Regimental Commissary had none; and it is here that the inquiry must always be made, or with the soldier himself, if an inspector desires to know how the troops are fed." (Pp. 82-3.)

This state of things was, however, remedied on the representation of the medical officers. A proper supply of good vegetables was sent and distributed; in consequence, the cases of scurvy diminished, and wounds received in battle healed kindly and were followed by fewer accidents than before.

Hospitals. In the construction of hospitals, Dr. Hamilton prefers the radiate form, as being most capable of free ventilation and convenient of administration. He is also convinced that all hospitals ought to be "one-story buildings, elevated three or four feet from the ground."

Arrow-wounds form rather an unusual subject for a surgical treatise; but the propriety of introducing some remarks on the subject in a book intended for those engaged in American warfare will be apparent. Dr. Hamilton has derived the principal part of his information on this subject from an instructive paper published in 1862 in the *American Journal of the Medical Sciences*, by Assistant-Surgeon J. H. Bill. The reader will find a description of the arrows used by the American Indians, the kind of wounds which they produce, and the means of removing them. This process is not always easy; for when the head is entirely buried, an attempt to pull it out by dragging by the shaft is apt to result only in leaving the head alone in the wound; sometimes the point of the arrow is lodged in a bone, even so strongly as to require much force, applied by tooth-forceps or by some such means, for removal; while, in other cases, again, the head of the arrow on striking a bone may bend, and pass partially round the bone between it and the periosteum.

Hospital Gangrene. The chapter on this subject is written by Dr. F. H. Hamilton, jun. The disease has been very prevalent in the hospitals of the Federal army. In the treatment, the author recommends the removal to a distance, or still better the destruction by burning, of all lint, bandages, and other dressings, taken from a suppurating surface. The general treatment should be sustaining; consisting in general of wine, porter, and other stimulants, together with iron, quinine, and beef-tea. As a local remedy, Dr. Hamilton, jun., gives the preference to bromine. He says:

"We are indebted to Dr. M. Goldsmith, Surg.

U.S.V., for the introduction of this valuable agent. In order to obtain the full and complete effects of bromine, it should be applied carefully and thoroughly. The following practical hints, suggested by Dr. Goldsmith, most of which have been confirmed by my own experience, should be observed in the application of this agent. 1. If the operation promises to be a painful and tedious one, Dr. Goldsmith advises that the patient be rendered insensible by the use of an anæsthetic. This I consider of doubtful propriety, inasmuch as I regard the depressing influence of chloroform as a predisposing cause of the disease. 2. The wound, having been carefully cleansed by thorough sponging with warm water and soap, should be freed from all dead and gangrenous tissue by means of a scalpel or scissors, aided by the forceps. The healthy tissue should be denuded as far as possible. 3. The surface to be treated should now be thoroughly freed from moisture. This is most readily done with a swab of lint on the end of a probe, with which the surface is carefully dried. Do not omit to penetrate the pouches and recesses. 4. If the pure bromine be used, a small glass pipette should be introduced into the bottle containing the liquid, and then, being carried to the surface to be cauterised, thoroughly applied to every part. Cavities may be reached by means of small portions of lint dipped in the bromine, and then carried by means of an eyed probe, or a pair of forceps, into the desired positions. 5. It is frequently beneficial to paint the surrounding tissues to the extent of an inch, perhaps, with a solution of the bromine; using a drachm of the bromine in four ounces of water. 6. Immediately after the application of the bromine an emollient poultice should be applied. This tends to allay any undue irritation, and favours the speedy evolution of the slough. There are three different preparations of bromine which have been employed. Dr. Goldsmith first employed a solution of the bromide of potassium and bromine, or the compound solution. After using this for some time, he at length resorted to the pure brominium, and very soon arrived at the conclusion that this was the only form in which it should be used. I have used both the compound solution and the pure bromine, and do not hesitate to express my preference for the latter article. I have also used a dilute solution of the pure bromine, in the proportion of a drachm to eight ounces of water, with great benefit, as a disinfectant and prophylactic dressing to be applied to unhealthy-looking wounds. After having carefully applied bromine to a case of gangrene, we find that the part smells perfectly sweet and clean. If there is any trace of the odour remaining, we may be sure that our application has not been thorough. The fumes of bromine, given off as a dense red vapour when a bottle of this liquid is unstoppered, furnish us with an invaluable diffusible deodoriser in wards where the emanations of a large number of suppurating wounds render the atmosphere fetid." (Pp. 577-8.)

Pernanganate of potass is also, says Dr. Hamilton, jun., scarcely inferior. Maunsell's solution of persulphate of iron is also very useful; and Dr. Hachenberg of the Federal army has recommended the use of spirits of turpentine. The author gives a statement of some observations made on the comparative effects of nitric acid and bromine. Of eighteen cases treated with nitric acid, the average duration was sixteen days; while of fourteen treated with bromine, the average duration was only 6.64 days.

Anæsthetics in Military Surgery. Dr. Hamilton arrives at the following conclusions on this subject.

"Anæsthetics are of inestimable value in their efforts as remedial agents; in their power to extinguish sensibility temporarily, especially during the performance of certain painful surgical operations; in the control which they exercise over muscular action, thus facilitating the reduction of dislocations; and in very many other ways. Anæsthetics, however, induce certain effects upon the system which tend to prevent union by the first intention; and consequently they must be regarded as, indirectly, causes of suppuration, pyæmia, secondary hæmorrhage, erysipelas, and hospital gangrene. Ether ought generally to be preferred to chloroform, as being less liable to destroy life immediately; but no anæsthetic ought to be employed when the system is greatly prostrated by disease, or by the shock of a recent injury or by loss of blood, unless the patient exhibits an unconquerable dread of the operation, or the operation is likely to prove exceedingly painful." (Pp. 621-2.)

Dr. Hamilton has evidently not a very favourable opinion of anæsthetics; but his views, the long experience on which they are founded, and his temperate manner of expressing them, are worthy of consideration, even though other surgical experience may not confirm him.

This work of Dr. Hamilton is one of great merit, and in our opinion admirably calculated to fulfil its purpose—that of a guide to the American army surgeon. It is written in an easy, clear, and instructive style; and contains a great deal of sound judicious instruction. As has already been shewn, Dr. Hamilton has not yet had at his disposal all the stores of information in military surgery that have been accumulating in America during the last four years; but he has made very good use of what he has been able to collect. If, when the war shall have terminated, such men as Dr. Hamilton are entrusted with the task of utilising the medical reports of the army, military surgeons may hope for a most valuable addition to the literature of their science.

ON THE INHALATION OF GASES AND MEDICATED VAPOURS. By W. ABBOTTS SMITH, M.D. London: 1865.

The contents of this pamphlet were originally published in the *Medical Mirror*. In it the author gives an historical summary of the subject; and tells of the principal uses of inhalation.

ON PRIMARY CANCER OF THE BRAIN. By G. M. BACON, M.D. London: 1865.

In this pamphlet, Dr. BACON gives an account of his investigations into London hospital records to determine the frequency of the occurrence of cancer in the brain. He gives the details of twenty-one cases of the disease. The pamphlet contains a very useful summary—not elsewhere to be found—of the history of this disease, as exemplified by the cases detailed.

ST. MARY'S HOSPITAL. The Prince of Wales has kindly promised to lay the first stone of the new building which the governors have decided to add to St. Mary's Hospital, in order to meet the increasing wants of the neighbourhood. The Prince will perform the ceremony after his return from Dublin. The foundation-stone of St. Mary's Hospital was laid by the late Prince Consort, in 1841.

Progress of Medical Science.

MEDICINE.

HOT WATER AS A REMEDY FOR PROFUSE PERSPIRATION. Dr. Druitt calls the attention of the profession to "the use of hot water as a remedy for profuse perspiration." The water must be applied as hot as the patient can bear it and be continued until the parts heated are "hot, red, and tingling with heat." If cold water be used, the part remains cool for some time and then becomes gradually warm or glowing; if tepid, it is usually made unpleasantly chilly and flabby; if warm, it is left perspiring; if hot, it is left hot, red, and dry. The cases in which he has recommended it with benefit are—first, those of general tendency to perspire to a distressing degree in hot weather, the patient being in good health. The next class of cases are those in which, with or without tendency to perspire over the body generally, but most probably without, there is a tendency to distressing perspiration of some particular part; as the axillæ, hands, feet, etc. Thirdly, there are the cases of true hectic; diurnal shiverings, followed by heat, and drenching perspiration of an earthy, sickly odour, and depending (as we suppose) on absorption of decaying pus from some internal organ, probably lung, etc. But there is a fourth variety—the ordinary night sweat of the phthisical, not preceded by regular hectic paroxysm, but induced by all that relaxes, lessened by all that strengthens, and coming on when the patient falls asleep. For many of these cases the hot water gives relief, to a certain extent, especially if the perspiration begin, as it often does, on one special part of the body by preference, as the chest, hands, or feet. Whoever uses it must recollect that it is not warm, but hot water, just below scalding point, that is to be employed. (*Medical Times and Gazette*.)

HYPODERMIC MEDICATION. Under this title Dr. McGugin of the University of Iowa gives some interesting cases of the effects of subcutaneous injection of morphia. His list, he says, embraces but a few of all the cases, in all of which the results were nearly as prompt and efficient. 1. In the summer of 1862, a soldier was admitted into hospital who had been wounded in the foot by a rifle-ball. The wound was still discharging, and in a few days several small spiculae were removed. The wound healed, and he was able to walk with trifling difficulty. In jumping, however, one day, he again injured his foot, which inflamed so much as to confine him to his ward and bed. Trismus appeared during the third night, and by morning the jaws were so tightly closed that speech and deglutition were impossible, and the respiration very laborious. The index finger of the right hand was contracted, and there was some disposition to opisthotonos. Chloroform by inhalation, and endermically applied along the spine, with enemata of tincture of opium, had been the treatment. Very soon afterwards Dr. McGugin saw him. A free incision into the old wound was followed by a discharge of pus, but with no apparent relief. By a small glass syringe, one-third of a grain of acetate of morphia in one drachm of distilled water was injected into the cellular tissue of the arm opposite the insertion of the deltoid muscle. In about half an hour there was some relaxation of the muscles of the jaws. Water was introduced, and a little swallowed with a painful effort. At the expiration of an hour more he swallowed with less difficulty; and in half an hour more,

making two hours from the first injection, as he did not seem to improve further, the same amount was injected into the other arm at the same point. In an hour from this second injection he slept soundly, and the respiration was much less difficult. This condition was maintained during the night. He was roused with some effort in the morning when he asked for water, which was the first word he uttered since the trismus was observed. There was some effort and also some pain in swallowing the water, nor could he turn his head to either side. He soon sank to sleep again, and slept as profoundly as before. He continued to sleep, at intervals, for two days, when the trismus had entirely disappeared, and the flexors of the index finger were relaxed. In a few days a spicula of bone was removed, after which the wound healed permanently. 2. In a case of delirium tremens in an habitual drunkard—a soldier, opiates given by the mouth failed to procure sleep. The hypodermic injection of one-third of a grain of acetate of morphia procured sleep; and a speedy recovery followed. 3. In the case of another soldier who was delirious, and in which nothing could be given, either by the mouth or by injection, which would have any effect in mitigating the symptoms, the hypodermic injection of morphia into the cellular tissue calmed the delirium in less than half an hour, and quiet repose followed. 4. A soldier whose vital power had been much expended by severe duty in the field, and an attack of camp-diarrhœa, was seized, since admission, with pneumonia, and sank rapidly. Two days before his death he was wild and frantic, requiring two, and often three nurses to confine him to his bed. His screams were loud, and he was resolutely determined not to take any medicine, nor would he swallow water or any other fluid. Acetate of morphia was injected in the dose of one-fourth of a grain; and in less than an hour he was fully conscious, and continued so until his death, which was easy and tranquil. 5. A washer-woman, aged 45, employed in the hospital, had eaten of fruit too freely, and was attacked with spasms of the diaphragm, stomach, and bowels. The gastric irritation was so great that small portions of morphia placed upon the tongue promptly induced emesis, and were thrown off as fast as given. The injection of acetate of morphia into the tissues of the arm was followed by relief in ten minutes; and in twenty minutes she was asleep, and arose next morning declaring herself "weak, but well." 6. A lady in this city had for some years been subject to frequent and severe attacks of facial neuralgia. Quinia and morphia and all other appropriate remedies had been resorted to, beside a *quantum sufficit* of potent nostrums, all of which were alike unsuccessful. The paroxysms returned every two weeks, and were more and more severe. Having been sent for in one of her alarming attacks, and finding that reason was suspended, Dr. McGugin at once introduced into the arm the salt of morphia; and in less than half an hour she was entirely relieved of her agonising sufferings, soon was asleep, and has not had a paroxysm since then, which was in May last. 7. Another lady of delicate frame suffered much after her confinement three months previously with sciatica. Hypodermic injection of acetate of morphia on the lower spine, repeated three times, relieved the pain, and she gradually recovered. After each operation she was entirely relieved, and remained so during a week, when the pain would return again, but not so severely, and finally it disappeared altogether. What advantages are secured by this mode of medication? 1. The remedy does not oppress the brain so much, nor do those unpleasant consequences follow its use by this method as when given by the mouth. 2. Less is required than by the mouth. 3. It requires much less time to pro-

duce the same effect. 4. In very many cases in which the effect of opium is desirable, the gastric complications prevent its accomplishments. (*Philadelphia Med. and Surg. Reporter.*)

SURGERY.

COMPOUND DISLOCATION OF THE FOOT. Dr. E. Coutagne of Lyons was called on December 31 to see a man aged 35, who had fallen on his left foot from a house of small height. The foot presented the appearance of valgus—the sole being turned outwards and backwards. Opposite the external malleolus there was a transverse wound, which extended some distance along the anterior surface of the dorsum of the foot, and through which projected the external angle of the trochlear surface of the astragalus. It seemed probable, however, that even more of the bone had projected at the time of the accident; for not only the integuments, but the patient's woollen stocking and thick gaiter, were penetrated. The malleoli were not fractured. The relations of the astragalus with the other tarsal bones did not appear to be disturbed; and the injury was therefore concluded to be, dislocation of the foot outwards, with almost complete laceration of the ligaments of the tibio-tarsal articulation, especially the external lateral ligaments, displacement of the astragalus outwards and forwards, extensive laceration of the soft parts, and a penetrating wound of the joint. Reduction was immediately attempted, and was effected with much difficulty, but with rapid cessation of the severe pain produced by the injury. As the astragalus returned into its place, Dr. Coutagne could see the tendons of the extensor muscles return to their position in front of the bone. The wound was dressed with collodion; and the limb, having been wrapped in carded cotton, was put up in Scultetus' apparatus, which, at the end of a month, was replaced by a starched bandage. There were no inflammatory or febrile symptoms; and, at the end of March, the patient could walk out with the aid of crutches. At the time of making the report, the patient was still rather lame, and his foot was deformed; this M. Coutagne attributed to the fact that the astragalus had become pushed somewhat forward, and he considered it probable that, in time, this condition would become ameliorated, and the patient's gait more steady. (*Gazette Médicale de Lyon*, 1 Fév., 1865.)

COMPOUND DISLOCATION OF THE TIBIA FORWARDS. At a meeting of the Surgical Society of Ireland, Mr. M. H. Stapleton related the following case. The patient was a male, aged about 32 years, in the enjoyment of good health until the occurrence of the accident; he was active, of abstemious habits. On March 2nd, he was hurrying down the doorsteps of a house, and on reaching the foot-path he made a spring with a long stride so as to get quickly across the road. He felt his heel slip, as if on a greasy surface, and fell. The foot was completely turned outwards and was quite powerless. When Mr. Stapleton saw him the foot was much shortened, whilst the heel projected considerably backwards; it was also drawn upwards and fixed in that position, the toes being turned downwards. The lower end of the tibia was prominent in front of the ankle-joint, and beneath it was a marked depression, the skin being very tense over the prominence. From a small wound not larger than a pin-hole exuded a pale fluid. The displaced parts were reduced without much difficulty, and without the use of chloroform, and the limb was placed in a box-splint. All seemed to go on well for a few hours, but then came on a series of dangerous symptoms—

spasm, pain, inflammation, erysipelas, diffuse inflammation, sloughing, etc., so that he was three times believed to be on the point of death. Amputation of the injured parts was performed on June 18th, and on the night of the day of the amputation he slept well, never afterwards complained of pain. The stump was perfectly healed on the fifteenth day. The injury, Mr. Stapleton observed, was one of dislocation of part of lower end of the tibia forwards. Both ankles were found in their normal position as regarded the astragalus. The fibula was fractured nearly on a line with the joint, its fracture being very oblique from above downwards and from behind forwards. The internal malleolus was also fractured obliquely, retaining with it a considerable portion of the posterior half of the lower articulating surface of the tibia. The anterior portion of the tibia with its articulating surface came forward and downwards, and rested on the neck of the astragalus. The posterior portion retained its normal position as regards the astragalus, and formed a bond of union between the fractured malleoli. The lower end of the tibia which was displaced forward, died to about the extent of an inch. (*Dublin Medical Press*, February 1st, 1865.)

A DISINFECTANT. Basic nitrate of bismuth, when applied to suppurating wounds, has been found to remove all smell, and hasten the healing up. It has been employed in scrofulous sores with much success. (*Chemical News.*)

MIDWIFERY AND DISEASES OF WOMEN.

LAWS OF THE PRODUCTION OF TWINS. Dr. Matthews Duncan, in a paper on this subject, attempts to demonstrate the following conclusions. 1. The largest number of twins is produced by women of from twenty-five to twenty-nine years of age; and on each side of this climax of fertility in twins there is a gradually increasing falling off in their number, as age diminishes on the one side and increases on the other. 2. Twins are not regularly distributed among births generally; their production, therefore, is not subjected to the same laws as govern ordinary fertility. 3. The mean age of twin-bearing mothers is greater than that of mothers generally. 4. Twins increase in frequency as mothers become older. This forms a striking contrast to the fecundity of a mass of wives (not mothers) which diminishes as their age increases. 5. Newly married women are more likely to have twins the older they are. 6. While the fecundity of the average individual increases with age till twenty-five is reached, and then gradually diminishes, there is some probability that the opposite is true, so far as regards twins alone, fertility in twins being greatest when fecundity is least, and *vice versa*. 7. The actual number of twins born of a mass of women in different pregnancies decreases as the number of the pregnancy increases. 8. The number of twins relatively to the number of children born in different pregnancies increases with the number of the pregnancy. In other words, a woman is more likely to have twins in each succeeding pregnancy than in the former pregnancy. The first pregnancy perhaps forms some exception to this rule. 9. In an individual twin-bearing is, of course, a sign of high fertility at the time. It also, in a mass of women, shows a high amount of fertility, at least till the time of the birth of the twins. 10. It is probable, though not proved, that twin-bearing women have larger families than women uniformly uniparous. (*Edin. Med. Journal*, March 1865.)

MIDWIFERY STATISTICS IN MOSCOW. The Rev. Professor Haughton, M.D., has communicated to the

Dublin Obstetrical Society some statistical returns which he had procured when in Moscow some time since from the lying-in hospital of that city. This hospital had also a foundling hospital in connection with it, but as to record, the two were quite distinct. From 1832 to 1860, inclusive, the total deliveries were: natural, 38,713; irregular (hand), 1,329; ditto (instruments), 739; twins, 846; triplets, 11; still-born, 3,450. Out of 45,088 deliveries, 739 were set down as having been effected by instruments. The crotchet was not recognised in Russia, the only instrument used being the forceps. Another interesting question arose: what became of this large number of children? Dr. Haughton found that out of 42,553 children there were: sent to the foundling hospital (boys), 21,944; girls, 20,525; taken home by mothers, 85. The boys were trained up for the Russian army, and the girls were instructed in various industrial occupations. It appeared that in Moscow, St. Petersburg, and other large Russian cities, the influx of men from the country seeking employment was so enormous that the men were four times as numerous as the women—a fact which accounted for the immense number of children born and then deserted. From the best information he had been able to obtain, the immorality of the cities occasioned by the excessive number of men was equalled by that of the rural districts arising from the opposite cause. The mortality of the children in the foundling hospital was 42 per cent. during the first three years after birth. (*Dublin Medical Press.*)

RETENTION OF URINE MISTAKEN FOR LABOUR. Mr. R. L. Johnson reports that he was called on to visit Mrs. T. Forty hours previously symptoms of labour had commenced, and had, since that time, increased hourly. The patient was 35 years of age, and of a weak habit of body. She had had four children, all of whom were alive, and were strong and healthy. She complained of periodic "bearing-down" pains, accompanied by a discharge; she could not walk, nor lie on either side; and the only relief she experienced was when on her back and with her extremities semiflexed, but in this position she could not for any length of time continue on account of "shooting-pains" in her back and a sense of suffocation. On examination, Mr. Johnson found her pulse 90, her tongue typhoid, her skin hot and clammy, and during pains copious perspiration visible on her head, face, and palms of her hands. She slept but little. She could form no opinion as to about the time of her expected confinement; but she considered her size to have increased very much within the last few days. Her stomach was irritable; her appetite poor; her bowels were constipated; and she had insatiable thirst. Her urine was high-coloured and contained pus; and it was stated therewith that each movement she made, and during the pains, a considerable quantity of urine passed involuntarily from her. The surface of her abdomen was tense, hard, and unyielding; a little below and to the left of the umbilicus there was dulness on percussion, whilst the remaining portion of the abdominal surface was tympanitic. Between each side of the median line and the recti muscles, and just above the pubes, were thumb-like prominences, very painful to the touch, and semi-elastic. Mr. Johnson was not permitted to pass a catheter; whereupon he cautioned his patient to get immediate medical aid, and then left the house. Three hours afterwards he was again sent for, and he then removed from the patient more than nine pints of urine. All "bearing-down pains" ceased for three months. They then returned, and brought with them a healthy female child. (*Dublin Med. Press*, March 15th.)

We beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, APRIL 1st, 1865.

MEDICAL ESPRIT DE CORPS.

UNTIL the members of the medical profession have sufficient *esprit de corps* to hang together and support each other's interests, we have little hope of any good being effected for us by Medical Councils or by Acts of Parliament. The men of law have a proper sense of what is due to themselves and their profession. They are never seen publicly competing one against another which shall do the work cheapest—underbidding and underselling their services. Consider for a moment the difference of the amount of work done by a Poor-law legal officer and a Poor-law medical officer, and then consider their pay. One is engaged morning, noon, and night; the other—the lawyer—for a few hours one day in the week; and yet it often happens that his salary is greater than that of the doctor. At all events, there is in no case any kind of fair proportion between the salary of the Poor-law lawyer and the Poor-law doctor.

The reason is plain and obvious. Doctors not only compete for the Poor-law offices, but they underbid each other; they fight for them one against another, which shall do the work cheapest. Lawyers compete also; but they do not underbid each other. This spirit of competition is unfortunately carried out wherever there is an opportunity for its practice. And it bears its unfortunate fruit.

The attempts of the Metropolitan Counties Branch of the British Medical Association to obtain a fair fee for the medical examiners under the Government Annuities Act have been completely defeated by this desire to get and do work cheaply. What could the deputation which waited upon Lord Stanley of Alderley, the Postmaster-General, say when they were told by him that he had already received letters from seven hundred medical men who consented to the half-crown fee proposed by him; and when he could quote the *Lancet* to them as also approving thereof? Well might Lord Stanley say that "he did not think the profession were dissatisfied with the low fees". More than this, Lord Stanley stated what is evidently the practice of the Government (at least, in relation to the medical profession); viz., "That it was the duty of the Government to get work done at

the lowest cost." We do not refer to this remark for the purpose of pointing out its manifest absurdity and untruth; and will only observe thereon, that if there be one fact more certain than another in every business of life it is this, that cheap work means bad work.

But we must lament over the condition of our medical society—over the fearful and fatal want of *esprit de corps* which characterises our professional relations; which leads seven hundred medical men to jump at half-a-crown, when they might, by unity, have obtained a proper fee; which seems to be ever driving us down one step lower in the social scale.

Assuredly, in a country where work is valued at the price at which it is done, men are very much estimated according to the price which they put on their services; and, assuredly, the cheaper medical men do work, the cheaper will be the estimation in which they are held by the world; and, what is still worse, the less will be thought of the scientific and high nature of the work with which they are engaged. What (as we have said before) can Acts of Parliament, can Medical Councils or Associations, do for a profession which commits deliberate suicide?

Look, again, at our army medical brethren's grievances. These had received the warmest sympathy of the profession; they were certain of obtaining immediate redress; the profession had the means of their cure in its own hands. All that was required was that candidates should for a time cease to apply for admission into the army. But we all know what has happened. When the British Medical Association was winning a certain battle for the army medical officers, its efforts were defeated solely by the members of the medical profession. Before such things as these, our best efforts are vain. Our own worst enemies, our only enemies, are ourselves.

MR. READE, the novelist, will have found in the papers during the last few months sufficient food for another romantic onslaught upon lunacy law. This time he will not have had altogether to draw upon his fertile imagination for his facts. He will now have distinct facts of illegal doings in respect of lunatics committed in this country. Our readers will remember the tale of the abducted lunatic nun, which a short time ago created a temporary sensation at Dover and elsewhere. In this case, it was admitted that the proceeding was illegal; but Sir G. Grey did not consider that any harm was done, or meant to be done; and, therefore, did not think it necessary to prosecute at law any of those parties who had acted illegally in the matter. But this tale is barely concluded, before another of a similar kind comes before the public.

It appeared that in 1863, Mr. Docknall, a bookseller, residing at Chester-le-Street, was, under the

orders of Colonel Johnson, a local magistrate, confined in the lunatic asylum, where he remained for five days. Colonel Johnson acted illegally, in the first place, in consulting only one medical man as to the state of mind of the alleged lunatic, in place of two, as the Act required; and to have acted even worse than illegally, in stating that he had examined Mr. Docknall personally, whereas he had never seen him at all. At the expiration of a very short time, the medical man in charge became convinced that Mr. Docknall was perfectly sane; and representations having been made, two magistrates went to the asylum, and, together with the medical men who examined him, being convinced that he was perfectly sane, restored him to liberty. Mr. Docknall was a poor man; but the occurrence having excited a great deal of feeling in the neighbourhood, he was advised to take proceedings against Colonel Johnson. An action was brought against Colonel Johnson for damages laid at £5000. But when the case came on at the summer assizes in 1864, the pressure of business was such that the Lord Chief Justice was obliged to leave for another assize town before it could be heard. Under these circumstances, the unfortunate man, naturally of an excitable temper, and having undergone great afflictions in the loss of his children and through domestic differences with his wife, was so overcome by this disappointment, following on his incarceration in the lunatic asylum, and on his unsuccessful applications for redress to the Home Office, that he put an end to his own existence.

Such was the case last week brought by Lord Malmesbury before the House of Lords. Lord Granville, in reply, stated the very apparent truth, that "no one could deny that it was most undesirable that any person should be confined in a lunatic asylum on the ground of insanity who was not really insane." Lord Shaftesbury indignantly attacked the question; and pointed out the very important fact, that the Lunacy Commissioners were not to blame in the matter.

He characterised the conduct of Colonel Johnson as most unwarrantable. If matters of this kind were to be overlooked, it was to no purpose that Commissioners were appointed, inspectors sent out, and laws passed for the protection of these unhappy persons. If the law was to be boldly and impudently evaded as it had been in this instance, things had come to a position in which commissioners and inspectors might as well resign their offices, and the legislature repeal all the Acts of Parliament upon the subject. The Commissioners of Lunacy were in no way chargeable with blame in this matter. Their jurisdiction over county asylums was very slight indeed, amounting only to power to make an annual visitation and report what they saw. Notice was sent to them of the admission of patients; but in this case it happened that the notices of admission and discharge arrived at the same time, and, therefore, there was nothing to call for their intervention. After the patient had been liberated, he called upon them to complain of his treatment; but the only answer which they could make was that the matter was totally beyond their jurisdiction. He must again press upon the House the absolute necessity that some opinion should be pronounced upon this great abuse of magisterial functions. Many of the magistrates in England were most admirable men, and rendered the Lunacy Commissioners very great assistance in the administration of the law; but there were a great many who rendered no assistance, and in some measure offered

obstructions to its enforcement. In this especial county of Durham, the Commissioners had more trouble in getting an effective visitation of the asylums than in any other in the kingdom.

Thus rests this matter at present. But as the papers called for by Lord Malmesbury are to be produced, we shall, of course, hear more of it.

On Tuesday last, a very interesting paper, by Dr. W. Roberts of Manchester, was read at the Royal Medical and Chirurgical Society. The subject of it was the Solution of Calculi in the Bladder and the Kidney. Dr. Roberts detailed in it a very great number of experiments which he had performed in order to place the proposed treatment on a scientific basis, which had never yet been done. He did not claim for the treatment any general application. He stated that it was only applicable in comparatively few cases: viz., in those cases where the stone was small, and was of the uric acid kind, and when the urine was not alkaline from disease. His treatment consists in the administration of large doses of acetate or citrate of potass, so as to keep the urine constantly of a certain degree of alkalinity. For weeks together, the patient may have his urine thus kept alkaline without injury. Dr. Roberts, in fact, considers the administration of alkalis in this way as harmless as the taking of so much sugar. The paper was remarkable as a methodical, scientific study; and, also, well indicates the immense service which we may anticipate that chemistry will one day render to medicine. The real value of the proposed remedy can of course only be decided by future experience.

THE Government Commission now engaged in investigating the Nature and Treatment of Venereal Diseases has, we believe, been transferred from the War to the Home Department. This fact corroborates the idea as to the objects of the Commission which we have all along maintained; viz., that if the Commission be of any service at all, it can be so only by recommending the Government to adopt some foreign police regulation of prostitution. It is hardly likely that the Commission, without instituting experiments, can tell us anything new or anything definite about either the nature or the treatment of venereal diseases. Their report in this direction can only be a summary of, or a judgment upon, the opinions of other persons on the subject. As, however, the Commission is engaged in so full an inquiry, we must say we feel somewhat surprised that they have not embraced in their consideration the subject of syphilisation. We would suggest, that the Committee might very usefully despatch a competent observer to Christiania to see and report upon the effects of Professor Boeck's treatment. Assuredly, a well drawn up and impartial report on the subject would be a great gain to the cause of humanity. If

Professor Boeck's treatment is a delusion (as we all seem to think), and can be shown to be such, as carried out in his own hands, then we shall in future have answer sufficient to those who would introduce the treatment into this country, or who may send their patients for treatment to Christiania. But if, on the other hand, the report should corroborate all that Boeck, Sperino, and others, have asserted of the treatment, then, also assuredly, the facts of the case should be more generally known and appreciated. There would be no difficulty in finding a competent observer ready and willing to go to Christiania as reporter; and we have no doubt that he would receive all attention at Professor Boeck's hands, and have every opportunity given him for judging of the method of treatment. Surely, Professor Boeck's treatment has as good a claim to the attention of the Committee, as have the opinions of Dr. MacLoughlin and Dr. Dickson (him of the *Fallacies of the Faculty*), both of whom have, we believe, already had an opportunity of fully stating their views and opinions to the Committee.

IN the JOURNAL of last week, we expressed a hope that the Royal Medical and Chirurgical Society would continue its scientific investigations. We are glad to hear that it is their intention to do so; and we believe that the subjects chosen by the Council for present investigation are: The Effects of Electricity as a Therapeutical Agent; and the Use and Application of Hypodermic Remedies.

THE political position held by Professor Virchow in the Prussian Chamber of Deputies is very remarkable. He stands, it would appear, almost as the leader of the liberal party. A few days ago, in answer to a speech of General von Roon, in which the liberties of the country were threatened, Virchow was put forward as spokesman of his party.

"Herr Virchow protested, in the name of the Liberal party, against a breach of charter being intended by them. It was the Government (he said) that had set aside the constitution. The Prussian Government had become a military one. The Minister of War was conducting himself like a Premier, and menacing constitutional changes. There was a Nemesis in history. If a rupture was brought about by Government, they would have to pay the penalty one day. If not the present, the next generation would demand guarantees against those incredible constructions which are now being put upon the Royal prerogative and the passage establishing it in the charter. [*Tremendous applause.*] As regards this House, you vainly try to terrify us by menaces. It is we who have taken our stand on the rock of right. Depend upon it, you will find us at the breach whenever the constitutional rights of the country are imperilled. [*Three rounds of cheers.*]"

It is a very rare thing to find the physiologist, the orator, and the politician so combined in a member of our profession.

THE *Sydney Morning Herald* gives the following account of the ceremony of presenting the Victoria Cross to Dr. Manley, R.N., and to Dr. Temple. Dr. Manley received the Cross for his gallant conduct in attempting to save the life of Captain Hay; and Dr. Temple, for his bravery in bringing in the wounded at Rangariri. General Cameron, in decorating the heroes before the whole staff and troops formed in a square, said:

"It redounded much to the credit of the Medical Department, that so many of its officers had distinguished themselves by acts of individual gallantry and bravery. Out of the small number of officers composing the department in New Zealand, no fewer than four had been decorated with the order of the Victoria Cross, including the head of the department, Inspector-General Mouatt, who had earned himself that coveted distinction by noble services rendered in the Crimea; and another officer, Staff-Surgeon Home, who had distinguished himself in India. During the war in New Zealand, all present could bear testimony to the skill, untiring zeal, watchful care, and attention, with which all the medical officers had performed their arduous, onerous, and responsible duties. Their duty required that they should follow the troops under a hostile fire, and amid the deadly assaults of the enemy; and how nobly and devotedly they had behaved!"

PROFESSOR BENNETT has lately published his long experience in the treatment of pneumonia by the "restorative treatment." Under that treatment, he tells us that he has not lost a single case of uncomplicated pneumonia. We cannot help contrasting with his results, the statement lately made by Dr. MacCormac of Belfast, when treating of the benefits of bleeding in pneumonia.

"I have never lost" (he says) "a case of uncomplicated pneumonia or pleuritis, to say nothing of other forms of inflammation; and I suppose I have treated as many in hospital and private practice as the generality of practitioners, in which I had resorted to resection, in my life." (*Dub. Med. Press*, March 22, 1865.)

One is reminded, in reading these opposite conclusions of experience, of Dr. Barclay's statement in his *Medical Errors*, to the effect that, in order to arrive at any definite conclusions as to the effect of any particular method of treatment over pneumonia, the results of as many as 20,000 or 30,000 cases are required.

THE difficulties attending the diagnosis of ovarian tumours in certain cases have received further illustration from the history of a case which lately occurred at the Middlesex Hospital. In this case, the tumour, which was considered ovarian, was found to be a tumour of the kidney, which occupied a very unusual position, lying, in fact, in front of the intestines. The removal of the supposed ovarian tumour was commenced; but its nature was discovered, and the operation, of course, desisted from. The patient died on the following day.

DR. OWEN REES reports a case of popliteal aneurism as large as a duck's egg, which was cured whilst the patient was under the influence of lead. The artery was to have been tied; but before the operation was performed, the patient was placed under Dr. Rees, that he might try the effect of the lead. On October 29th, the treatment commenced. The doses of lead were large and continued. Three grains of acetate of lead were given three times a day for six days; and then five grains were given, with a grain of opium. The five grain dose was continued for twenty-six days. The patient suffered only very slightly from colic. The aneurism had hardened much when the lead had been taken for three weeks. On Dec. 20th, the tumour was found to be fast diminishing in size; and on the 31st, he left the hospital to return to his work.

THE Manchester Ethical Association is, we learn, about to take up the important question of tariffs of medical charges; and will, we have no doubt, be glad to receive any suggestions on the subject. The opinions thereon of different medical men in different parts of the country would, doubtless, much assist the labours of the Society.

THE two Chemists and Druggists Bills, having been read a second time, have been sent before a Committee, where, it is understood, that the good in each will be subtracted, and made up into, we hope, a satisfactory Act of Parliament. The number of deaths which occur yearly through the ignorance or mistakes of druggist boys indicate clearly enough how necessary it is that the public should take steps to protect itself in the matter.

Apropos of M. Jolly's paper on tobacco, M. Bertillon calls to the mind of the profession the fact that he, in 1855, made an inquiry into the effects of tobacco on the mental performances of the pupils at the Ecole Polytechnique. He found that the smokers were decidedly behind the non-smokers in their examinations. At that time, the number of pupils was 160; and of these, 102 were smokers. He divided them into twenties; and found that, in placing them according to their merit at examination, there were among the twenty who stood first six smokers; amongst the second twenty, ten; and so on.

No. according to merit.		No. of smokers.	
1 to	20	.	6
20	40	.	10
40	60	.	11
60	80	.	14
80	100	.	12
100	120	.	15
120	140	.	15
140	160	.	16

So that the table shows that the more unfavourable their classification, the greater was the number of

smokers. Moreover, it was found that the mean rank of sixty-six determined smokers, on entering the school, was 94; and at the end of the year, 98; consequently they had *lost* 4 numbers. Whilst the mean rank of non-smokers was 71 at their entrance, and 67 at the end of the year; so that they had *gained* 23 places above the smokers—as much as the smokers had lost!

THE *Berlin. Klin. Woch.* (February 20th) gives an interesting paper showing the relative rank and pay of army surgeons in European countries. As regards pay of surgeons of similar rank, we have the following. In Prussia, the regimental surgeon's pay is from 700 to 1,200 *thalers*; in England, from 1,800 to 3,050; in France, from 780 to 1,740; in Belgium, from 1,260 to 1,700; in Hanover, from 950 to 1,400 *thalers*. As regards relative rank, in Prussia the regimental surgeon ranks with captain; in England, with the major and lieutenant-colonel; in France, with captain and chief of battalion; in Belgium, with captain and major; in Hanover, with captain and major.

Professor Polli, whose name is known to our readers, has been made a Knight Commander by the Bey of Tunis, by whom he seems to have been better appreciated than by his own Government.

In the Rochus Hospital at Pesth, on the 17th ult., Dr. Jaulus died of typhus, in his twenty-sixth year, a few days after the burial of his colleague, Dr. Kovachs, who died from the same disease in his twenty-fourth year.

On the 20th ult., the Caesarean operation was performed in the Clinical Lying-in Hospital at Vienna, by Professor Späth, in a young woman twenty-one years of age. The reason was on account of extreme narrowness of the pelvic opening. The mother died thirty-six hours after the operation. The child, which was fully developed, is alive and well.

The Jubilee of the Vienna University, which has excited so much ill-feeling among professors and students, is at last fixed for the beginning of August—the most inconvenient time which could have been chosen, says *Wien. Med. Woch.*; unless, indeed, the intention was to convert a solemn festival into a family party!

The *Wien. Med. Woch.* announces the death of Dr. Förster, the pathological professor at Würzburg.

"All contagious diseases" (says M. Diday), "which remain local, depend upon the presence of a parasite. Consequently, in accordance with this law, we shall certainly find the parasite which produces a chancrelle."

The Report of the Committee composed of MM. Flourens, Dumas, Brogniart, and Milne-Edwards, on the subject of spontaneous generation, is as follows:—"The facts observed by M. Pasteur, and

contested by MM. Pouchet, Jolly, and Musset, are perfectly correct. Fermentable liquids may remain either in contact with confined air, or in contact with air frequently renewed, without undergoing any alteration. When, under the influence of the air, living organisms are developed, their development must not be attributed to its gaseous elements, but to the solid particles contained in it, and of which it may be freed by different methods, as M. Pasteur has affirmed." The question of voting these conclusions of the Report appears to have excited quite a scene in the Academy. MM. Le Verrier, Flourens, and others, objected to the Academy giving its approbation of them, on the ground that the vote of the Academy could add nothing to the force of the Report; and that as the Academy, as a body, did not witness the experiments on which the Report was founded, it was not in a position to express an opinion on the subject. M. Velpeau was greeted with "murmurs" when he asked, "How can the Academy vote as to the exactitude of experiments which it has not witnessed?" M. Le Verrier interrupted the President; and, when the vote was taken, declared that "it was doubtful"—a remark which excited "violent reclamations", and brought M. Milne-Edwards on his legs to demand, "with great animation," that the vote should be taken over again; which it was, and with the same results. "Why don't you vote, Mons. Le Verrier," asked the President, "against the Report?" "You have no business, sir," answered the astronomer, "to ask me the question!" From all this, we may conclude that the last word has not yet been said about spontaneous generation. MM. Pouchet and Jolly have evidently some very warm supporters in the Academy.

The Academy of Medicine, in an address to all the vaccinators in France, said in 1830: "Innumerable facts have demonstrated that the vaccine virus taken from persons subjects of diseases which are capable of being communicated by contact, such as syphilis, small-pox, etc., is never mixed with any of these, but produces solely the vaccine pustule."

The present Dean of the Faculty of Medicine of Paris is M. Tardieu. His immediate predecessors were Orfila, Rayer, Paul Dubois, and Bérard.

Four hundred and fifty boys at the Lyceum, or school, at Vanves, were lately vaccinated with matter taken direct from the cow. The vaccinations succeeded perfectly even in the case of a larger number who had been vaccinated soon after birth.

The Triennial Prize of 20,000 *francs*, founded by Ribéri, will be given at the end of 1867. Seven of these prizes in all will be given—lasting for twenty-one years. All works on Surgery, in MS. or published during the triennial epoch, may compete for it. They must be written in Italian, French, or Latin.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Quarterly.]	Clarke's Castle Hotel, Taunton.	Wednesday, April 12, 7 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, April 13, 7 P.M.

WEST SOMERSET BRANCH.

A QUARTERLY Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, March 11th, 1865.

MEDICAL BENEVOLENT FUND.

At a meeting of the Committee of the Medical Benevolent Fund, on Tuesday, March 28th, the Treasurer reported the receipt of £2635 from the residue of the estate of the late Mr. Hine, making £5635 in all bequeathed by him to the Fund. The Committee at once resolved that five additional annuitants should be elected.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held at Birmingham, March 23rd, 1865.

PRESENT—Sir Charles Hastings, M.D., D.C.L., etc. (in the Chair); Mr. Bartleet; Dr. Bryan; Mr. Clayton; Dr. Falconer; Dr. Richardson; Dr. Stewart; Dr. Wade; Dr. Westall; and Mr. Watkin Williams (General Secretary).

The following resolutions were adopted.

1. That Professor Stokes, M.D., of Dublin, be appointed to deliver the Address in Medicine at the annual meeting of the Association.
2. That Professor Syme, of Edinburgh, be appointed to deliver the Address in Surgery at the annual meeting of the Association.
3. That the Treasurer's Financial Report be received, adopted, and published in the JOURNAL.
4. That the "Northern Branch" be recognised, and the laws adopted.
5. That the annual meeting be held on Tuesday, Wednesday, Thursday, and Friday, August 1st, 2nd, 3rd, and 4th, 1865.
6. That Dr. Jeaffreson, Dr. Richardson, Dr. Falconer, Dr. Wade, Dr. Stewart, and the General Secretary, be appointed a subcommittee, to make the arrangements for the annual meeting, in concert with the local committee; and especially to consider what measures it may be expedient to adopt in reference to the giving in and reading of papers; and to report to the next meeting.

T. WATKIN WILLIAMS, *Gen. Sec.*

13, Newhall Street, Birmingham, March 28th, 1865.

FINANCIAL REPORT.

It is very satisfactory to be enabled to report a very improved condition of the finances of the Association, as compared with that of last year. The accounts have been audited by Dr. Melson and Mr. Hadley; and they find that after payment of all bills due from the Association, the Treasurer held a balance of £243:16:8½ on the 31st of December 1864; whereas, in December 1863, there was a balance of £8:0:3½ due from the Association to the Treasurer. This result is the more gratifying, as some extra sums have been paid, not of an ordinary kind, which have added to the amount of the expenditure.

The following is the statement of the accounts.

1864.—RECEIPTS.		£	s.	d.
Subscriptions	2501	2	0	
Advertisements and Sales	633	11	6	
	3134	13	6	
1864.—PAYMENTS.		£	s.	d.
Balance due to Treasurer	5	3	½	
JOURNAL EXPENSES:				
Mr. Richards (Printing)	172	9	6	
Mr. Richards (for Directing, etc.)	50	0	0	
Mr. Honeyman (Office Expenses)	81	13	10	
Mr. Davidson (Commission)	70	10	1	
Mr. Orrin Smith (Engraver)	3	12	6	
Editor of Journal	260	0	0	
Dr. Henry (Sub-editor)	50	0	0	
Contributors	267	18	0	
Dr. Henry (Salary)	50	0	0	
EXECUTIVE EXPENSES:				
Mr. Williams and Clerk	157	0	0	
Mr. Williams (Petty Cash)	32	10	5	
Cambridge Reporter	12	12	0	
Mr. Williams (Branch Expenses)	17	12	9	
Birmingham Stationer	12	13	10	
Anniversary Expenses	3	7	0	
Collecting Expenses	9	11	½	
Mr. Moore (Gold Medal and Die)	41	0	0	
Provident Fund	25	0	0	
Sundry Payments	4	3	0	
	2590	16	94	
Balance	243	16	8½	
	£3134	13	6	

CHARLES HASTINGS, *Treasurer.*

THE ANNUAL MEETING.

In reference to the resolution (5) of the Committee of Council, by which the days of the annual meeting are increased from three to four, Dr. Jeaffreson (President-elect) writes as follows to the General Secretary.

"I fully concur with the Committee of Council in their suggestion of making the duration of our meeting four instead of three days; and suggested this to several of my friends at Cambridge. The business affairs of the Association have necessarily much increased, and consequently too little time has been left for the reading and discussion of scientific papers, a thing which is to my mind the most interesting, if not the most important, feature of our general meetings. I hope that you and all the members of the Association will bestir yourselves to get promises of papers. Should the number of papers be very considerable, it will be easy for us, with our excellent accommodation of rooms, to adopt a scheme of sections, should such be thought necessary or advisable.

"Your letter came too late for me to call a meeting of the Local Committee; but I have canvassed several of the most important members, and all agree with us in the propriety of commencing our proceedings on Tuesday, the 1st, instead of Wednesday, the 2nd of August."

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 28TH, 1865.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

CASE OF ICHTHYOSIS OF THE TONGUE.

BY J. W. HULKE, F.R.C.S.

ICHTHYOSIS is a term provisionally applied by the author to an affection of the mucous membrane of the tongue, which consists in hypertrophy of its epithelial and papillary tissues. It is characterised by yellowish-white, raised, tough, leathery patches, which are clinically distinguished from syphilitic nodes, condylomata, and cancer. Mr. HULKE had seen but one case, which he related.

REMARKS UPON OSTEOMYELITIS CONSEQUENT ON GUNSHOT WOUNDS OF THE UPPER AND LOWER EXTREMITIES, AND ESPECIALLY UPON THE TREATMENT OF STUMPS AFFECTED WITH OSTEOMYELITIS AFTER AMPUTATION NECESSITATED BY SUCH INJURIES. BY THOMAS LONGMORE, ESQ. (DEPUTY INSPECTOR-GENERAL.)

The author commenced his communication by noticing the particular interest which had been excited amongst military surgeons, especially French surgeons, during the last few years in the subject of osteomyelitis, or endosteitis, as it is called by some writers, after gunshot wounds of the extremities, and of its proper treatment. The interest arose, not from any belief that a difference existed between the nature of the inflammation of the medullary tissue when developed after gunshot injuries and the corresponding inflammation occasionally seen after the ordinary injuries and amputations of civil life; but from the comparative frequency of its occurrence after gunshot injuries, and after amputations consequent upon them, together with its severe and obstinate character, often in men of previously sound constitutions, in military practice, contrasted with the comparative rarity of its occurrence in sound constitutions in civil practice. After the Crimean campaign, Dr. Valette, a French military surgeon, who had had one of the large hospitals at Constantinople under his charge during the period of the war, and again, since the Italian campaign of 1859, M. Jules Roux, the principal surgeon at the large marine hospital of St. Maudrier at Toulon, had both written at considerable length on the subject. Dr. Valette's observations were chiefly directed to this inflammation in its earlier and more acute stages, as witnessed amongst the wounded sent directly after the battles of Alma and Inkermann, amongst whom it had produced the most fatal consequences. The author remarked that in perusing Dr. Valette's reports the conclusion could scarcely be avoided, that the so-called osteomyelitis in a large number of the instances referred to must have been truly cases of pyæmic poisoning, and that in all, the symptoms of the osteomyelitis must have been greatly aggravated by circumstances tending to the development of pyæmia. Dr. Valette found all attempts to check the disease ineffectual, and came to the conclusion that all resections and amputations for the effects of this inflammation after gunshot fractures should be abandoned, and exarticulations substituted, the wounded being scattered at the same time in tents as widely as possible.

M. Jules Roux's observations were made on the disease in its more chronic condition, and he was led

to advocate the same views with regard to the necessity for exarticulation as had been advocated by Dr. Valette. M. Roux had under his care about 2,000 soldiers who had been wounded in the Italian campaign, a considerable number of whom presented diseased conditions demanding consecutive amputation or other surgical interference. At first M. Roux practised amputation, but with such unfavourable results that he was induced to try exarticulation in similar cases instead. This operation proved remarkably successful. There was no death out of twenty-two successive cases, among which were four cases of exarticulation at the hip-joint. In a memoir on the subject which was read before the Imperial Academy of Medicine at Paris in 1860, M. Roux argued that when osteomyelitis after gunshot wounds assumes a chronic form, amputation generally only takes away a portion of the inflamed bone, and in consequence of this incompleteness in the operation the disease is aggravated in the remainder. Hence, he asserted, the failures of secondary amputations for gunshot wounds of the bones; and hence also, in his opinion, the preference which ought to be given to exarticulation, or removal of the whole of the diseased bone, when a surgical operation becomes indispensable.

The views of treatment propounded by M. Roux had led to several protracted discussions at the Academy of Medicine at Paris. They were particularly analysed in an elaborate discourse by Baron Larrey, which he afterwards published. In this discourse Baron Larrey arrived at certain conclusions, six in number, with the general terms of which the author said he believed most English army surgeons would agree. The following were the conclusions referred to.

1. Osteomyelitis after gunshot wounds is more frequent than has been hitherto supposed; but is not inevitable, and in most instances is a means of cure.
2. It may either be limited to a given point of the bone, extend itself partially, or invade the whole of the bone more or less quickly.
3. Every rational mode of treatment must be adopted in the first instance. We are encouraged to do so because we know osteomyelitis is susceptible of spontaneous cure.
4. Sometimes it necessitates resection, and sometimes consecutive amputation, and sometimes, in certain cases, exarticulation is preferable.
5. The existence of osteomyelitis is sufficient to explain the want of success which occasionally follows partial operations in bones affected with this inflammation. But,
6. It does not justify the too exclusive proposition in surgery, that resection of joints and amputations in the shafts of bones are to be abandoned for exarticulation in all such cases.

Mr. LONGMORE thought, however, that the settlement of the question of the proper treatment of chronic osteomyelitis might be carried a step further in precision, especially in cases where want of success had seemingly followed partial operations on account of its presence. Many cases, he stated, came before military surgeons, in which, after amputation had been performed in continuity for gunshot injuries, or for the effects of osteomyelitis consequent upon them, the portions of the limbs left afterwards presented such diseased conditions as to necessitate further surgical interference in order to avert fatal consequences from the patients. In these cases, where the morbid state of all the tissues is manifestly due to the continued osteomyelitic action subsequent to the amputation, what is the course to be pursued? The arguments of M. Jules Roux would urge most forcibly in these cases, that exarticulation is the only treatment that can scientifically be adopted; and

even according to the conclusions of Baron Larrey, these would appear to be "the certain cases" to which he refers in his fourth conclusion, where curative treatment in the first place and consecutive amputation in the next place having failed, disarticulation would be the preferable course to follow. The author had been led to adopt a different conclusion; and, in order to show to the Society the grounds on which his conclusions had been based, he called attention, firstly, to certain preparations belonging to the museum of the Army Medical Department from cases in which exarticulation had been performed or death had occurred on account of osteomyelitis; and secondly, to the histories of some similar cases in which a cure had been effected without exarticulation being resorted to.

The first three preparations exhibited consisted of the upper portions of three humeri. In each of these the history was—amputation at the middle of the upper arm for a gunshot wound, and exarticulation at the shoulder within a year afterwards for osteomyelitis. The fourth preparation was one of the upper part of the femur which had been removed from the patient after death. Amputation had been performed in the middle of the thigh for a gunshot wound in India, and the patient died about a year afterwards from the effects of osteomyelitis in the stump. There was every reason to believe that in all these cases the osteomyelitis was due to the shock of the original gunshot injury, and not to any peculiarities in the amputations or other causes. To show that the simple shock of a gunshot wound is capable of giving rise to general endosteitis in a bone, another preparation was exhibited in which the entire shaft of the femur had been subjected to the action of this inflammation. In this case a musket-ball had only penetrated the soft tissues, and struck the bone, without producing complete or even a partial fracture of its substance.

Another preparation of the upper half of a humerus was exhibited from a case in which the author had performed exarticulation for osteomyelitis four years ago, before his attention had been turned to other modes of treatment. In this case the previous amputation had been performed for the effects of a kick from a horse, and the preparation was exhibited to show that the consequences of the osteomyelitis were exactly similar to those which had occurred after the gunshot injuries.

All the preparations above named showed that in each case extensive necrosis of the shaft had resulted from the endosteitis with which it had been affected; that the necrosed portions were well defined within fixed limits; that in no instance was the necrosis continued to apophysis, although in all the cases the apophyses were more or less in the condition known by the term "osteoporosis;" and that the sequestered portions of the shafts were surrounded by copious shells of new bone, as in cases of ordinary necrosis.

Three cases were then related, in which amputation at the middle of the thigh had been followed by osteomyelitis in the stump, but in which cures had been obtained without exarticulation. The amputation had been performed in two of these cases for gunshot wounds, in the third for the consequences of a compound fracture from a fall. In each of these cases the removal of the sequestra left by the osteomyelitic action was effected by surgical interference, and a sound and healthy condition of the stump resulted. In the case first described, the patient at the time of his admission into hospital at Fort Pitt, from India, had suffered so severely from the effects of the prolonged irritation to which he had been subjected, and the thigh-stump was so extensively dis-

eased throughout, that at a consultation of the staff of the hospital the removal of the stump at the hip-joint was determined to be the only course which held out a fair hope for the patient's recovery. Fortunately, before this serious operation was undertaken, a study of the preparations laid before the Society, and some others of a similar kind, led the author of the paper to determine, as a preliminary measure, to open freely the cicatrix of the amputation-wound, and to take steps for removing all pieces of necrosed bone that might be found within the remaining portion of the shaft. The operation was so conducted that, if necessary, it could have been converted at the time into amputation at the hip-joint, or this formidable operation be reserved for a subsequent resource, if the removal of the necrosed bone did not lead to cure. Complete success, however, attended the first effort; the dead portion of the shaft, which reached up to the trochanters, was extracted, together with some smaller detached fragments. The patient rapidly improved in all respects afterwards, and eventually walked from the hospital with an artificial limb applied to the stump, which had become perfectly sound.

The second and third cases mentioned were those of soldiers who had suffered amputation of the thigh for gunshot wounds, and from subsequent endostitic necrosis in the stump. In both cases the necrosed portions of the shaft were removed by gradual traction through openings in the line of cicatrix of the amputation-wound. In one of these instances, in which the man's limb had been smashed by a round shot just above the knee, at Lucknow, in 1857, an opportunity was afforded of examining the state of the stump five years after the date of the amputation. The stump was then thoroughly sound, and the man able to perform hard work and long journeys by wearing an artificial limb upon it. The motions of the hip-joint were perfect.

The author of the paper stated his present conviction to be that if similar steps had been adopted, and the necrosed sequestra removed, in the instances brought before the Society in which exarticulation at the shoulder had been performed by himself and others, the stumps might have been similarly preserved; and that in the instances of the femoral stump, and the femur affected with endostitic necrosis, the lives of the patients might probably have been saved by such a proceeding. In cases where amputation had been previously performed, the amputation cicatrix should be opened for the removal of sequestra, or, if more convenient, the stump could be opened from other directions; where no previous amputation had been done, the sequestra should be extricated as in ordinary cases of necrosis.

Though not a matter of such importance to avoid exarticulation of a humeral stump as it is of a femoral stump, owing to the danger to life in the latter operation, and the important use of a thigh-stump for the adaptation of mechanical contrivances for assisting in supporting the weight of the body, yet the author maintained the preservation of a humeral stump to be of great value to the possessor, especially when the power of compressing it to the side is retained.

An osteoporotic condition of the articulating heads of the bones, corresponding with the condition shown in the preparations, will not interfere with a successful result if the necrosed sequestra be completely removed. The author alluded to a case in which he had removed a foot at the ankle-joint, in which, on sawing off the two malleoli, the extremities of both the tibia and fibula were seen to be extensively affected with fatty osteoporosis; yet the ends of these bones became firm and solidified under an improved condition of general health, the removal of the

source of irritation which had previously existed in their immediate neighbourhood, and the stimulus of use. There could be no doubt that the head and neck of the femur in the case of the thigh-stump which had been preserved by the removal of the sequestra, the largest of which was exhibited to the Society, was in a state of osteoporosis at the time these sequestra were extracted. The amount of irritation to which the bone had been subjected, the length of time that had elapsed, together with the conditions observed in analogous cases where the opportunity of examining the conditions had been afforded, sufficiently established the fact.

The author concluded by observing, that while adopting generally the views of Baron Larrey, before quoted, in reference to the nature, progress, and treatment of osteomyelitis after gunshot injuries, the following appeared to be fair deductions from the facts and observations he had brought to the notice of the Society.

1. In gunshot injuries of bone, it will be found for the most part—that what might be anticipated from the intimate connection which exists between the periosteal and endosteal investments of the bony tissues, and from the violent general mischief effected by the stroke or passage through them of a projectile—that all the structures participate not only in the immediate local destruction, but also in the extended inflammation which follows, whether the inflammation after a time subsides and terminates in repair, or whether it continues in a chronic form.

2. There exists this difference between the inflammation of the endosteum and that of the periosteum; that of the endosteum has a special tendency after gunshot injuries to degenerate into a chronic condition analogous to that of suppuration in other tissues, to extend itself along the cancellated structure, and thus to produce disintegration and death of the bony substance; that of the periosteum, at the same time, will exist only to such a degree as to cause it to exert a protective influence by the formation of new bone around the diseased tissues, just as in ordinary cases of necrosis from other causes.

3. If amputation in continuity be performed while the endosteum is suffering from the inflammatory irritation excited by the violent injury to which the whole bone has been subjected, especially when this has assumed a chronic form, the endostitis will most probably still pursue its course, even though the divided soft parts may at first become healed, slowly inducing death, more or less extensive, of bony tissue, and in time the usual consequences of such a condition throughout the whole stump.

4. The morbid condition of the endosteum does not usually extend from the shafts of bones into their apophyses.

5. When amputation has been followed by these consequences, exarticulation should not in any case be resorted to for the removal of the diseased stump, until the effect of complete extraction of the dead bone by proper surgical interference has been ascertained.

6. Experience shows that, even although a patient's constitution may be greatly impaired by the prolonged local diseased action to which it has been subjected, and though there may be every reason to conclude that the articular extremity of a bone is in the condition understood by the term "osteoporosis," yet the complete removal of the endostitic sequestra may speedily be followed by restoration of the general health, and by a condition of the stump so sound and firm that it may be applied to any purpose of utility for which, according to its length and position, it may be competent.

Correspondence.

SYPHILISATION AS A MEANS OF CURING CONSTITUTIONAL SYPHILIS.

LETTER FROM PROFESSOR BOECK OF CHRISTIANIA.

No. I.

SIR,—In your JOURNAL of Feb. 4th, Mr. Lee speaks of a patient whom I have cured by Syphilisation. Mr. Lee is of the "decided opinion" that this patient must not, as I believed, have been suffering from tertiary syphilis, but rather from "softening of the bones." I cannot, of course, know whether such a disease has developed itself since this patient left Norway; but I am quite sure that *he had tertiary syphilis* when he came here; and I say, with Professor Simpson, that I have never in the course of my experience seen a more decided case of tertiary syphilis.

On his arrival at Christiania, t^his patient was suffering from exostoses of both tibiae and of the sternal extremity of the left clavicle, and there was thickening and hypertrophy of the frontal periosteum. A bad smell issued from the nose, with separation of small pieces of bone from it; and during his stay here, so large a portion of bone separated from the hard palate that for several weeks any liquid that he put into his mouth came out through the nostrils.

As far as I am acquainted with softening, or mollities, of the bones, it is a very rare disease in the bones of the face—if it ever exist at all in that part; and the "softening of the bones" of the face, together with caries, is a pathological conjunction which, I confess, I have never heard of. I must, therefore, request Mr. Lee to explain what form, species, or type of "softening of the bones" has existed in this case—what, in his opinion, was really the disease, if it was not tertiary syphilis.

To prove that our patient was suffering from "softening of the bones", Mr. Lee states that a relation of the patient has told him that his father died of softening of the bones. Was that relation a medical man? Had he the patient under treatment? Was Mr. Lee acquainted with the history of the case, and the results of the *post mortem* examination? Softening of the bones is of so rare occurrence with men, that loose statements cannot be depended upon, especially when they are used to accuse colleagues of having made such a gross mistake, as I should have made if Mr. Lee's statement were correct.

But it is easy to see the real bearing of Mr. Lee's remarks. Like most others, he considers Syphilisation such a strange and incredible mode of cure, that when the patient told him he had been restored to health by it, during his stay in Christiania, Mr. Lee at once set it down that the patient had not had tertiary syphilis at all. This is the only person that has passed under a full course of treatment by Syphilisation whom Mr. Lee has, apparently, had an opportunity of seeing; and if I had been in Mr. Lee's place, I dare say I should have been equally incredulous. But I have now seen many hundreds who have been

successfully subjected to this same treatment; and, consequently, I was not surprised at the termination of the case. Such is a matter of common and constant occurrence here; and, hence, it was not necessary for me to resort, like Mr. Lee, to any improbable or impossible explanation of the result.

But what I am still more surprised at than the assertion by Mr. Lee of my erroneous diagnosis, is the following passage: "The absence of any eruption in this case, and the interval of some years between the appearance of the supposed primary and secondary affections, would of themselves be sufficient to lead to the inference that the patient's symptoms were not syphilitic."

Two questions are contained in this quotation.

1. Can tertiary syphilis break out after primary syphilis, without secondary symptoms having appeared?

2. Can several years elapse between the breaking out of the primary and the tertiary forms?

First Question. How far the tertiary form can break out without secondary symptoms having previously appeared, is a theoretical question which we shall never be able to get answered satisfactorily. My own opinion, however, is that between the primary and tertiary form there really do exist secondary symptoms. But, for all practical purposes, the case is this: that secondary symptoms may be so slight that the patient is not even aware of their existence, or, at all events, does not connect them with the primary syphilis from which he has previously suffered. I will give one or two instances.

Last year, a man was brought to my Hospital, suffering from subcutaneous tuberculo-serpiginous syphilide—consequently, a very decided case of the tertiary form. I knew the man very well; he had been in the hospital for primary syphilis three years before, and whilst he was there on the first occasion the constitutional complaint broke out. But, just as he was about being treated for this, he was attacked by pneumonia; and, while thus suffering, the symptoms of secondary syphilis, which had begun to show themselves, disappeared. On recovery from the attack of pneumonia, he left the hospital, without being subjected to any anti-syphilitic treatment. But on my asking him last year whether any eruption had made its appearance during the interval, he answered in the negative; and on examining him still more closely, it appeared that he was totally ignorant of the fact of his having suffered at all from constitutional symptoms when formerly in the hospital.

In the eighth plate of the work published by Dr. Danielssen and myself on Diseases of the Skin, you will find a case of subcutaneous tubercular syphilide on the left leg, in connection with a disease of the bone. On closely examining the patient, he said that half a year after the primary affection he felt some slight pain in his throat, which lasted, however, but a short time, and for which he did not consult any medical man; and he had never for a moment imagined that this trifling pain in the throat could have anything to do with the syphilitic affection.

Second Question. On this point, I did not think there could be more than one opinion; viz., that we know how early tertiary syphilis can develop itself after primary, but we are unacquainted with the utmost limit of its development—or rather there exists no such limit. In the above-mentioned case, cited from the work by Dr. Danielssen and myself on the Diseases of the Skin, no less than twelve years had elapsed between the primary and tertiary affections; and many cases have come under my notice in which a still longer time had intervened.

In another letter, I shall describe the method of Syphilisation which I follow, and its results.

I am, etc.,

W. BOECK.

Christiania, March 4th, 1865.

CHANGE OF TYPE IN DISEASE.

LETTER FROM W. O. MARKHAM, M.D.

SIR,—I am glad to find that Dr. Barclay gives up one of the two legs upon which he rested his idola of change of type in disease.

Your readers will remember that Dr. Barclay originally objected to my argument against the theory in this way: You have, he said, staring you in the face two unanswerable facts—viz., the advent of cholera into this country, and the exit of plague from it; and yet you tell us that there is no such thing as change of type in disease!

In his letter of last week, however, Dr. Barclay himself admits that one of these facts—the plague—is not satisfactory; and that it may be fairly explained away by "improved sanitary arrangements". He at present, therefore, rests his argument solely upon the cholera; so that his original statement may now be said to go upon crutches. On further consideration, he will, I am satisfied, also give up the cholera as a fact demonstrative of change of type in disease. If there be one lesson more than another which Dr. Barclay's book on *Medical Errors* teaches us, it is this: to avoid illogically connecting together a sequence with an antecedent, so long as attendant disturbing causes have not been satisfactorily disposed of as possible agencies of causation. Now, Dr. Barclay must forgive me if I remind him that, in this instance of cholera, he himself has forgotten the lesson he has pressed so home upon others. If the simple fact of cholera appearing in this country be any indication of change of type in disease, Dr. Barclay is bound to show, or give good reasons for the belief, that the poison had often previously swept across the land as a malaria, or been introduced into it by the way of contagion, and yet had taken no root, because men's bodies were not then typically ready for its entrance, or because they had not yet got that sort of constitution which is a proper pabulum for the poison. But Dr. Barclay knows well the history of cholera. He knows that it advanced from the East step by step, desolating and destroying; that we heard of its coming, and predicted its coming, long before it arrived; and that, whether it be contagious or not, it most assuredly followed the exact course which a contagious disease follows when it spreads itself far and wide. How then can my friend assert that the fact of such a disease as this falling upon us, and coming to us by traceable stages direct from the country of its probable birth, is a proof that disease has changed its type? Surely, if the proof of the theory is ever to be given, it must come from the grounds upon which I argued against it—viz., from proofs that well-known ordinary diseases here, under our own very eyes, have changed their character.

I must again say, that to me it appears we might just as reasonably say that diseases had changed their type among the Ojibbeway Indians when civilisation introduced small-pox among them, or among the New Zealanders when it introduced into their country the larger disease, as say that the presence of cholera in England is a proof that diseases have changed their type. I am, etc.,

W. O. MARKHAM.

3, Harley Street, March 27th, 1865.

GOVERNMENT INSURANCES AND MEDICAL FEES.

LETTER FROM JAMES REID, Esq.

SIR,—I am sorry to learn by the JOURNAL of March 18th, that the Metropolitan Counties Branch have failed to impress upon the Postmaster-General the justness of their appeal for fair remuneration to the medical referees under the Government Insurance and Annuities Act.

It appears to me that we have ourselves to thank for the low opinion government takes of our services, and of our *own* regard for what we do. The unjust scale of fees regulated by the sum insured, which so many assurance offices adopt, and which many medical men so readily accept, has been a plan which the government have followed in getting their work done at the lowest cost; just as they adopted the medical club system of a penny per head per week in fixing the remuneration for a civil practitioner in attending upon troops. This system found favour with some medical men, and fierce contests took place to obtain these appointments to medical clubs, all which government appreciated in the true free trade spirit, when they wanted to fix the payment for medical attendance upon their soldiers. I cannot so much blame government in this as ourselves; but I do find fault with the injustice of requiring the expenditure of the same amount of time, skill and thought being paid by different sums of money, according to the sum to be assured. We are asked to determine the healthiness and probable duration of a life, and do not want to know the amount to be insured in order to solve this proposition—indeed we shall decide best by knowing nothing about it. The work to be done is uniform in all instances; it should be met by a uniform fee, and should be kept free, to the interest of all parties, from any sliding scales of carefulness on the one hand, or payment on the other. If there was any justice in the money scales it should be 2s. 6d. for £50, 5s. for £100, 7s. 6d. for £150 insured, and so on. I know it is pleaded that these small sums cannot meet the expenses of insurance unless the medical man is content to take the small remuneration; then, I say, do without the medical opinions and take the risk—it is but a small one; or reduce the work and responsibility by merely requiring a general inspection and certificate as commonly suffices for a benefit society; otherwise it is robbing the medical man to pay the expenses of insurance. Again, *charity* is pleaded; but this is nonsense, for it is absurd to take from a man's pocket, or his fair remuneration for your own profit, or that you may not suffer, and call it charity. I have held some such arguments as these with various assurance offices, and many years ago refused the glitter of the New Equitable's two guineas, because under it there was an arrangement about less fees on the smaller sums insured. I have steadily declined to have anything to do with them, and shall treat this new government insurance and annuity society, whilst their present plan continues, in the same way. This act of the Postmaster-General will confirm the various insur-

ance societies who have acted on this principle, and embolden them to proceed yet further in this direction.

I hope some means may be devised, by memorial or otherwise, by which a few thousand opinions may be sent to the Postmaster-General to meet the seven hundred letters of consent to his proposal. The measure of government insurance and annuities is a good one, and deserves to be well carried out, but not at the expense of, or injustice to, the medical profession. I am, etc.,

JAMES REID.

11, Bridge Street, Canterbury, March 21st, 1865.

Medical News.

APOTHECARIES' HALL. On March 23rd, 1865, the following Licentiates were admitted:—

Griffith, Griffith, Edeyrn, Pwllheli, Carnarvonshire
Griffith, Thomas, Merthyr Tydvil
Orton, George Hunt, Narborough Hall, Leicestershire
Worthington, James Vince, Ulverstone, Lancashire

At the same Court, the following passed the first examination:—

Burn, William Barnett, St. Bartholomew's Hospital
Ellis, William Henry, St. Bartholomew's Hospital
Quick, John, St. Bartholomew's Hospital

APPOINTMENTS.

DUCKWORTH, Dye, M.D. Edin., elected Assistant-Physician to the Royal General Dispensary, Bartholomew Close.

ROYAL NAVY.

GRIGG, Joseph, Esq., Assistant-Surgeon, to Greenwich Hospital.
JAMESON, Thomas, Esq., Assistant-Surgeon, to the *Victory*.
REDMOND, William, Esq., Assistant-Surgeon, to the *Asia*.
STEWART, William H., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

HORGSON, F., Esq., to be Honorary Assistant-Surgeon 5th Yorkshire A.V.
NASON, R. B., Esq., to be Assistant-Surgeon 1st Administrative Battalion Warwickshire R.V.
TREED, F., Esq., to be Surgeon 1st Administrative Battalion Flintshire R.V.
THOMPSON, A. B., Esq., to be Honorary Assistant-Surgeon 19th Essex R.V.

DEATHS.

BROWN, Robert, M.D. (Staff-Surgeon Royal Army, and Medical Superintendent of Quarantine at Standgate Creek), at Strood, near Rochester, aged 84, on March 25. His full-pay service extended over sixty-two years.
BULLER, R., Esq., Surgeon, at Bampton, Oxfordshire, aged 84, on March 12.
HARDEN. On March 20, at Brixton, Maria, wife of Charles Harden, Esq., Surgeon.
*HILL, John, Esq., at South Cave, Yorkshire, on February 22.
JOLLYE, Edward W., Esq., Surgeon, at Norwich, on February 20.
LORD, James, Esq., Surgeon, at Fleetwood, Lancashire, aged 45, on March 16.
MCCOLLAR, John R., Esq., Surgeon, at Beeth, Yorkshire, aged 51, on March 8.
MAXWELL, Robert, Esq., Surgeon, at Millport, Isle of Cumbrae, on March 19.
MORRISON, C. H., Esq., Surgeon, at Dumanway, County Cork, on March 14.
OLIVER, T. H., Esq., Surgeon, at Southdown, aged 92, on March 4.
RIBBON, G., M.D., at Kingstown, Dublin, on March 17.
RILEY, John, Esq., Surgeon, at Maidstone, Australia, aged 86, on December 18, 1864.
SIMPSON, T., M.D., at Old Calabar, on January 4.
WILLEY, Thomas, Esq., Surgeon, at Littlethorpe, Leicestershire, aged 41, on March 10.
WYNN. On March 22nd, aged 49, J. Teresa Elvira, wife of J. M. Wynn, M.D.

MR. JUSTICE WILLES, at York, thanked a medical witness for calling a black eye a black eye, instead of an ecchymosed one!

CONVERSAZIONE AT GUY'S HOSPITAL. On Tuesday last, a *conversazione* was given by the Treasurer of Guy's Hospital.

ROYAL COLLEGE OF SURGEONS. In future the museum, like the library, of the College of Surgeons will be kept open until five o'clock from March to August. Heretofore it has been closed at four o'clock.

APOTHECARIES' HALL. The Court of Master, Wardens, and Assistants of the society, have appointed Dr. William Perrin Brodribb secretary to the Court of Examiners, *vice* Alfred Mayor Randall, Esq., F.L.S., resigned.

CALCULOUS DISEASES are said to be almost unknown in the neighbourhood of the Moselle; but in other districts very frequent—in Upper Swabia, in the lime-districts of the Jura Mountains, in Dauphiny, etc.

THE LATE DR. J. DICKENSON. Professor Chevalier is, we hear, about to produce a biography of the late Dr. John Dickenson, who accompanied the missions of Oxford, Cambridge, and Durham, into Central Africa, and then perished in discharge of his duty.

THE ORDER OF THE BATH. The Queen has appointed to be Knights Commanders of the Most Honourable Order of the Bath, *inter alios*, J. B. Gibson, M.D., C.B., Director-General of the Army Medical Department; and W. Linton, M.D., C.B., Inspector-General of Hospitals.

THE LATE DR. FALCONER. Upwards of £1,000 have already been subscribed towards the proposed memorial of this gifted man of science. The proposed memorial will be a scholarship founded in connexion with the University of Edinburgh. A bust of Dr. Falconer will also be placed in the rooms of some London Society.

SIR RUTHERFORD ALCOCK, the late minister in Japan, served as surgeon with the British Legion in Spain, under Sir De Lacy Evans. He was successful on two occasions as Jacksonian Prizeman of the College of Surgeons. The subject of one prize was Concussion of the Brain; and of the other, Injuries of the Thorax, etc.

JERKED BEEF. At a meeting of the Commissioners of Sewers, Dr. Letheby said he had carefully examined the dried beef which is being brought from South America, and found that all the fat it contained was rancid; but with regard to the lean portion, although he had eaten none of it himself, he considered it was perfectly wholesome as human food.

AN INDIAN PHARMACOPOEIA. The sanction of Government authorities has been given to the publishing of a special Pharmacopoeia for India. The object is to call the attention of Indian medical officers to the indigenous plants and drugs of India. The carrying out of the work has been given to Mr. Waring, the author of a work on therapeutics. Sir Ranald Martin and other medical men in London have been formed into a committee to superintend the publication.

ASYLUM FOR IDIOTS. At the eighteenth annual festival of this institution, it was stated that the benefits were conferred upon 400 inmates of the asylum at Earlswood. Amongst other things taught were reading, writing, and reckoning. There was also a shop in the institution, at which buying and selling were carried-on, so that the children might be exercised in carrying on business. The estate, which belonged to the subscribers, was worth £50,000, and there was not a shilling owing. It was proposed to double the size of the asylum. The amount of subscriptions was about £2,000.

UNIVERSITY COLLEGE HOSPITAL. The annual report stated that during last year 28,000 sick poor had been relieved, and that the indoor patients had numbered 1,457, against 1,258 in the preceding year. The yearly expenditure of the charity was £6,936, of which only £3,000 is derived from fixed sources of income. Mr. E. Yates had bequeathed to the charity, in reversion, the residue of his estate, valued at about £40,000; and Mr. A. W. Jaffray had left a legacy of £2,000 free of duty.

THE ROYAL SOCIETY. The following are the names of the medical candidates for election into the Royal Society. A. L. Adams, M.B., A. Armstrong, M.D., W. Baird, M.D., J. C. Bucknill, M.D., Professor Robert Grant, W. A. Guy, M.B., G. Harley, M.D., B. Hobson, M.B., E. C. Johnson, M.D., Henry Letheby, M.B., W. A. Lewis, M.B., R. McDonnell, M.D., Charles Murchison, M.D., Sir J. P. Olliffe, M.D., C. B. Radcliffe, M.D., J. R. Reynolds, M.D., E. H. Sieveking, M.D., and A. T. H. Waters, M.D. There are fifty-three candidates of all classes; and only fifteen appointments inclusive of medical men to be made.

CONTAGIOUS DISEASES PREVENTION ACT. In the committee of supply in the House of Commons on March 24th, Mr. Ayrton complained of a sum of £5,000 being devoted to rendering the soldiers the great disservice of ministering to their immorality. He wished to know what towns were to benefit by this disreputable appropriation. Mr. Locke defended the vote, which he said was for the protection of the soldier. The Marquis of Hartington said the £5,000 would be spent principally in the wards of lock hospitals in several garrison towns; in erecting new lock hospitals where such wards could not be obtained, and specially at Aldershot for such a hospital. The vote was then agreed to.

CLOSE QUARTERS. It is calculated by the Registrar-General, allowing for increase of population since the Census, that the borough of Liverpool contains on an average 93 persons to an acre of ground, the city of Glasgow 84 persons, of Dublin 67, of Manchester 79, and the borough of Salford 21. The borough of Birmingham has 42 persons to the acre, the city of Edinburgh 39, of Bristol 34, the borough of Leeds 10. The metropolitan district (122 square miles) has an average rather below 39 persons to the acre. The ten towns together have an area of 219 square miles, and an average of 25,216 persons to a square mile. Placing a person on each square yard, 3,097,600 persons would occupy a square mile.

CHEMISTS' AND DRUGGISTS' BILL. On Wednesday last Sir F. Kelly moved that the Chemists' and Druggists' Bill be read the second time. He observed that the public had at present no protection whatever against unqualified persons carrying on the business of chemist and druggist, and this Bill enacted that hereafter persons commencing such business and compounding prescriptions shall be examined and passed by examiners under the Pharmacy Act, and be registered. He alluded to another bill, with the same title, introduced by Sir J. Shelley, which proposed that the examination should be made by a council of the trade, to be elected from the general body, and he stated his objections to this scheme of examination. Sir J. Shelley pointed out the distinctions between the two measures, and urged the greater advantage of placing the examination under the United Chemists' Society, instead of the Pharmaceutical Society, as regarded the interests of the trade, as well as those of the public. He suggested that both bills should be read the second time, and referred to the same select committee. Mr. Brady

supported the present bill, panegyrising the Pharmaceutical Society, and placing its pretensions in very favourable contrast with those of the Chemists' Society. Mr. Kinglake remarked that the Pharmaceutical Society had already a machinery for conducting examinations, whereas the Chemists' Society had none, and must create one. The bills were read a second time and referred to a select committee.

MEDICAL SOCIETY OF LONDON. The ninety-second anniversary meeting of this Society was held on March 8th. The following gentlemen were declared to be elected officers and Council for the ensuing year:—*President:* I. Baker Brown, Esq. *Vice-Presidents:* T. Davidson, M.D.; W. Harding, Esq.; G. D. Gibb, M.D.; and H. Smith, Esq. *Treasurer:* P. Marshall, Esq. *Librarian:* J. Palfrey, M.D. *Secretaries in Ordinary:* E. S. Thompson, M.D.; and E. A. Hart, Esq. *Secretary of Foreign Correspondence:* V. de Méric, Esq. *Council:* F. E. Anstie, M.D.; T. Bryant, Esq.; W. Camps, M.D.; W. Cholmeley, M.D.; R. P. Cotton, F.R.C.P.; W. J. Coulson, Esq.; R. Greenhalgh, M.D.; C. J. Hare, M.D.; C. H. Rogers-Harrison, Esq.; W. Harvey, Esq.; E. Head, M.D.; J. Jones, M.D.; A. Leared, M.D.; F. Mason, Esq.; H. P. Roberts, Esq.; W. R. Rogers, M.D.; W. Smiles, M.D.; W. A. Smith, M.D.; J. L. W. Thudichum, M.D.; J. Soelberg Wells, M.D. *Orator:* T. C. W. Cooke, Esq.

THE CASE OF DR. PRICHARD. The authorities in Glasgow have received a communication from Professor MacLagan, stating that antimony has been found abundantly in the liver, the spleen, intestines, and blood of the late Mrs. Pritchard. We believe we are correct in stating that steps are now in progress for committing the prisoner for trial. Our Glasgow correspondent says that the result of the analysis is looked upon as having given to the case a decidedly unfavourable aspect for the prisoner. With regard to the late Mrs. Taylor, the mother of Mrs. Pritchard, we believe the exhumation of her body is considered necessary, on account of an allegation that there was something peculiar about the registration of her death. It is said that, when the registrar applied to Dr. James Paterson, who attended Mrs. Taylor, he declined to give a certificate regarding the cause of death, at the same time intimating that he considered there was something in connexion with her decease which called for investigation. It is further stated, that Dr. Pritchard registered the death himself, and stated that deceased was seized with paralysis, and that an hour's attack of apoplexy supervened; whereas Mrs. Taylor's illness only lasted for four hours in all. (*Scotsman*.)

THE SANITY OF CRIMINAL LUNATICS. It may seem hard that those who are restored to comparative sanity should still be condemned to the darkest and most terrible of all dooms—that of perpetual incarceration in a madhouse—with the very worst class of maniacs. Yet this rule is necessary. There are several now in Broadmoor who years ago were only saved by accident from completing murder, and who afterwards passed two or three years in lunatic asylums. There in course of time quiet and careful medical treatment at last succeeded in restoring them to apparent sanity, and they were set at liberty. But the mind which seemed sane in the quiet good order of a well-regulated asylum, soon lost its balance when returned again to struggle with all the nervous excitements of the world. Some such who have been once liberated are now at Broadmoor—committed to its never-ending confinement, not for having attempted, but this time for having completed, sometimes one, sometimes more murders under circumstances of peculiar cunning and premeditation. Some

of these are still as bad as ever; some have been restored again to almost sanity for the second time. Neither will evermore be trusted at liberty. A commitment to Broadmoor for murderous madness is as final as regards the chances of return to the world as death itself.

THE MEDICO-PSYCHOLOGICAL SOCIETY OF PARIS, AND TOWNLEY. The *Derby Reporter* says: We last week inserted what we had reason to believe was a truthful statement respecting certain proceedings of the Medico-Psychological Society of Paris in reference to its opinion as to the mental state of G. V. Townley. We find, however, on the authority of Dr. Lockhart Robertson, the able editor of the *Journal of Mental Science*, and himself a member of the French Medico-Psychological Society, that we, in common with the entire provincial press, have been made the dupes of charlatanism, and the unconscious advertisers of an indirect falsehood. This gentleman alleges, in the most positive manner, that the Medico-Psychological Society has made no report; and therefore the communication which we had received from London in all good faith is a dishonourable ruse to bolster up a professional mistake, and to throw discredit on opinions given by such able and honest men as Drs. Bucknill, Hood, and Meyers. In order not to be entangled in the meshes of professional pique, and to justify us in the statements we have now made, we publish in full two letters by Dr. Lockhart Robertson, which appeared in the *BRITISH MEDICAL JOURNAL*.

CORK MEDICAL PROTECTIVE ASSOCIATION. The annual meeting of the County and City of Cork Medical Protective Association was held on the 16th inst., in the Royal Cork Institution; Dr. Harvey, President, in the chair. The following resolutions were unanimously adopted:—"That in conjunction with the metropolitan and other associations, we persevere in our efforts in impressing on the Executive and Legislature the justice of a retiring allowance or compensation to Poor-law medical officers, when incapacitated by old age or loss of health in the performance of their duties as public servants. That we value the expressed opinions of Poor-law Guardians, who, from their long experience in the working of the Medical Charities Act, deem less than £100 a year insufficient payment for the dispensary medical officers, and that we exercise every legitimate influence to insure this sum as the *minimum*. That we reiterate our conviction, that the Medical Council, under the Medical Reform Act, has failed in its duty to the profession and the public, in not prescribing, as they had power to do, a *maximum* standard of education for candidates about to enter the profession; and also for not taking more stringent measures to prevent the assumption of medical titles by unqualified persons. That it is much to be desired that some fixed principle on the part of the Army Medical Department, as to the rank and pay of medical officers, be adopted, so as to insure the best qualified men for appointments in her Majesty's service. That an approaching general election for members of Parliament will place in the hands of the profession (which is virtually unrepresented) a power to influence the several candidates to support in the House of Commons the legitimate claims of a body of men whose services to the public have been overlooked, and that we call on our brethren throughout the kingdom to exercise their franchise subject to this condition. That we feel deeply the valuable services rendered by the press of Ireland whenever the interests of the profession have called for its advocacy."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY.. St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8 P.M. Mr. Walter J. Coulson, "On Lithotripsy"; Dr. E. Day, "On Menstruation during Pregnancy";—Epidemiological Society, 8 P.M.—Entomological.

TUESDAY. Pathological Society of London, 8 P.M.

WEDNESDAY. Obstetrical Society of London, 7 P.M., Council Meeting, 8 P.M., Dr. Meadows, "Case of Moustrosity"; Mr. Truman, "Extrauterine Fœtation"; and other Papers.—Geological.

THURSDAY. Harveian Society of London, 8 P.M. Dr. Camps, "In what Class of Cases and under what Circumstances may we reasonably hope for Cure in Epilepsy."—Royal.—Chemical.—Linnæan.

FRIDAY. Western Medical and Surgical Society of London, 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.—Astronomical—Royal Institute.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. RICHARDSON'S papers will be continued in an early number.

THE PRESIDENT OF THE MEDICAL COUNCIL gives a *conversazione* at his house in Cavendish Square on April 5th.

BLISTERS IN RHEUMATISM.—The practice of applying blisters to the joints in acute rheumatism was, it is said, practised many years ago on a large scale at the Whitworth and Hardwicke Hospitals in Dublin.

THE ARMY MEDICAL EXAMINATIONS.—The highest number of marks, we are told, which can be obtained by army medical candidates, is 6900; not 6000, as was stated in this JOURNAL. The highest number obtainable at Chelsea, is 3400; and at Netley, 3500—making together 6900.

THE GRIFFIN TESTIMONIAL FUND.—Sir: The following subscriptions have been further received on behalf of the above Fund:—C. Spurgin, Esq. (Stratford St. Mary), 10s.; R. Slemman, Esq. (Tavistock), 5s.; H. T. Woodd, Esq. (Tavistock), per Mr. Slemman, 5s.; J. Pearce, Esq. (Tavistock), per Mr. Slemman, 5s.; W. C. Northey, Esq. (Tavistock), per Mr. Slemman, 5s.; R. Willis, Esq. (Tavistock), per Mr. Slemman, 5s.; J. G. Doidge, Esq. (Tavistock), per Mr. Slemman, 5s.; J. H. Willis, Esq. (Tavistock), per Mr. Slemman, 5s. From Lower Norwood, 5s.

Amount previously announced, £11s:10s:0. Received at the Lancet office, £7:17:6.

I am, etc.,

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, March 23th, 1865.

IRISH ARMY SURGEONS.—(F. P.)—The standard of general education required by the Dublin College of Surgeons, is lower than that of any other Examining Board in the United Kingdom. Of course, therefore, we may fairly conclude that the Irish medical candidates who are now flocking into the army are the worst educated, as regards general education, of all the candidates who apply for military honours. Whether a low style of general education is likely to advance the credit of our profession in the army, is a question which we will leave for the consideration of the Director-General and the Netley examiners.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following notice has been issued.

The Council of the Faculty have had the subject of *ad eundem* licences under consideration, and have resolved not to grant a diploma to any candidate who has not been examined and found qualified in all the branches of medical and surgical science comprehended in the curriculum of the Faculty. The circumstance of our *ad eundem* diploma having been granted, in a very few instances, to members of the Royal College of Surgeons of England who have not been examined on our full curriculum, arose from an inadvertent oversight. JAMES PATERSON, M.D.,

Faculty Hall, Glasgow, March 14th, 1865.

Registrar.

IODINE AS A PREVENTIVE OF SUPPURATION.—SIR: In your issue of March 11th, you state that M. Pétrequin has recently proposed a new method of preventing suppuration after the removal of tumours; namely, by means of the tincture of iodine. I beg to inform you that this method has for many years past been employed here by Mr. Spence, Professor of Surgery in the University. He has been in the practice of stating in his lectures, that he has sometimes, in amputations, used methylated spirits brushed over the flaps; and in cases where there have been abscesses in the soft parts included in the flaps, he has brushed the pyogenic surface—occasionally, even the whole surface of the flap—with strong tincture of iodine; this treatment being followed by decidedly beneficial effects.

Professor Spence, moreover, recommends in the case of chronic abscess requiring evacuation, that a free incision be made, and their inner surfaces painted with tincture of iodine. This treatment, practised in the Professor's wards in the Royal Infirmary, has been attended always with success, and is now invariably employed in cases of the above description. I am, etc.,

A PUPIL OF PROFESSOR SPENCE.

Edinburgh, March 15th, 1865.

[If our correspondent will again peruse the article to which he refers, he will see that we have not stated M. Pétrequin's idea to be *new*. It has no doubt arisen out of the known fact of the antipyogenic influence of iodine. But, if we understand our correspondent rightly, he tells us that Professor Spence uses iodine in cases where suppuration has already occurred, to retard the further formation of pus; whereas M. Pétrequin uses iodine to prevent suppuration altogether. EDITOR.]

COMMUNICATIONS have been received from:—PROFESSOR SIMPSON; DR. GILCHRIST; DR. DURANT; THE HON. SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; DR. RADFORD; DR. JOHN THOMPSON; MR. H. E. NORRIS; DR. D. NORRIS; MR. CHRISTOPHER HEATH; DR. CRUISE; DR. HENDERSON; MR. SOUTHAM; AN OLD MEMBER; DR. DAVIS; THE HON. SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; MR. WINDSOR; DR. FREDERICK J. BROWN; DR. R. FOWLER; DR. DUCKWORTH; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; MR. A. B. STEELE; DR. HUGH NORRIS; and MR. BROADBENT.

BOOKS RECEIVED.

1. A Practical Enumeration of Various Diseases of the Human Body of Both Sexes, etc. By W. S. Oke, M.D. Second edition. London: 1865.
2. Manual of Physiology. By W. B. Carpenter, M.D., F.R.S. Fourth edition. London: 1865.
3. On Primary Cancer of the Brain. By G. Mackenzie Bacon, M.D. London: 1865.
4. A Critical Inquiry regarding Superfœtation: with Cases. By George Lindsay Bennet, M.D. Edinburgh: 1865.
5. The Insanity of George Victor Townley. By C. Black, M.D. Lond. Fourth edition. London: 1865.
6. Stammering and Stuttering, their Nature and Treatment. By James Hunt, Ph.D. Sixth edition. London: 1865.
7. On Intra-thoracic Cancer. Part I. By J. Cockle, M.D. London: 1865.
8. Revelations of Quacks and Quackery. Reprinted from the "Medical Circular". London: 1865.
9. Annual Report of the Committee of the Manchester and Salford Sanitary Association. Manchester: 1865.
10. Sussex County Lunatic Asylum. Annual Report. 1865.
11. On the Motions of the Human Feet. By James Bowie. London: 1865.

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T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, April 1865.

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A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,
CHRISTIANIA.

If space can be given me in this JOURNAL, I will take the liberty of briefly describing the process of syphilisation, and state the results which I have observed up to the present time.

I feel the more called upon to take this step, as I perceive, by Mr. Lee's letter in the JOURNAL of February 18th, that medical men in England are totally unacquainted with the whole proceeding. I know nothing of Mr. Lee's own experience in syphilisation, and possibly he has not tried it; but he says that Dr. Marston has informed him that he has lately carried it to the extent of forty to sixty inoculations without any satisfactory result. From these words, it is evident that Mr. Lee has not studied the principles of syphilisation. What Dr. Marston has done has been simply to inoculate a few times with syphilitic matter; but inoculation is not entitled to the name of syphilisation unless it be continued until the syphilitic matter will no longer take. It is necessary to continue inoculating as long as the virus has any visible effect on the system. Mr. Lee will perhaps answer, that the virus never ceases to have a visible effect, for this assertion has been made by some; but I know for certain that it does, having myself observed such to be the case in every one of the seven or eight hundred patients whom I have had under treatment.

The virus seldom loses its power on the system earlier than at the end of three months, and seldom later than at the end of four months and a half. However, after the lapse of some time, it will be possible, by inoculating with syphilitic matter, to produce on the patient a pustule or a sore; and in proportion to the time which has elapsed after syphilisation, a greater or less number of pustules can be produced; but these pustules and sores are never so large, and it will never be possible to produce such a series of inoculations as take place during the first syphilisation.

With regard to the syphilitic virus, the body never returns to the state in which it was before syphilisation. And here lies the turning-point or gist of the whole matter. Here we discover the striking analogy between syphilisation and vaccination. From this point of view the matter must be considered; and when syphilisation has been practised in strict conformity with this theory, the same astonishing results will be seen which for a long course of years I have been able to produce by this method. But people have not cared to consider the matter in this light. The French Academy knocked syphilisation in the head without knowing practically anything about it; and everybody has blindly followed the French Academy. The whole affair has been considered as a chimera. What I am most surprised at is,

that practical Englishmen should have allowed themselves to be led away by mere words, instead of examining the hard facts for themselves.

Mode of Syphilisation. In syphilising, I take matter from an indurated chancre, and inoculate each side of the chest with three different punctures. After the lapse of three days, I take matter from the pustules which by that time have made their appearance, and inoculate the sides also with three different punctures on each side, always extracting matter from the last matured pustule for the next inoculation, until this matter no longer takes on the sides. I then extract matter from the sides, and in the same manner as before inoculate the arms, where it again takes for a few successive times; and proceed in the same manner as before on the sides. When it ceases to have any effect on this part, I take the matter from another patient under treatment for syphilisation. This matter will take for a few successive times; and with it I inoculate the sides of the chest and the arms at the same time. When this matter (from the other patient) loses its effect on these parts of the body, I transfer the matter from the arms to the thighs, where it again will take for a few successive times; and, when it no longer produces a satisfactory result, I introduce new matter extracted as before from another patient under treatment for syphilis with syphilisation. I now continue on the thighs until the matter becomes inoperative. When the virus ceases to have any effect on the thighs, the patient will either be cured, or every symptom of the disease will in a short time vanish. One or two mucous tubercles will sometimes remain, or an exudation in the throat, etc.; but these soon disappear on the application of caustics.

With regard to the mode of inoculation, it is necessary to be careful to make every group of punctures at some distance from the one previously made; otherwise large confluent sores may result. I would likewise draw particular attention to the necessity of first inoculating on the sides, as chancres on this part of the body are seldom large, and have never, in the course of my experience, become phagedenic. If we begin with the thighs, the chancres will be large, and may possibly become phagedenic, and leave a bad cicatrix. If we finish with the thighs, susceptibility will to a great extent have ceased to exist, and the sores which then arise will neither be large nor deep.

The different degrees of development which we observe chancres to reach on the different parts of the body, according to the part which has been first inoculated, must be the surest proof that syphilisation does not only act locally, but also produces absorption into the system; and that the whole body is influenced by this treatment.

Syphilisation must be adopted in cases of *Constitutional Syphilis* only, it being often difficult or impossible to tell whether constitutional syphilis will follow a chancre; and syphilisation ought to be adopted chiefly or only when mercury has not been previously given. Even after mercurial treatment, syphilisation is certainly the best method that can be followed; but in that case there will not unfrequently be a relapse; and as long as the doctrine of syphilisation meets with such strong opposition, the mercurial treatment previously adopted is liable to be forgotten, and the cause of the relapse to be assigned to syphilisation. In fact, syphilisation must be the first method resorted to in constitutional syphilis, and not the last.

Results of Syphilisation. I will now state the results of syphilisation as practised by me in my public ward in the hospital in Christiania. From October 1852 to the end of February 1865 there have been 502

patients subjected to the treatment of syphilisation, of which number 429 had not been under mercurial treatment. Of these latter number, 38½ were cured completely, and 45 have returned to the hospital with a relapse, 28 of whom were not subjected to any new constitutional treatment. In these, external remedies have been alone applied, and in the greatest number of cases only for a few days. Thirteen of the forty-five were resyphilised; and four of them were treated with iodide of potassium.

Of the 429 there were 42 children suffering from hereditary syphilis. Many of these had atrophy; but I wished to see to what extent syphilisation might be practised. Of these 42 children, 22 died. This may perhaps be considered a high rate of mortality; but whoever knows anything of the treatment of hereditary syphilis in new-born children will not find this result unsatisfactory. Moreover, of the aforesaid 429 individuals, one child, who was suffering from acquired syphilis, died of croup, and a woman, aged forty, of dysentery. The state of the patients' health after treatment has been most satisfactory. Apoplexy, paralysis, and the numerous internal affections, which are an every day occurrence after mercurial treatment, have never, as far as my experience goes, followed syphilisation. Tertiary symptoms have been confined to slightly developed affections of the bones; and of these cases I have seen four.

In my private practice I have had at least 250 persons under treatment, who, whilst the treatment was proceeding, were able to transact their daily business. The results of syphilisation in my private practice have been still better than in the hospital, these patients having been in easier circumstances. But as their case did not come under the observation of any one but myself, I will say no more regarding them.

If the results of syphilisation be compared with those of mercurial treatment, the difference will be found so extraordinary that the most zealous advocates of the latter must yield their opinion to the force of facts. There is, however, one point in which these two modes of treatment do not differ so widely; and that is, with respect to their several results upon the offspring.

The effect of mercurial treatment on the offspring has long been known. It is acknowledged as a fact that, when the mother has been treated for syphilis with mercury, the first children have been either in a state of putrefaction, or still-born or syphilitic; and there is no certainty that she will ever give birth to healthy children. I have, however, shown, in my statistical work entitled *Recherches sur la Syphilis* (Christiania, 1862), that when a female patient has been treated for syphilis previously to the age of puberty, she almost always gives birth to healthy children. If a male patient have been treated for constitutional syphilis with mercury, his children will generally be healthy. With but very few exceptions, they will be free from the disease; and even with the exceptions, they will not have it in so high a degree as those born of a mother who has been syphilitic. With regard to syphilisation the case is similar; but my experience, which on this subject is not trifling, would seem to justify the idea that the mother sooner begins to have healthy children after syphilisation than when the parent has been subjected to mercurial treatment; and if a mother, after syphilisation, has given birth to a healthy child, the children born afterwards will not be syphilitic, which they sometimes are after mercurial treatment.

An attempt has been made to throw obstacles in the way of syphilisation by pointing to its results where children are concerned, and alleging its inferiority in such cases to mercurial treatment. It has also been attempted to prove that so-called "deriva-

tion" is not a cause of disease in the offspring; but this is not true, for the case is precisely the same after derivation as after syphilisation.

I have now given a brief description of syphilisation as I practise it, and its results; and it would be indeed gratifying to me if its vast superiority over the mercurial system were to be recognised; and, if this is ever to be recognised anywhere, it must be by the most practical of all nations. With regard to syphilisation, there are many trifling points to be noticed, in order that the different stages of the process may follow with regularity, and produce the desired result. By long experience I have learned that, wherever syphilisation has been tried, it has been rejected on account of inability to surmount the small impediments connected with the system.

It has been asked in what way syphilisation acts on the system; and I must confess that I do not know. The results are plain enough; but how they are brought about I am unable to explain. But do we know more of vaccination and of many other great facts in the science of medicine? It is easy to construct a theory; and it would be strange if I had not formed one after having practised this method for nearly thirteen years; but it will make little difference to me if my theory should be proved a false one, for the facts will remain as strong as ever.

I consider syphilis to be a disease which has to go through a certain cycle. We often see that it vanishes when left to take its own course; but we are unable to say how often at a later date it may return. I think that all I can say with certainty is, that relapses after the "expectative method" are less frequent than after the use of mercury. I have shown, in my statistical work above referred to, that no treatment is followed by so many relapses and gives generally such bad results as the mercurial. The reason of this, I believe to be very simple. Mercury interrupts the cycle which the disease has to pass through; it is not able to break out on the skin and the mucous membranes, and it consequently attacks other organs at a later period. By means of syphilisation, syphilis is made to pass through an artificially produced cycle; the course of nature is not interrupted, but, on the other hand, assisted, and sometimes hastened.

In the course of my practice, I have been compelled, by childbirth or some other illness, to stop syphilisation; and, in such cases, relapses have often occurred. The cycle which has commenced is interrupted; and this, I believe, often happens when the disease is left to take its own course; for, during the time that the disease will have taken to pass through its several stages, many circumstances may arise to produce an injurious effect.

I will say no more of my theory. What I have written is essentially practical. What we have to look to in this case are facts. There will be plenty of time for disputation when the main point is settled.

If fifty patients in one of the London hospitals, suffering from constitutional syphilis, were placed under my treatment, I would show that what I have stated is in conformity with nature. I only request that five gentlemen should be appointed to watch my mode of treatment; and whether they be advocates of, or opponents to, the system, would be immaterial to me.

SANITARY REFORM. Sunday, March 12th, was by agreement appropriated by many of the clergy of New York to sermons relating to the unhealthy condition of that city, and the duty of taking vigorous methods for its improvement.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P. EDIN. AND F.R.C.S. ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL,
MANCHESTER.

CHAPTER VII.

The Means of Delivery by Destructive Operations.

I.—*The Induction of Abortion.* The induction of abortion has been proposed for the purpose of superseding the necessity of the Cæsarean section; but, in general, the woman has passed the period when it could be advantageously performed. In the great majority of such cases, she has arrived at the full period of pregnancy, and in many cases labour has actually commenced before the obstetrician has become acquainted with the malconformation of the pelvis. Sometimes he becomes acquainted with the pelvic deformity from the difficulty he has experienced in a former labour. It occasionally occurs, although very seldom, that the presumptive evidence of a malformed pelvis may be so strikingly observable in the early months of a first pregnancy as to induce the woman or her friends to apply to an obstetrician. But tumours of different kinds and exostosis may exist in the pelvis, without affording any indications whatever which might lead to a suspicion of their existence.

Whenever it is ascertained, after a most careful investigation in a first pregnancy, that the pelvic capacity is either positively or relatively too small to permit a viable infant to pass, then it would be justifiable, if possible, to perform this operation. But, if the woman again become pregnant, a question arises, whether it is justifiable again to adopt this plan. My opinion (which I submit with great deference to the profession) is, that it ought not a second time to be performed. If such a practice be admitted as sound, it establishes a principle totally at variance with the laws of God and man. The remarks to be made hereafter on the comparative value of maternal and fetal life will, I hope, be fully considered before such steps are a second time followed.

It has been remarked, that some teachers of midwifery in this country have asserted that this operation should be only once performed, after which the wretched woman should be left to take the fearful chance of the Cæsarean section. To say this, was to assume the position of the Supreme Judge. Just as well we ought to cure syphilis once only. It is said to be "a moral dogma, absurd and immoral, to prefer an ovum of four or five months, dependent for its existence on the mother." I shall not attempt to refute these remarks; but, after I have fully put my opinions before the profession, I shall content myself to leave the subject in their

hands, with a desire that they will carefully weigh all the contingent circumstances, and consider whether there is any validity in my observations.

It is not on moral grounds alone that I object to the induction of abortion in order to supersede (as it is said) the Cæsarean section. It is not so safe an operation as it is usually represented. On the contrary, sometimes great danger has succeeded, and in some cases even death has ensued. Great difficulty has frequently been experienced in its performance, and in some cases it could not be accomplished. When the pelvis is highly distorted by mollities ossium, its entire character is changed; its cavity becomes altered in its shape, and all its diameters are very much diminished, whilst the depth anteriorly is very considerably increased. The position of the viscera which are normally contained within the pelvis is changed according to the degree of distortion. The uterus is especially altered in its relative position; it stands obliquely above the brim; and, in most cases of extreme deformity, the os uteri cannot be felt. (See preceding remarks.) Under such circumstances, it is utterly impossible to perform this operation; and, in many cases, great risk is incurred by making the attempt. It is true that, by rash and rude manoeuvres, so much mischief may be done that the expulsion of the ovum follows, although there has been no direct entrance into the os uteri, but solely in consequence of the injury inflicted upon the uterus or upon some contiguous organs, which is succeeded by great constitutional irritation, fever, etc., and sometimes by death. An experienced practitioner unsuccessfully attempted to destroy the ovum. The woman died from the effects. The pelvis is in my possession, and is an example of very great distortion from mollities ossium. Similar cases are also elsewhere recorded. In pelvis distorted from the effects of rickets, in which the brim is elliptical, and the cavity and outlet comparatively more capacious, the difficulties above mentioned would be found considerably less.

I may be told that the difficulties and risks of attempting to induce abortion by passing an instrument through the os uteri, for the purpose of destroying the ovum, may be almost altogether avoided by the employment of the douche. From all the information which I have been able to obtain upon this subject, this measure has very frequently failed to produce any effect when employed in the early months of pregnancy.

II.—*Craniotomy.* Craniotomy is recognised in these kingdoms as an operation of election, and is most extensively and frequently performed. It is employed in those cases of difficult labours in which the women cannot be delivered by the forceps, long or short, by the vectis, or by turning. It is also often had recourse to in many contingent accidents which happen during parturition, as in some cases of accidental and unavoidable hæmorrhage, in some cases of convulsions, in some cases of rupture of the uterus, and also in those cases of protracted labours in which, from the neglect or ignorance of the practitioner, the pelvic organs and tissues are brought into such a state from pressure as to render delivery by other means hazardous to the life of the woman.

It has been proposed in cases of osseous deposits in the pelvis, on the grounds that it is impossible to estimate their density, and that most likely the structure would yield or even break down under the

pressure made upon it during the extraction of the reduced head. This is, however, an unwise proposition, and ought not to be entertained upon such a presumption alone.

Now, when we contemplate the aggregate amount of infants destroyed by craniotomy in these countries for one year, the thought must be truly appalling. The facts of such a case cannot be, unfortunately, accurately arrived at. Reports of lying-in hospitals may in some degree show the force of this remark. Dr. Collins reports that, during his mastership at the Dublin Lying-in Hospital, 16,414 women were delivered, during which time craniotomy was performed in seventy-nine cases. Dr. Joseph Clarke reports that, in 10,387 cases of labour, craniotomy had been performed forty-nine times.

Now, assuming, in the first place, that craniotomy was performed relatively as frequently in the aggregate amount of labours in England and Wales which occurred in one year, as it was under Dr. Clarke's management in the aggregate of his cases, we should have $2,831\frac{1}{2}$ infants annually destroyed by this operation: and, by making a similar relative computation of Dr. Collins's cases, there would be $2,887\frac{3}{4}$ infants destroyed in one year. But, if a true statement could be obtained of the number of craniotomy operations which are annually performed in these kingdoms, the aggregate amount would far exceed either those of Dr. Clarke or those of Dr. Collins.

As it is so difficult—nay, I would say, quite impossible—to ascertain with arithmetical accuracy the real condition of the apertures and the cavity of the pelvis, we ought, in all cases of slighter degrees of distortion, as far as possible, to endeavour to save the infant, by first making a cautious and judicious trial of the forceps or turning, before we have recourse to craniotomy.

Then, as we have craniotomy performed in all cases in which the pelvic apertures or its cavity are either relatively or positively diminished, so as not to allow delivery by other means; as we know that most of the obstructing causes to labours progressively increase in size,—it must be evident that craniotomy must be much more difficult and dangerous to perform in some cases than it is in others. On this account, I shall treat of it under two heads.

The first division includes those cases in which there is relatively no very great disproportion between the pelvic measurements and those of the head of the infant. In some of these cases, the mere perforation of the skull will suffice to set it free. In others, it will also be necessary to break up the brain, and then either partially or entirely to remove it from the cranial cavity; after which, it may be expelled by the uterus, or drawn out by the hand alone, or by the aid of the crotchet, or by that of the craniotomy-forceps.

The second division embraces those cases in which there is relatively greater disproportion between the pelvis and the infant's head. There is, however, even in these cases, more difficulty experienced, and more danger attending the operation, in some than is found in others.

The pelvis may be distorted by malacosteon or rickets, or its cavity may be so much diminished by exostosis or tumours that a question may arise whether a mutilated child can pass through it. The opinions of different writers vary as to the space necessary to exist in the pelvis in order that a crani-

otomised infant can be dragged through it. Some state that a free space of one inch and a half in the antero-posterior diameter of the pelvis is quite sufficient; others say an inch and three-quarters is required; whilst others, again, affirm that, unless there be a space equal to two inches in this diameter, a mutilated infant cannot be drawn through the pelvis. One writer, however, has had the boldness to declare that he has delivered a woman when there was only one inch and a quarter space in the antero-posterior diameter.

These discrepancies of opinion as to the required space for crotchet-delivery are difficult to understand; but the different characters which pelves assume may in a measure account for them. But there has, doubtless, been some mistake made in either the accuracy of the measurement or in the age and development of the infant, as it is quite impossible to deliver a full-grown infant when such a contraction of the pelvis exists as the minimum above mentioned. There is an unchangeable mechanical law which cannot be averted in these cases; that is, a body of a definite or given size cannot be drawn through an opening whose diameters are less than itself. Then, in order to reduce the infant's head, the vaulted part of it must be removed by taking away the two parietal and the frontal bones. Dr. Osborne reduced the head of the infant as far as possible, and then placed the base in (as he thought) the most favourable position by turning it so as to bring it sideways first through the pelvis. He succeeded after great efforts, and delivered the woman, whose pelvis measured at the brim, in its antero-posterior diameter, only (as he says) one inch and a half. Dr. Osborne was doubtless mistaken in his conclusions, which has been so ably and clearly proved by Dr. Hull and Dr. A. Hamilton.

The measurement of the side of the base of the skull corresponds with Dr. Osborne's estimation of it; but, in his anxiety to astonish the profession, and to prove his great achievement, he overlooked the fact that the other side of the head had to follow; and that the bulk must, therefore, be necessarily greatly increased by the addition of the cervical vertebræ and the soft part of the infant's neck, which must lie upon it and pass at the same time.

Now Dr. Hull has experimentally and indisputably proved the fallacy of this assertion; and has shown that the least measurement of the head, when it has been reduced to the utmost, after dragging away the frontal and the two parietal bones, is from the root of the nose to the chin; and, therefore, in order to bring the head (after craniotomy) through the smallest possible pelvic space, the face must be brought first. Dr. Hull, in Plate xii, Fig. 1 (*Observations*, etc.), gives a representation of the reduced head, placed over a sketch of the brim of a distorted pelvis; as well as the outline of that of Eliz. Sherwood. So that, in such cases, it is most desirable to convert the case from a vertex, if that were the original presentation, to a face case. After this change has been accomplished, the crotchet should be fixed in that situation, so as to turn the chin towards the pubes; and the extractive force should be directed so as to draw down and keep the chin in the anterior part of the pelvis, as the natural flexion of the head with the vertebræ facilitates the passage of the chin under the arch of the pubes. Great care should be taken to prevent injury being

done to the uterus or the vagina by the sharp edges or points of the bones of the skull, by placing over them the scalp-integuments.

Dr. Davis says the necessity for Cæsarean section may be reduced to zero by craniotomy; and, using his osteotomist, he asserts that he has succeeded in bringing the reduced skull of the infant through the space existing in the pelvis of Elizabeth Thompson.

This operation was undertaken on a block of wood, in which the pelvis was carved, etc. I had (now in St. Mary's Hospital) similar blocks; but I could never accomplish the extraction. However, it is one thing to operate on an inanimate machine, however accurately formed, and another to operate in the pelvis of a living woman. I had different preparations made of the base of the cranium, with the vertebrae lying over the side and over the occiput, to show their relative measurement to the brims of different sized pelves, which were cut in wood.

But a practical question suggests itself: Will the performance of craniotomy meet all the difficulties arising from distortions of the pelvis? or can a woman be delivered by this operation, however greatly contracted the brim of the pelvis may be? Notwithstanding the great reduction which may be made in the head of the infant, and however favourably its base may be placed, I most unhesitatingly assert that it is sometimes utterly impossible by any means whatever, either by the use of the osteotomist or of the cephalotribe, to deliver the woman. We ought never to disguise from ourselves that, in a great number of cases of extreme distortion, it is not possible to attempt delivery, as neither the os uteri nor the presentation of the infant can possibly be felt. This was found to be the case in many of the women whose cases are tabulated. (*Vide* remarks on the necessity.)

But, in many cases in which this information has been obtained, the head of the infant has been opened, and in some instances it has been reduced to its utmost limits, and yet the practitioner has been unable to drag it through the pelvis. Dr. Hull states in his *Defence* (p. 222) that ten women, upon whom embryulcia had been performed, lost their lives. He also relates three other cases, in which both the mothers and the infants perished. In one, neither the os uteri nor presentation could be reached; the uterus ruptured, and the infant escaped into the abdominal cavity. In another, after great difficulty, the breech was found to present. An attempt was made to pass the hand to lay hold of this part; but it failed, on account of the great pelvic contraction. After a second trial, the blunt hook was with great difficulty fixed; but, "notwithstanding all my exertions, the presentation could not be brought lower than the brim of the pelvis." She, therefore, died undelivered. In the third case, Ellen Gyte, who had been in labour sixty hours, the head was opened, and the crotchet applied; but, after the most strenuous exertions, it could not be brought through the pelvis. The vagina ruptured, and the infant escaped into the abdominal cavity. The pelvis was highly distorted; the diameter of the largest circle that could be formed in the superior aperture was two inches and one-twelfth. The pelvis now belongs to me.

In a case in which the pelvis was highly distorted, under the care of the late Mr. R—, the head was perforated; but, after the most powerful efforts, he was unable to bring it down. The uterus ruptured,

and the child escaped into the abdomen. She died undelivered. A cast of the pelvis is in my possession. The cause of distortion in all these cases was mollities ossium. I have known several other cases in which the same melancholy events happened; and doubtless, if the grave could unfold the mysteries contained within it, very many more horrible terminations of pregnancy would be brought to light.

But, even granting that, in some extreme cases of distortion, there may exist sufficient pelvic space to permit an infant, whose head has been reduced to the utmost, to be dragged by great force through the pelvis, yet it must not be forgotten that such an operation must be extremely hazardous to the life of the mother. It is one thing to deliver the woman, and another to do so safely. It is much to be deplored, that this operation is still permitted to be so unconditionally performed; especially so when the injuries which are frequently inflicted on the pelvic organs, and when its comparative mortality, are considered.

The statistics of craniotomy are in a very unsatisfactory state. After a very minute search, I have been quite unable to draw out such tables as I wished. Feeling strongly the importance of deductions which are to be drawn from an accumulation of well authenticated facts, I published a letter (*Provincial Medical and Surgical Journal*, vol. xviii, p. 494, 1849) requesting that the members of the Association would transmit me a statement of all the cases which had happened in each of their practices; but my appeal did not elicit much information. Not having been successful in this attempt, I could only avail myself of the statements already published by my worthy and esteemed friend Dr. Churchill of Dublin, in his *Theory and Practice of Midwifery*. The following is a copy of his tables.

Authors.	No. of cases.	Mothers died.
Dr. Smellie	44	4
Mr. Perfect	3	0
Dr. Joseph Clarke	49	16
Dr. Granville	3	3
Dr. Ramsbotham	34	5
Dr. Maunsell	5	2
Mr. Gregory	2	1
Dr. Collins	79	15
Dr. McClintock	52	8
Dr. Hardy		
Dr. Beatty	3	0
Dr. Churchill	11	1
Mr. Warrington	1	0
	286	55
	—	—

Or about 1 in 5.

"Independently of the abuse of this operation (craniotomy)—of its unjustifiable frequency—let us for a moment look at its relative fatality, when compared with the Cæsarean section.

"According to the above" (Dr. Churchill's) "statistics, British practitioners resort to craniotomy once in 219 cases; the French, once in 1,205 $\frac{2}{3}$ cases; the Germans, once in 1,944 $\frac{1}{3}$. The average, therefore, of these three nations, will be one in 896 $\frac{1}{3}$. In 252 cases, 50 mothers died, or about one in every five. As regards the Cæsarean section, the same author states that he has collected 321 operations since 1750, from which 149 mothers recovered; and in 187 cases, where the result is mentioned, 130 children were saved, and 57 lost.

"Hence, then, we have a calculation showing that in craniotomy, where of necessity all the children must be sacrificed, one woman out of every five died; while, in the Cæsaean section, one mother recovered out of two and a fraction, and the success to the child was certainly most fortunate."

The destruction by craniotomy of a number of infants in different women, in successive labours, both in the practice of other obstetricians, as well as those which happened to myself; the ignorant and groundless adoption of this operation: the unprofessional and disgraceful manner in which I have known it performed (in one case, the head was opened by a pair of scissors, which were obtained from some part of the family; in another case, by a penknife); and the operation being frequently performed without a consultation,—these circumstances, and deep reflection on the social and moral right to destroy life, convinced me that the present recognised practice in these cases ought to be modified.

In a course of lectures delivered to the members of the profession, I strongly denounced craniotomy as an operation of election; and I recommended it to be performed generally as an operation of necessity, and that it should only be conditionally accepted as one of election. These opinions I then expressed, and have ever since advocated and in every way promulgated. (*Provincial Medical and Surgical Journal, and British Obstetric Record, etc.*)

Such, then, was my proposition in 1843; and now, in 1865, after long reflection and matured experience, I am, if possible, more strengthened in my convictions. The remarks of Dr. Bedford, which I afterwards found in his translation of Chailly, bear so forcibly upon the subject, that I do not hesitate to quote them. He says:

"The Cæsaean section is undoubtedly a dread alternative for the accoucheur to choose; but I cannot agree with Dr. Chailly, that its fatality is so great as he represents; nor am I disposed to adopt the opinion (unfortunately too general) that craniotomy is always to be preferred to the Cæsaean section. In truth, it needs some nerve, and, for a man of high moral feeling, much evidence as to the necessity of the operation, before he can bring himself to the perpetration of an act which requires, for his own peace of mind, the fullest justification. The man who would wantonly thrust an instrument of death into the brain of a living foetus would not scruple, under the mantle of night, to use the stiletto of the assassin; yet how often has the foetus been recklessly torn from its mother's womb piecemeal, and its fragments held up to the contemplation of the astonished and ignorant spectators as a testimony undoubted of the operator's skill. Oh! could the grave speak, how eloquent, how momentous, how damning to the character of those who speculate in human life, would be its revelations!"

The facility of its performance has led to its abuse. Its recognition in the British obstetric code reflects no credit on the country, especially when its frequent performance is compared with the practice in France and Germany. It cannot be denied that craniotomy is a cruel operation; for surely no obstetrician ought to be so ignorant as to suppose that the infant *in utero* is void of sensibility. Yet there are some parties (if judged by their estimate of its life) who either professedly or actually believe it does not feel. This is, however, either a moral or a physiological

fallacy; for there is not a doubt that it is endowed with this faculty in a very eminent degree, and consequently it must endure great bodily suffering from this practice. There are some practitioners who admit the existence of this principle; and, with the view of avoiding the infliction of pain caused by the perforator, delay opening the head until after its death. Craniotomy and embryotomy are the only operations which are recognised and justified by the British profession for the purpose of destroying life; but, although they are admitted into our obstetric code, they are not to be found in that of the law, and are only sanctioned by custom, and, through this usage, considered as "justifiable homicide".

There is no difficulty in understanding why so low an estimate of foetal life is entertained, when we consider what the doctrine is which is taught *in cathedrâ* and *extra cathedram*—"that, to save the life of the mother, it is justifiable to destroy the infant." From the early inculcation of this principle, the student becomes hardened to the performance of this dreadful task, and does it without compunction, and, no doubt, sometimes without reflection. My experience warrants me to make the above declaration, having met with many cases in which this operation has been most unnecessarily, and in some cases has been most unprofessionally, nay, most unjustifiably, performed.

Having now very fully expressed my objections to the recognition of craniotomy as an operation of election, I shall proceed to state my opinion in what cases it might be considered right to perform it.

When the infant is ascertained by the stethoscope to be dead, and the time for delivery has arrived, then craniotomy is justifiable; but the labour ought never to proceed a moment longer after delivery is required, in expectation of this event happening. The destruction of the infant from procastination differs very little in principle from taking its life by the perforator; and, therefore, timely and other appropriate measures should be employed to prevent this event. Such are the long and short forceps, turning, and the Cæsaean section.

When some serious accident happens, such as rupture of the uterus, it would sometimes be admissible to perforate the head; and little compunction need be felt, as the infant is nearly if not always dead.

In a first labour, in which the pelvic cavity is so diminished that a mature ununited infant cannot be delivered, and also in those cases in which this mischief has taken place after the woman has naturally borne one or more children, the operation may be performed.

Embryotomy is justifiable in cases in which turning is quite impracticable. In these cases, the infant is nearly always dead.

In some cases of protracted labour, in which the pelvic organs or tissues have already sustained such great injury from pressure, and in which it would be extremely hazardous to the woman's life to deliver with the forceps, embryotomy may be practised. This event, however, will seldom or never happen in the hands of a judicious practitioner.

In some cases of hydrocephalic enlargement of the head, its size must be diminished by letting out the water by means of the perforator, or by a trocar. If this latter instrument can be successfully used, it is to be preferred.

Original Communications.

THE ENDOSCOPE AS AN AID TO THE DIAGNOSIS AND TREATMENT OF DISEASE.

By FRANCIS R. CRUISE, M.D. T.C.D., one of the Medical Officers to the Mater Misericordiae Hospital, and Lecturer on Medicine in the Carmichael School, Dublin.

[Read before the Medical Society of the King and Queen's College of Physicians in Ireland, March 15, 1865.]

MR. PRESIDENT AND GENTLEMEN,—I shall not occupy the time of the Society very long by the communication that I am about to make, although I feel convinced that its importance justifies me in trespassing upon your patience and attention.

I believe it will be granted by all, that one of the most important characteristics and improvements of modern medicine, consists in the direct exploration of organs, for the elucidation of their physiology and pathology.

This tendency to rest our knowledge upon physical rather than on rational signs, is one of by no means recent date; although, of latter days, it has become more obvious and better appreciated. Undoubtedly, within the last fifty years, it has made gigantic progress.

Percussion, methodised by Avenbrugger and popularised by Corvisart, seems but to have paved the way for Laennec's discovery of the immeasurable practical value of auscultation. Again, other portions of the body, lending themselves even more freely to examination than the thoracic organs, in due course have come to be objects of research with special observers, who, from time to time, have devised means and instruments for their more satisfactory investigation and study. Without delaying upon this point at the expense of the valuable time of the Society, I may quote, in illustration, the revival by Recamier of the long forgotten speculum uteri; also, the speculum auris, originated, I believe, by Newburg; the ophthalmoscope of Helmholtz; the laryngoscope of Czermak; and, though last certainly not least, the endoscope of Desormeaux; which latter instrument I have, on the present occasion, the honour of publicly exhibiting for the first time, I believe, in Ireland.

Agreeably to the old adage, that "Nought is new under the sun", as each of these valuable additions to our means of diagnosis has been brought under the notice of the profession, claimants have sprung up to dispute the honour and credit of invention.

I fear it would be very unprofitable, were I at the present time to discuss at length the precise merits of the competitors in each case; I shall, therefore, pass by that question; merely observing, in order to justify the quotation of the above-mentioned names, that I have endeavoured to associate with each method and instrument the name of that individual who has done most to demonstrate and extend its practical utility.

With respect to the endoscope in particular, I may observe that Desormeaux, in the introductory chapter of his recent valuable memoir, candidly acknowledges that the idea of an instrument capable of throwing light into deep cavities, such as the bladder and urinary passages, was not original with him.

He accords to M. Segalas the merit of originating the thought; and alludes to his unsuccessful attempt, as well as to the fruitless labours in the same direction of the late Mr. Avery of London and Dr. Hacken of Riga. He is in error in giving the palm of ori-

ginality to M. Segalas; for in 1806 Burrini of Frankfurt invented an instrument for the purpose; and others shortly afterwards followed up the matter, including the celebrated Dr. Fisher of Boston, U.S. Withal, it must be acknowledged that to M. Desormeaux alone is due the credit of patiently working at endoscopy, working for more than thirteen years, until he has at last produced a mass of facts so important and interesting that it is impossible for the profession any longer to ignore the subject.

A propos to the slight shewn towards the endoscope, a long and amusing history might be written of the opposition which has greeted every improvement in the science and art of medicine from its earliest days. Such a history would, I conceive, be out of place here. Frivolous objections avail nothing at the time when they are advanced, and only afford material for merriment and ridicule in the future. The practical commentary upon all such opposition lies in the contrast between medicine as we now see it, and medicine as our fathers knew it little better than half a century ago.

I shall not trespass on the valuable time of the Society by recounting a detailed history of my own labours at endoscopy. Suffice it to say, that it has been a dream with me since I became a student, and a pursuit after which I continually hankered. Years ago I tried to work with Desormeaux's endoscope; but, finding the light insufficient, gave it up in despair; and it is only of late that I resumed the study. Quite recently, a modification of the illuminating portion of the instrument occurred to me. I carried it out; and believe I have thereby succeeded in obtaining as much light as is needful for practical purposes. Since then I have worked assiduously, and have lost no opportunity of extending my experience of the endoscope. For my own part, I am quite satisfied that it is a most useful instrument; and I now venture to bring it publicly forward to receive the criticism and judgment of others.

The endoscope is an instrument devised and constructed for the purpose of throwing light into certain regions of the human body entirely out of the range of natural vision. That it is a most unquestionable success, I am satisfied; and I feel justified in stating, that I am convinced its field of practical utility is almost illimitable. I would venture to hope that, in the course of time, it may work as complete a revolution in our knowledge of many obscure diseases, as the stethoscope has wrought in the diagnosis of affections of the lungs and heart.

I hope, at no distant period, to bring before the profession a *résumé* of the work which it has already accomplished in certain branches of pathology; and to point out the principal new facts which it has brought to light, and the facilities it affords in the treatment of many ailments.

On the present occasion, I shall but briefly allude to its manifold capabilities.

The endoscope at its birth met with but little favour, and for many years was absolutely slighted and passed by. Desormeaux tells us how one of his teachers, unable to deny the reality of the instrument, merely asked him a question—"Of what use is it?" The answer to that query conveys its whole worth; namely, it enables us to see parts which, without its aid, are invisible.

Let us for a moment contrast the predicament of the physician called upon to treat a malady which it is possible for him to see, and one hidden from his view. For example, let us take a case of diseased eye, and a case of diseased urethra.

He will not content himself by calling the former an ophthalmia, without ascertaining what structure is engaged and wherefore. He will examine the lids,

the conjunctiva, the cornea, lens, and, if need be, will take his ophthalmoscope and investigate the vitreous humour and retina. It is needless to say how much information he may obtain from this simple inspection, both of the seat of the disease and of its nature, whether traumatic, catarrhal, arthritic, syphilitic, scrofulous, or others. His correct diagnosis lays the foundation for a truthful prognosis and rational treatment.

What, in contrast, is his position with respect to a case of blennorrhœa? In many, perhaps in most, instances, he can only guess out, by uncertain symptoms and unreliable antecedent history, whether the discharge arise from simple catarrh, from chronic inflammation, from relaxation of the mucous membrane, from syphilitic ulceration, from herpetic excoriation, from a granular condition of a segment of the canal, from disease of the prostate, and so on. In his uncertainty, his treatment must be empirical, and his prognosis unreliable; because he can neither tell the nature of the disease—whether communicable or not; nor can he foresee whether it will prove harmless in its results, or likely to lay the foundation of organic constriction.

However, the endoscope alters the case materially, and, as I think, for the better. By its aid, the urethra can be minutely examined, from its orifice to the neck of the bladder. Each single speck of disease can be ocularly demonstrated, and, if need be, subjected to precise local treatment.

I shall reserve for a future communication a detailed exposition of the symptoms of these several diseases of the urethra, as demonstrated by the endoscope; and shall now merely quote, for illustration's sake, a few cases recently seen by myself and others.

A few days ago, Dr. Fleming, of the Richmond Hospital, kindly invited me to examine for him a case of traumatic stricture now under his care. With the endoscope, I was able to exhibit the stricture with the utmost clearness, although it was situated four inches and a half from the glans. I was, moreover, able to point out the exact situation of the orifice, below and to the left hand side, and to introduce a probe into it. Dr. Fleming and Professor R. W. Smith were perfectly satisfied with the clearness of the demonstration.

I need not dilate upon the practical value of such an opportunity. Desormeaux mentions the case of an impassable stricture, in which Civiale, whose skill as a catheterist is undoubted, failed, after repeated efforts, to introduce an instrument, and finally called upon him to try what assistance the endoscope could give. By its aid the stricture was easily seen, and an instrument passed into the bladder.

An organic stricture, in a patient of my own in the Mater Misericordiæ Hospital, was, with equal facility, demonstrated, and, although previously quite impassable, I succeeded this morning in introducing a probe with the aid of the endoscope. Dr. Hayden, who is now present, did me the favour of examining this case, and will bear me out in what I state regarding it.

I do not wish to anticipate my intended communication upon the utility of the endoscope in various situations; but I cannot leave the subject of urethral stricture without alluding to its incalculable value in those cases in which urethrotomy is required.

With the endoscope the stricture may be divided in the sight of the operator, who can select, according to the circumstances of the case, the direction and extent of his incision. He is thus enabled to divide the callous parts alone, without trenching upon the healthy structures; and we shall see how important this is in a practical point of view, both as

regards the immediate and the ultimate consequences of the operation.

I may mention another out of many instances of disease of the urethra in which I lately obtained precious information from the endoscope.

A gentleman, aged about 24 years, of strumous and delicate habit, contracted blennorrhagia fifteen months ago. When partly cured of it, he caught a second infection some months later. The disease proved obstinate; and, despite a vast amount of treatment, he retained a chronic discharge with some scalding, and latterly was annoyed by slight dysuria and by a swelled and tender testicle. Recently, he placed himself under my charge. I carefully examined the urethra with the endoscope, from the neck of the bladder to the orifice. The condition of parts which I discovered was as follows.

The prostatic portion of the urethra was injected and slightly inflamed. The membranous portion was nearly quite healthy. The bulbous portion was *ulcerated and granular*; while the anterior four inches of the passage were perfectly healthy. In this case, I take it that the *real disease* is the ulcerated and granular condition of the bulbous portion of the urethra; that the congestion of the prostate is consecutive thereto, in consequence of the obstruction in passing urine; and that the orchitis is consequent upon the prostatic affection. Apart from the satisfaction of a precise diagnosis, the endoscope is doing good service by enabling me to apply concentrated caustic solutions to the granular ulceration; and, under this treatment, the patient is getting well. I do not know what other treatment could avail. A granular condition of the urethra will no more yield to mild injections than a similar state of the conjunctiva; and I could not use strong injections without damaging the anterior segment of the passage, which is at present sound. Of the importance and necessity of treatment in this case there can be only one opinion. This granular ulceration, according to the experience of Desormeaux, if left to itself, is sure to end in organic stricture; and the discharge from it is most undoubtedly contagious, as M. Thiry of Brussels has proved experimentally.

Time forbids my entering upon many other interesting points in the pathology of the urethra, which are cleared up by the endoscope; such as the connexion between its diseases and those of the testicle; the causes of the difficulty of healing urinary fistulæ; and so forth. In fact, I have delayed so long upon the subject, that it may, perhaps, be erroneously supposed that the sole use of the instrument is confined to those diseases. Far from it; there is no portion of the human body, into which a straight sound can be introduced, in which it will not be found of service. With it the interior of the bladder may be thoroughly investigated; tumours, ulcerations, and sacculi recognised; calculi examined and measured; and information gained respecting them as to form, number, position, whether encysted or loose, and so on. The rectum, beyond the reach of the finger and speculum, can be searched for ulcerations, constrictions, tumours, etc. The cavity of the uterus can be demonstrated; and it is needless for me to dilate upon the practical importance of this advantage. So also may the auditory meatus, the nasal fossæ, the pharynx, the larynx, and, I should even hope, the œsophagus. So recently as yesterday, I obtained most valuable information from an endoscopic examination relative to the precise attachment of a huge nasal polypus. Wounds, especially those suspected to contain foreign substances, may be searched with the endoscope; likewise abscesses; the cavities of ovarian cysts after paracentesis; etc. In a word, I may safely assert that it is utterly im-

possible, in the present state of our knowledge, to affix limits to the usefulness of the instrument.

[Dr. Cruise, having read the foregoing paper, proceeded to exhibit and explain the construction of the endoscope which he uses, and to point out the means by which he obtains a light possessing the requisite qualities of *intensity, steadiness, and facility in adjustment*. These details will form part of another communication. A discussion followed the exhibition of the instrument, in which many present bore testimony to its value.]

A CASE OF ASCITES.

ACCOMPANIED WITH OVARIAN DISEASE, IN WHICH
PARACENTESIS ABDOMINIS WAS PERFORMED
FIFTY-FIVE TIMES.

By HENRY HEMSTED, M.R.C.S., Whitechurch, Hants.

M. B., AGED 23, living at Hurstbourne, Hants, came under the care of my father, Mr. T. R. Hemsted, on April 10th, 1859. For the preceding six months, she had suffered from frequent attacks of pain in the abdomen, with vomiting and retching. On each occasion, leeches were applied with relief for a time. She had been a patient both in the Southampton and the Winchester Infirmaries.

Upon examination, the abdomen was considerably distended, with distinct signs of fluctuation. In the right iliac region, upon deep pressure, a tumour was discovered, hard, and of about the size of an orange. The distension continued to increase, and such discomfort was thereby produced, that on July 14th, 1859, paracentesis abdominis was performed, and five gallons of liquid drawn off. No unfavourable symptom followed. But in a short time, the abdomen began again to increase; and within five weeks, the operation was again performed, when an equal amount of liquid was withdrawn. During the succeeding eighteen months, the operation was performed sixteen times.

In the spring of 1861, the friends became anxious to have the opinion of some eminent London surgeon. She was recommended to University College Hospital, and became a patient under Mr. Erichsen, on April 17th, 1861. He gave the opinion that the liquid was situated in the peritoneal cavity; but that there was superadded a small tumour, in the pelvis. He did not recommend any operative procedure, other than the withdrawal of the liquid as it was required. She was tapped twice during her stay in the hospital, a week intervening between the operations. The ordinary amount (five gallons) was obtained the first time, but only three the second. On May 20th, 1861, she returned to Hurstbourne, and again became a patient of my father's. From this time, it was necessary to perform the tapping every four, three, or two weeks, up to January 29th, 1863, when the operation was performed for the fifty-fifth and last time. She became greatly depressed, never rallying, and died in February 1863.

At the *post mortem* examination, the peritoneal cavity contained more than a gallon of liquid, clear, without any shreds of lymph. The membrane itself was much thickened; in some places resembling moist wash-leather. The viscera were all firmly adherent to each other. On the under surface of the liver, there was a layer of coagulable lymph, which could be torn off in shreds. In the pelvis, there was a tumour, of about the size of a child's head, partly occupying the right lumbar region. This tumour was connected with the broad ligament of the uterus, and proved to be the right ovary enlarged. After removal, its weight was eleven pounds. It was afterwards examined by Professor Harley of Univer-

sity College, who stated that it was an ordinary ovarian tumour, made up of numerous cysts. The other organs of the body were all healthy.

I have been induced to record this case, from the time it continued under observation—forty-seven months—for the number of times the operation of paracentesis was performed—in all fifty-five times; and from the large amount of liquid withdrawn, at the lowest estimation, two hundred and seventy-five gallons.

The history of the case clearly pointed to some localised inflammation of the peritoneum, limited to the region of the right ovary, and having, as its cause, some irritative action of the organ. The ovarian tumour, in all likelihood, was never punctured; but at every time the trocar was introduced, the liquid was obtained from the cavity of the peritoneum.

Reviews and Notices.

HANDBOOK OF SKIN-DISEASES FOR STUDENTS AND PRACTITIONERS. By THOS. HILLIER, M.D. Lond., Member of the Royal College of Physicians; Physician to the Skin Department of University College Hospital, etc. Pp. 367. London: 1865.

HERE is another book on skin-diseases; and, like other writers on the subject, the author makes a classification of his own. This classification is a mixed one; partly founded on the natural affinities of the diseases, and partly on Willan's principle of elementary lesions. Dr. Hillier arranges all skin-diseases under four main divisions—Acute Specific Infectious Diseases; Parasitic Diseases; Syphilides; and Other Diseases. The last division includes the exanthems, vesicular, pustular, papular, squamous, hemorrhagic, and pigmentary diseases, diseases of the sebaceous glands, and of the nails and hairs, gangrenous inflammations, hypertrophies and degenerations, and heteromorphous exudations. Those who would study more closely the merits of this classification must consult the book itself. For ourselves, we most heartily wish that dermatologists would come to some agreement as to the best method of arrangement, and use it until something better, and allowed generally to be better, shall have been found. There is, however, one consolation: that, whatever be the classification, whatever the place in a system which a disease may assume, the variety of opinion as to this has comparatively little influence on the most important question at issue—that of its treatment. Skin-disease physicians treat skin-diseases—eczema, herpes, impetigo, tinea, or whatever they may be—according to the nature of the case and by their best judgment thereon.

It is, then, principally as a practical book that we have to regard this manual of Dr. Hillier's; and here we find much merit in it. Among the preliminary chapters, there are some very useful ones, concisely but clearly written, on definitions and other general matters. Thus, the fourth chapter contains a definition of the terms Exanthemata, Papules, Tubercles, Vesicles, etc. In the fifth chapter, *Ætiology* is discussed; and here the author shows how in some cases skin-diseases depend sometimes on affections of the general system, sometimes on diseases of individual internal organs; how skin-diseases

may arise from want of cleanliness, from irritation, occupation, or contagion; how their production may be influenced by age, hereditary transmission, diet, climate, etc. At the end of this chapter, are some remarks on the popular notion of vaccination being the cause of skin-diseases.

"No doubt" (says Dr. Hillier) "many children become eczematous very shortly after vaccination; but then it must be remembered that vaccination is usually performed at an age when eczema is very apt to occur without vaccination. In many families, nearly every child is liable to eczema during the whole period of primary dentition, whether it is vaccinated or not. The slight febrile disturbance attending dentition brings out eczema, and the slight disturbance of health caused by vaccination is also sometimes sufficient to determine the occurrence of an attack of eczema in children naturally predisposed to it." (P. 27.)

In like manner, Dr. Hillier has seen strophulus, impetigo, pemphigus, and pityriasis rubra, connected, or apparently so, with vaccination.

"There is nothing improbable in the notion that the introduction of virus like that of vaccinia into the blood of an unhealthy person may so unsettle the health as to lead to subsequent cutaneous eruptions; just as an attack of measles, an attack of variola, or even of varicella, may have this effect. The cases in which this occur are, however, so few as to form no argument against the general adoption of vaccination; but probably supply sufficient reasons for attending to the health of the subjects submitted to vaccination, as well as to be careful not to take vaccine virus from children of unhealthy constitutions. On this latter head the evidence is not very clear; but it would tend to show that the blood at any rate of a syphilitic child, if not the vaccine lymph from it, may lead to syphilis, although *a priori* one would be loath to believe in the possibility of such an occurrence. There is no evidence that scrofula or rickets can be inoculated; but it is better to err on the side of caution, and to avoid taking vaccine from children decidedly scrofulous or rickety." (Pp. 27-28.)

The sixth chapter is on Diagnosis and Therapeutics. Here Dr. Hillier describes the course which should be followed in examining a patient, especially in doubtful cases; and shows how it is often important to examine the whole body by daylight, to note the temperature at which the examination is made, to ascertain whether the patient have recently taken a cold or a warm bath, to note the condition of the skin, hairs, and nails, the age, sex, occupation, general health, of the patient, etc. This chapter contains also an outline of the principal therapeutic means employed in the treatment of skin-diseases.

The remainder of the book is occupied with a description of the various skin-diseases and their appropriate treatment. In his remarks on these, Dr. Hillier carries out the principle of attending to the constitutional as well as to the local conditions of the case.

Dr. Hillier, as physician to the skin department of a large general hospital, has had the duty devolved on him of instructing others in nature and treatment of cutaneous affections. For their guidance, he has written this work, using in its production both his own experience and the information which he has derived from the study of leading works on dermatology. He has thus produced a very useful

book, simple, practical, and well adapted, in our opinion, to give students and practitioners a good idea of the characters of skin-diseases and of the treatment which they require.

A MANUAL OF PRACTICAL THERAPEUTICS, considered chiefly with Reference to Articles of the Materia Medica. By EDWARD JOHN WARING, F.R.C.S., F.L.S., Surgeon in Her Majesty's Indian Army. Second Edition. Pp. 956. London: 1865.

THIS is the second edition of a very useful work which first appeared about eleven years ago; and it has undergone a thorough revision at the hands of the author.

After an introduction, Mr. WARING, in the first part, takes up the articles of the materia medica in alphabetical order; and, having given a brief note of the physical and other general properties of each, notices the medicinal properties and action, the official preparations, doses, etc. He then gives, under the head of "Therapeutic Uses", a statement of the conditions in which the employment of each medicine has been recommended by various writers. This part of the work must have cost the author a great deal of research through periodicals, etc.; and we can well understand how difficult he must have found the task when he was preparing the first edition in a remote station, rarely visited by ships, and where books were procurable only with much difficulty and delay. This edition has, we believe, been brought out under much more favourable conditions; and is very complete.

In the second part, the author treats of Medicinal Agents and Classes of Medicines, *e. g.*, Acids, Acupuncture, Affusion, Alkalies, etc. He gives also an Index of Diseases, for the purpose of directing attention to the paragraphs in which are mentioned the several remedies for each.

We can strongly recommend this work to the busy practitioner who has not time to search through numerous books and periodicals to find out what has been recommended in the treatment of any particular disease. Mr. Waring has gone through the laborious task of arranging for him all information of this kind, we believe, that was of any value when the book was written; and he has done it in such a way as to be at once available for use.

INDIAN SANITARY MOVEMENTS. The disclosures of Lord Herbert's Sanitary Commission made a reform in our Indian cantonments and hospitals imperative. Lieutenant-Colonel Crommelin prepared able reports on the subject, on which the government of India has issued orders. Miss Nightingale will be delighted with the orders issued by the government of India as to the structure and size of the barracks for both married and unmarried soldiers. Not more than from 44 to 66 men are to be massed under one roof; not more than from 16 to 20 single men are to sleep in the same room, and that must always, except in the hills, be on the upper floor; each man in the Plains will have 90 superficial feet of space and 1,408 cubic feet of air; all lavatories and other conveniences will be in detached buildings; the married quarters will be grouped in blocks according to troops and companies, and each couple will have one large room.

The Medical Council.

REPORT OF PROCEEDINGS, APRIL 1865.

THE Medical Council commenced its session on Tuesday last, April 4th, at the College of Physicians. There has been no change in its constitution since last year.

TUESDAY, APRIL 4TH.

G. BURROWS, M.D., President, in the Chair.

All the members were present, except Dr. Alexander Wood of Edinburgh and Dr. Allen Thomson of Glasgow.

THE PRESIDENT, in opening the proceedings, said that the peculiar nature of the business to be transacted rendered it necessary for the Council to meet somewhat earlier than usual. He regretted that the time fixed had not been altogether in accordance with the wishes of several members; but when he saw how the meeting was attended by men who occupied public positions and had other important duties to perform, it was plain that there would be a difficulty at any period in finding a time for meeting which should not be somewhat inconvenient. He referred to the difficulty in which, as President, he was placed, in having to fix the time of meeting; and had observed with pleasure that it was probable that some modification of the present plan would be suggested. He believed that the Irish Branch Council would propose a plan by which the several Branch Councils should be consulted as to the time of meeting; but, looking to the diversity of opinion which had been manifested in the present instance, he feared that this plan would not meet the difficulty. As for himself, he had allowed no personal considerations of his own to influence him as to the time of summoning the Council. The Council would have two main questions for discussion; viz., the amendments of the Medical Act, and the Report of the Select Committee on Medical Education. He was glad to see a notice of motion on the business paper for bringing forward the first of these subjects at once; and he hoped that the question of Medical Education would be found ripe for settlement. He concluded his remarks by expressing his confidence on the support he would receive from his colleagues in the Council.

Appointment of Committees. The *Business Committee* was appointed, to consist of Dr. Andrew Wood (chairman), Dr. Alderson, Dr. Embleton, Dr. Corrigan, and Mr. Rumsey. The *Finance Committee* was appointed, to consist of Dr. Sharpey, Mr. Arnott, Dr. Fleming, Dr. Aquilla Smith, and Dr. Quain.

The Medical Act. Dr. ANDREW WOOD moved—“That the consideration of the question of the Amendment of the Medical Acts shall take precedence of all other business.”

He urged on the Council the necessity of moving in regard to the amendments of the Medical Acts, if they would not be superseded by bodies outside. The medical profession were dissatisfied, and, if the Council did not act, would in all probability bring in a Medical Bill. He regretted that the Medical Council had not followed the recommendation of the Scottish Branch Council to meet at an earlier period—in January or February. If they had done this, they would have been able to have the Bill drafted and read a first time in Parliament before Easter. It would not be necessary, after the able exposition given last year by Dr. Corrigan, to recapitulate the

proceedings of the Medical Council in regard to the Medical Acts up to that time. He reminded the Council of the proceedings which took place last year. (See *BRITISH MEDICAL JOURNAL*, May 7th, 1864, p. 517; May 14th, pp. 535, 539, and 540.) The Council have before them the resolutions of the three Branch Councils; and it was now for them to decide on the basis of a Bill, to arrange the details, to send these to a solicitor to be drafted, and to remit the whole to the Executive Committee with very full powers.

Dr. CORRIGAN seconded the motion; but he did not expect any useful result from the deliberation of the Council this session. He proceeded to defend the Irish Branch Council from the charge of obstructiveness which, he said, had been brought against it. The Irish Council had indeed wished to postpone the time of meeting, not from any wish to obstruct business, but because Parliament would not be sitting during a considerable part of the present meeting of Council. He called attention to the fact that he had last year proposed, and Dr. Apjohn had seconded, that there should be an early meeting of the Council for the purpose of considering the Medical Act; and three other of the Irish members had voted with him. He considered that more obstruction had been offered to the amendment of the Medical Acts by the English Branch Council than by the Irish.

Mr. ARNOTT would not vote either for or against the motion. He feared that if the Council were to demand more compulsory powers, the question might be raised whether it was worthy of such powers; and also, whether its constitution was the best that could be adopted for the good of the public. He was not altogether satisfied with the constitution of the Council: it was too numerous.

Mr. HARGRAVE considered that the Council could not be charged with having done nothing; as it had effected a system of registration, had insisted on preliminary education, and had issued a Pharmacopoeia.

Dr. AQUILLA SMITH thought that the power of the Council had been tried; but that it had accomplished very little.

Dr. PAGET was of opinion that the time of meeting should have been earlier. The English Branch Council had not intended by their proceedings any discourtesy towards the Irish Council.

Dr. ANDREW WOOD, in reply, urged the necessity of an early application to Parliament for increased power to be given to the Council.

The motion was then put to the vote, and carried *nem. con.*

Dr. ANDREW WOOD moved, Mr. HARGRAVE seconded, and it was resolved—

“That the communications which have been received relative to the amendment of the Medical Acts, be referred to a Committee, with instructions to report upon them to the Council; the Committee to consist of Dr. Embleton (chairman), Dr. Paget, Dr. Fleming, and Dr. A. Smith.”

Dr. ANDREW WOOD moved, Dr. EMBLETON seconded, and it was agreed—

“That the resolutions of the Branch Councils on the subject of the amendments of the Medical Acts be now read.”

The resolutions were accordingly read, as follows.

RESOLUTIONS RELATIVE TO SECTION XX OF THE MEDICAL ACT.

Branch Council for England. Resolved—“1. That, consistently with the existing provisions of the Medical Act, the Medical Council may make known what they consider to be requisite as a sufficient course of education and examination, and may, if needful, represent cases of deficiency to the Privy Council, for correction; and that the Medical Council has, further,

the power of supervising examinations, with a view to their efficiency; that hitherto these provisions of the Act have not been proved by actual trial to have failed of their purpose, and that it would be impolitic to apply to the legislature for other powers until those already conferred shall have been practically shown to be insufficient.

"2. That whilst the Council have already a means of correcting proved deficiency, they would probably meet with serious difficulty in framing a body of positive regulations to be sanctioned by the Privy Council as universally and rigorously obligatory; that, on the one hand, a scheme of education, which should carry such general assent in the Council as to obtain the sanction of higher authority, might be so general in its provisions as to involve no material alteration of existing regulations, and, if so, would be superfluous and nugatory; that if, on the other hand, it were rendered more specific and rigorous, it would be liable unduly to trammel the free action of licensing bodies and schools, and stand in the way of variations of procedure which might be salutary and convenient. Lastly, that a particular scheme having been once fixed by the Privy Council, no modification or re-adjustment could be obtained without recourse to the same authority; and that, although a system of rules were framed by the Medical Council, cases of alleged contravention would still have to be brought before the Privy Council to be construed and decided."

Branch Council for Scotland. "To confer on the Medical Council definite powers to issue to the various licensing bodies regulations on the subjects of preliminary and professional education and examination.

"In order to carry out this object, the Branch Council recommend clauses to the following effect.

"That it shall be lawful for the General Medical Council, from time to time, to issue to the various licensing bodies such regulations respecting the preliminary and professional education and examination of persons desirous of obtaining any of the qualifications mentioned in Schedule (A) to the Medical Act, as may appear to the Council fitted to secure, on the part of such persons, the requisite knowledge and skill for the efficient practice of their profession.

"That all such regulations as shall have been passed by a majority of two-thirds of the General Council shall be obligatory on all Universities, Colleges, and other bodies enumerated in Schedule (A) to the Medical Act of 1858.

"That, in the event of any of the said bodies not conforming to such regulations, it shall be lawful for the General Council, if they see fit, to intimate to the said body that it has not conformed to such regulations; and to direct that, in the event of the said body not conforming within six months after such intimation, the qualification granted by such body, after the lapse of the said period of six months, shall not be registered.

"That it shall be lawful for any body, in regard to which such direction shall have been given, to appeal to the Privy Council, who shall have power, if they see cause, to disallow the direction of the Medical Council.

"That it shall be lawful for the General Council to restore any right to registration which may have been suspended by them, when they shall be satisfied that their regulations have been conformed to."

Branch Council for Ireland. Resolved—"That the following be approved of as the amendment of Sect. xx, the words 'preliminary and professional' being inserted before the word 'education' in line 3.

"SECT. XX. It shall be lawful for the General Council to lay down such regulations respecting the preliminary and professional education and examina-

tion of practitioners in medicine, surgery, and pharmacy, as may appear to them fitted to insure adequate knowledge and skill in the several departments of the profession; and the said General Council shall then submit said regulations to Her Majesty's Most Honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all Universities, Colleges, and other bodies enumerated in Schedule (A) to this Act."

RESOLUTIONS RELATIVE TO SECTION XXXI OF THE MEDICAL ACT.

Branch Council for England. Resolved—"That, whereas the legal effect of this section is to require the great majority of persons about to enter the medical profession to possess qualifications in medicine and surgery from two different bodies, to obtain which, such persons are repeatedly re-examined in the same branches of knowledge, and thereby subjected to superfluous and irksome labours and to serious embarrassment in the progress of their studies, as well as to extra expense, it is highly expedient that every means should be taken by the General Council to promote the adoption by qualifying bodies of the provisions of Sect. XIX of the Medical Act."

Branch Council for Scotland. It was resolved: "That the Scottish Branch Council, having considered the propriety of amending Clause XXXI of the Medical Act, are of opinion that what is objectionable in it would be obviated were the combination and cooperation of the licensing bodies, as provided for by Clause XIX, encouraged or even made obligatory, so that facilities may be given to medical students for acquiring the complete or double qualification, without having to pass repeated examinations on the same subjects, which is at once irksome and unnecessary; and in order that the public may be best provided with general practitioners, who have been educated and tested in every branch of the profession, as well physic as surgery."

Branch Council for Ireland. Resolved: "That the following be approved of as the Amendment of Section XXXI; the words, 'notwithstanding anything to the contrary in any other Act or Acts,' being inserted after the word 'Act,' in line 1:

"SECTION XXXI. Every person registered under this Act, notwithstanding anything to the contrary in any other Act or Acts, shall be entitled, according to his qualification or qualifications, to practise medicine, or surgery, or pharmacy; or medicine, and surgery, and pharmacy, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients: Provided always, that it shall be lawful for any College of Physicians to pass a bye-law to the effect that no one of their Fellows or Members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such bye-law may be pleaded in bar to any action for the purposes aforesaid commenced by any Fellow or Member of such College."

RESOLUTIONS RELATIVE TO SECTION XL OF THE MEDICAL ACT.

Branch Council for England. Resolved: "That, in the opinion of this Branch Council, Section XL of the Medical Act should be amended as follows:

"Any person practising medicine or surgery, or being engaged in the treatment of diseases or injuries, for gain, not being registered under this Act, nor being able to give evidence of being qualified to be registered under this Act, who shall take or make

use of any of the titles or designations enumerated in Schedule (A) to this Act, or that of Physician, Surgeon, Doctor, Professor of Medicine, Professor of Surgery, or any professional title, name, or distinction commonly used by, or used to distinguish, duly educated or qualified practitioners in medicine or surgery, shall, upon a summary conviction, be liable to a penalty not exceeding £ for each offence."

Branch Council for Scotland. "To amend Clause xl, so as to render it more efficient than it has hitherto been, for enabling the public to distinguish between qualified and unqualified practitioners, and for preventing unqualified practitioners from assuming medical titles to which they have no right.

"In order to carry out this object, the Branch Council recommend a clause to the following effect:

"It shall not be lawful for any person, unless registered under this Act, to practise any branch of the profession, taking or using the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner, or General Practitioner, or Surgeon-Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other medical or surgical title; and every unregistered person so offending shall, upon summary conviction for such offence, forfeit or pay a sum not exceeding £20."

Branch Council for Ireland. Resolved: "That the following be approved as the Amendment of Section XL:

"SECT. XL. On and after the day of 186 , it shall not be lawful for any person, unless registered under this Act, to pretend to be, or to take or use the name or title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical or General Practitioner, or Surgeon, or Apothecary, or Accoucheur, or Licentiate or Practitioner in Midwifery, or any other medical or surgical name or title; and any unregistered person so offending shall forfeit and pay a sum not exceeding £20, to be recovered in a summary way before the justices of the peace."

Dr. ANDREW WOOD moved:

"That the Council now proceed to consider the expediency of amending Clause xx of the Medical Act; and that the following resolution be adopted:

"That the amended Bill shall contain clauses conferring on the Medical Council definite powers to issue to the various licensing bodies regulations on the subject of preliminary and professional education and examination; and that, in order to carry out that object, clauses to the following effect be adopted, viz.:" (Dr. Wood here introduced the resolutions of the Branch Council for Scotland.)

He urged that the present plan, according to the Medical Act, of reporting contumacious bodies to the Privy Council, was difficult of operation, and involved an invidious exercise of power. The Irish Branch Council had proposed to amend this by providing that the regulations issued by the Medical Council should receive the sanction of the Privy Council before coming into operation; but with this plan there would be a difficulty in subsequently altering resolutions. The alteration proposed by the Scottish Branch Council would give the Medical Council the power of remonstrating and otherwise dealing with refractory corporate bodies; there, however, being the right of appeal to the Privy Council.

Mr. SYME seconded the resolution, observing that it had in the course of time become apparent that the compulsory powers given to the Council by the Medical Act were ineffectual. The Council had last year

been informed of numerous instances in which their recommendations had been departed from.

Mr. ARNOTT said that the College of Surgeons of England had carried out the recommendations of the Council in regard to preliminary education. He considered that moral suasion was more likely to effect good than was compulsion.

Mr. COOPER and Mr. HARGRAVE also made some remarks.

Dr. CORRIGAN proposed, as an amendment—

"That the whole Medical Act be taken into consideration, clause by clause, for approval or amendment; as the taking into consideration of only three clauses must lead to an imperfectly considered Bill, which would not command attention from the Legislature."

If a Bill were brought before Parliament, the first question asked would be, whether the Medical Council had considered and agreed on all the clauses. In order to be able to go before the Secretary of State with any weight, the Council ought to be able to say that they had examined the whole matter from beginning to end. He thought that the powers proposed to be given to the Council by Dr. Andrew Wood's resolution were very arbitrary; and he knew no other instance, at least in Ireland, in which a board had such arbitrary power given to it.

Dr. SHARPEY seconded the amendment. It would be important to have considered the bill throughout: it would not be necessary to discuss every clause, and those which required amendment would come under notice in their turn. He believed that there was an erroneous notion prevailing in the Scottish Branch Council as to the necessity of bringing about uniformity of practice in medical education and examination; but this, even if desirable, could not be effected in the present constitution of the Council. The power of the Council was not, he thought, intended to be exercised in a direct manner, but through the medium of the licensing bodies. It was not intended by the framers of the Act that the Council should fuse all medical education and examination into one mould, but that they should see that none of the licensing bodies fell in their requirements below what was a safe standard for the practice of medicine and surgery. It was only in general points, such as the subjects of study, the division of examination, preliminary examinations, and registration, that any attempt at assimilation could be successful. Beyond this, as, for instance, in regard to the order of study, and the question whether or not education should be conducted by lectures, any attempt to make absolute regulations must prove unsuccessful. He referred to the different institutions of the University of London and of the Scottish Universities, in illustration of the impossibility of issuing regulations which should be universally applicable. In these discussions, the power of visiting examinations had been lost sight of. He believed that this, if carried out, would have a very good effect. The objection of expense had been raised; but he thought that inspectors might be appointed, to be paid out of the monies raised under the Medical Act, and from any further source to be provided by Parliament.

Dr. CHRISTISON agreed that it was advisable to consider the whole Act; and would support Dr. Corrigan's amendment.

Dr. PAGET suggested that the clauses on which amendments were proposed should be discussed first, and the remainder of the Act examined afterwards.

Dr. STORRER said that the Council had never tried its powers in regard to the licensing bodies, and therefore it would be absurd to ask for greater power.

Dr. AQUILLA SMITH agreed with these remarks, and said that the disregard by many licensing bodies

of the recommendation of the Council afforded a good opportunity of testing the powers of the latter body.

Dr. QUAIN supported the suggestion of considering the more important clauses of the Act in the first place.

The amendment was then put to the vote, when there appeared, For, 7; Against, 11. It was consequently lost.

The original motion being put, 3 voted for it, and 14 against it; so that it also was lost.

WEDNESDAY, APRIL 5TH.

G. BURROWS, M.D., President, in the Chair.

The same members were present as on Tuesday, with the addition of Dr. Allen Thomson.

The minutes of the last meeting were read and confirmed.

The Medical Acts. Clause xx. Dr. ANDREW WOOD moved the following resolution—

"That the following be adopted as an amendment of Clause xx of the Medical Act:—'It shall be lawful for the General Council to lay down such regulations respecting the education and examination of practitioners in medicine and surgery as may appear to them fitted to ensure adequate knowledge and skill in the practice of their profession. And the said General Council shall submit said regulations to her Majesty's most honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all universities, colleges, and other bodies enumerated in the Act. And it shall be lawful for the Privy Council, upon its being represented to them that any university, college, or other body enumerated in the Act does not comply with such regulations, to declare that any qualification granted by such university, college, or body shall not confer any right to be registered under the Act. Provided always, that it shall be lawful for her Majesty, with the advice of her Privy Council, when it is made to appear to her, upon further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of such General Council, for the improvement of its course of study or examinations, or the mode of conducting its examinations, to revoke any such order.'"

He observed that the votes of the previous day did not foreclose the further discussion of the amendments of Clause xx; and he considered it right that there should be an opportunity of deciding on a resolution based on the recommendation of the Irish Branch Council. This resolution provided for the Medical Council less power than the Scottish resolutions; but it would relieve them from a difficulty which had impeded them for years. It was perhaps better not to increase the power of the Council; but the existing power should be made more definite. Hitherto the Council had been accustomed to represent certain proceedings as "desirable," and to "recommend" them; and the result had been that the licensing bodies had not felt themselves bound to attend to the recommendations. This was wrong; for if three or four boards followed the recommendations of the Council and the others did not, those which obeyed were placed at a disadvantage. He would here observe, that the College of Surgeons of Edinburgh, having protested against the proceedings of the Council, had decided on obeying in future the recommendations as to preliminary education. It would be better if, after the resolutions were agreed to by the Council, they were strengthened by the authority of the Privy Council before being sent to the licensing bodies. There should be no fear in granting this power. The time had come when the

Council ought no longer to be met with the charge of not having power to enforce its regulations.

Dr. LEET seconded the motion.

Mr. SYME moved as an amendment—

"That Clause xx shall stand as at present; and that if any of the bodies mentioned in Schedule (A) should decline or neglect to comply with the recommendations of the Council, in regard to education—whether preliminary or professional—the Council shall, if they see fit, express their disapprobation."

He was in favour of the exercise of moral suasion rather than compulsion.

Mr. HARGRAVE seconded the amendment.

Dr. CORRIGAN supported the original motion.

The amendment was put to the vote, when there appeared, for, 10; against, 11. It was consequently lost.

Dr. EMBLETON proposed, and Mr. RUMSEY seconded, as a further amendment—

"That Section xx of the Medical Act of 1858 stand as at present."

Dr. FLEMING believed that it was the intention of the legislature in passing the Medical Act that some power should be given to the Council; and he considered that the Council ought to endeavour to obtain more power than it at present possessed. If the resolutions of the Medical Council were sent to the Privy Council for approval they would be referred to some member of the medical profession, who would thus be placed in a position superior to the Council.

Dr. CORRIGAN said that the power of the Medical Council had never been tried, and he believed it never would be. There were plenty opportunities of trying it at once—even within the next two days.

After some remarks from Mr. ARNOTT and Mr. HARGRAVE, the votes were taken for Dr. Embleton's amendment with the following result: For, 11; against, 9.

The amendment was now about to be put as a substantive motion, when

Dr. PARKES moved as a third amendment—

"That Section xx be amended as follows:

"'That it shall be lawful for the General Medical Council, from time to time, to issue to the various licensing bodies such regulations respecting the preliminary and professional education and examination of persons desirous of obtaining any of the qualifications mentioned in Schedule (A) to the Medical Act, as may appear to the Council fitted to secure, on the part of such persons, the requisite knowledge and skill for the efficient practice of their profession.

"'That all such regulations as shall have been passed by a majority of three-fourths of the General Council shall be obligatory on all Universities, Colleges, and other bodies enumerated in Schedule (A) to the Medical Act of 1858.

"'That, in the event of any of the said bodies not conforming to such regulations, it shall be lawful for the General Council, if they see fit, to intimate to the said body that it has not conformed to such regulations; and that, in the event of the said body not conforming within six months after such intimation, a representation be made to the Privy Council, to authorise the suspension of the registration of the degrees or licences of such body.

"'That it shall be lawful for any body, to which such an intimation shall have been given, to appeal to the Privy Council, who shall have power, if they see cause, to disallow the direction of the Medical Council.

"'That it shall be lawful for the General Council to recommend the restoration of a right to registration which may have been suspended by the Privy Council, when they shall be satisfied that their regulations have been conformed to.'"

It was wrong to prejudge the possibility of obtaining an amended Act this session; the Council should frame as good a bill as they could and endeavour to get it passed. He did not agree with the depreciatory opinions that have been expressed as to the utility of the Council.

Dr. FLEMING seconded the amendment.

After some remarks from Mr. SYME, Dr. CORRIGAN, and Dr. ANDREW WOOD, the amendment was put to the vote and lost; 5 voting for and 12 against it.

Dr. EMBLETON's amendment was now put as a substantive motion and carried by a majority of 12 to 8.

Clause XXXI. Dr. QUAIN moved—

"That the Clause remain as at present."

Dr. ALDERSON seconded the motion.

Dr. EMBLETON moved as an amendment, and Dr. PAGET seconded—

"That the consideration of Clause XXXI be deferred until the Council is made acquainted with the provisions of the Pharmacy Bills at present before Parliament."

The amendment was carried; 11 voting for and 7 against it. It was also carried as a substantive motion.

Clause XL. The resolutions passed by the three Branch Councils in reference to this Clause, were read.

Dr. QUAIN said that hitherto the Clause had failed in carrying out the object expressed in the preamble of the Act—that of enabling the public to distinguish between qualified and unqualified practitioners of medicine. He considered that the amendment proposed by the English Branch Council was sufficient. There was one point in which it diverged from those of the Branch Councils of Scotland and Ireland; these required that every one in practice should be registered. But he feared that it would be impossible to bring about compulsory registration. He did not think that the universities would consent that their graduates should be prevented from using the title of M.D. unless registered. Again, the resolutions of the other Branch Councils would prevent doctors of divinity, or of laws, from using the title of doctor. He proposed the adoption of the recommendations of the Branch Council for England, omitting the words "for gain" (in the third line of the paragraph).

Dr. PAGET seconded the motion. The resolutions of the Branch Council for Ireland would act harshly on persons holding degrees but not intending to practise. He referred to a distinguished member of the University of Dublin who was in this position; and also to the Professor of Anatomy at Cambridge, who, although he had no intention of practising, had and used his university title.

Dr. ANDREW WOOD said that the cause of the failure of Clause XL had been, that the penalty was laid, not on practising or taking a title, but on wilfully and falsely pretending to be registered. It was necessary to amend the Clause so as to render very little evidence necessary for conviction. He would propose the adoption of the Clause recommended by the Branch Council for Scotland; and observed that the rights of those who had titles but did not intend to practise were saved by it. If it were necessary he would be content to sacrifice the few for the good of the many; but by the Scottish amendment no sacrifice was required. As to the suppression of quackery, this would be impossible; before it could be done, it would be necessary first to put down all who would be quacked. But it was altogether a different thing, whether persons should be allowed to impose on the public by the assumption of titles which they did not possess. That there were good reasons for endeavouring to suppress this, the records of the past year alone gave ample proof. The object of the Council

was to benefit the public, not themselves; but so long as the *Register* was incorrect, the legislation was against the public. Dr. WOOD remarked that he was glad to see that the chemists and druggists were endeavouring to organise a system of registration; but he found that in their analogue of Clause XL they were falling into the error from which the Medical Council was endeavouring to escape. The schoolmasters in Scotland were also endeavouring to obtain registration.

Some conversation having taken place, Dr. Andrew Wood said that he would not propose the resolutions of the Branch Council for Scotland, but those of the Branch Council for England with some alterations. He therefore proposed as an amendment:

"Any person practising medicine or surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule (A) to this Act, or any professional title, name, or designation commonly used by, or used to distinguish, duly qualified practitioners in medicine or surgery, shall, upon a summary conviction, be liable to a penalty not exceeding £20 for each offence."

Dr. CHRISTISON seconded the amendment. He could not understand why qualified persons should not register.

Dr. ACLAND remarked, that the compelling of persons to be on the *Register* if in practice would give rise to complaints of being obliged to pay a fee in addition to that of their licences.

Dr. SHARPEY would support the amendment, because, if it were admitted that persons might practise medicine without being registered, the *Register* would represent only a fraction of the medical profession of the country.

Dr. QUAIN said that no one was more in favour of compulsory registration than himself; but he felt that it would not be practicable to obtain it from Parliament.

The amendment was then put to the vote; when there appeared—for, 14; against, 4.

It was then put as a substantive motion; when

Dr. CORRIGAN moved, as a further amendment, the adoption of the recommendations of the Irish Branch Council, omitting the word "Doctor" after "Bachelor of Medicine". There was apparently very little difference between this resolution and that of the Scottish Branch Council; but the Irish Council provided that conviction should depend on the assumption of a title recognised by law, whereas the Scottish Council required also proof that the person accused was engaged in practice. As to the hardship alleged to be inflicted on those who would be forced to register though not practising, the number of such persons would be but small; and it must be remembered that the Council had to provide legislation for the many, and not for the few. He thought that the few holders of degrees, not in practice, would willingly enter their names on the *Register*, if they knew that their doing so would be for the public good.

Dr. STOKES seconded the amendment.

Dr. PAGET could not agree with the amendment. The Medical Act was not passed for the purpose of acting penal against persons who do not practise nor intend to practise.

After some observations from Dr. Apjohn, Dr. A. Thomson, Dr. Quain, Dr. Christison, and Dr. Andrew Wood, the amendment was lost by 15 against 3.

Dr. ANDREW WOOD's amendment was now put as a substantive motion, and carried *nem. con.*

The Army and Navy Medical Departments. Dr. PAGET moved, and Dr. APJOHN seconded—

"That the communications from the Directors-General of the Army and Navy Medical Departments be printed, for the use of Members of the Council."

Dr. STORRER moved as an amendment, and Dr. ACLAND seconded—

"That the communications from the Medical Departments of the Army and Navy be read."

The amendment was carried; and, on being put as a substantive motion, was again carried.

On Thursday, certain reports from the Directors-General of the Army and Navy Medical Departments as to the candidates who had presented themselves during 1864 were read and ordered to be printed.

The same course was also followed in regard to some communications made to the Council on the amendments of the Medical Acts.

The Council then resolved itself into a Committee on education; and, after a long discussion, agreed on a scheme for the visitation of examinations.

British Medical Journal.

SATURDAY, APRIL 8TH, 1865.

MEDICAL EVIDENCE.

A CASE reported in the *Times* of the 1st inst. contains a striking illustration of the remarks lately made by us touching medical evidence in cases of injury from railway accidents. Nothing seems to have astonished judge, jury, and audience more in this case than what the reporter calls "one of the most extraordinary conflicts of medical testimony ever witnessed in a court of justice." What the Chief Baron thought of the medical evidence may be gathered from what he said of it in his summing up of the case.

"As to the medical evidence, it certainly was as opposed as that of valuers in railway compensation cases. One set of witnesses said that there was 'lesion' or organic injury; the other, that there was not. On one side, they stated that there was paralysis caused by the organic injury; on the other side, that there was a mere derangement of the nervous system, by reason of the concussion and the consequent shock."

Our readers, no doubt, well know what is meant by the conflicting evidence of valuers in railway compensation cases; and it is to such a level that medical evidence was brought in this case, in the opinion of the Chief Baron! In railway compensation cases of the kind referred to by the Chief Baron, the most prominent item is what is called the "hard swearing" of the valuers!

In the case referred to, the injured man, it was admitted, had received injury; and

"The question was as to the nature and extent of the injury, and whether it had caused a 'lesion' or organic injury to the brain. On the part of the company, this was disputed. There could be no doubt that symptoms resembling paralysis of the leg and arm on one side to some extent had supervened; but

what was disputed was, whether this was paralysis which arose from an actual 'lesion' of the brain or spinal cord, or was the mere effect of a shock to the nervous system, which might in course of time be cured and removed. The accident, it is to be observed, was in December; and it was beyond all doubt that he was still in a bad state, though it was disputed whether he was better or worse. Mr. Quain, the eminent surgeon, gave strong evidence as to the condition of the plaintiff, and declared that he believed it would have been dangerous to bring him into court. Galvanism had, he stated, been applied as a test so recently as Monday—using the galvanic current on the two limbs said to be paralysed; and the result was that, as a matter of fact—not of mere opinion—the right arm and right leg were paralysed. He declared that, in his opinion, the plaintiff was suffering from disease of the brain and nervous system. Dr. Walsh, with Mr. Richardson, Dr. R. Reynolds, and Mr. Hulke, were called to confirm the case on the part of the plaintiff. The accident having occurred in December, he had been, it was stated, getting worse ever since, and was now reduced almost to utter imbecility. Mr. Adams, Mr. Skey, Mr. Solly, Dr. Headland, Dr. Ratcliffe, and Mr. Critchett, were called on the part of the company. The effect of their evidence was, that there was no actual 'lesion' or organic injury to the brain, and that the symptoms of paralysis were the mere results of the shock to the nervous system. Indeed, one of them said he thought that they had been a great deal aggravated by the inquiries and examinations made by the numerous medical men (some ten or twelve) who had examined the plaintiff on the one side or the other. The strength of the evidence of the medical men on the part of the company was, in a word, that if there had been actual 'lesion' or organic injury, there would have been other symptoms not observable in this case; and that those which were observed were equivocal, and equally referable to a paralysis arising from disease or from shock to the nervous system; and, on the other hand, the value of the galvanic test was not admitted, and by some was disputed or denied. They denied, in short, altogether paralysis either of the brain or of the spine, and only admitted the effects of a severe shock to the nervous system; and the practical result of their evidence was, that in the course of a year, with entire cessation from labour, he would recover."

The jury eventually, notwithstanding the efforts made by the railway medical witnesses, gave the plaintiff £5,550 damages. But who shall assess the damage and injury sustained, through this trial, by medical evidence? This much every one of us must see, that, under such a process as this, medical evidence in courts of law becomes a mere byword—a *ludibrium* both before the public and justice. One of two things the public will argue, and reasonably argue. The public will say: "Either you medical gentlemen are incapable of coming to a definite opinion on a matter of fact—on a case of injury lying before you; you can come to no agreement between yourselves; you differ *toto celo*, six on one side and six on the other, in the matter; and, therefore, medical evidence in such a case is worth nothing: or we can only regard your evidence as of the same worth and character as that of the railway compensation valuers; and must conclude that doctors are at the service of a railway company to give

evidence, *pro* or *con*, just as surveyors and architects are. And of course, so concluding, we shall know in future what sort of credence is to be given to what you call your scientific evidence!"

Such, we take it, is the low estate into which medical evidence naturally and very properly falls by exhibitions of the kind here referred to.

THE Medical Council has passed a resolution to amend Clause XL of the Medical Act, which is, in our opinion, certain to prevent their proposed new Medical Bill passing through Parliament. Such a resolution really seems the condemnation of the Council as men of progress and business. It will be seen that the Council are about to call upon Parliament to give them powers summarily to prosecute and subject to fine, not only quacks and pretenders who call themselves doctors, surgeons, etc., but every qualified doctor of medicine, physician, surgeon, apothecary, etc., in practice, who shall assume any of those titles, unless he be registered. No doctor, or surgeon, or apothecary, the Council say, shall practise their art in this country—notwithstanding their legal right to practise as such—unless they pay us down hard cash, and have their names down on our *Register*. The Council seem to have completely forgotten that such a proposition is equivalent to a positive repealing of the Act of Henry VIII to the Royal College of Physicians, and of the Apothecaries' Act, and of other Acts of Parliament. This proposed clause is, in fact, actually a calling upon the Royal College of Physicians, Apothecaries' Hall, etc., to give up the right of granting powers to their Licentiates, etc., to practise medicine. Surely this is legislation run wild with a vengeance. Or have the Council forgotten all this, and been desirous only by such a proposed clause to throw a sop to the profession; and thinking that the proposition will expiate their little doings and much talkings in the eyes of the profession at large? We believe our medical brethren are too much alive to the facts of the case to be blinded by any such impossible a bait; and we sincerely trust they will themselves strenuously oppose it. The attempt to carry into Parliament such a clause is of itself sufficient to be fatal to their new Bill. Do the Council really believe that the Royal College of Physicians (within whose walls the resolution was passed) would allow their ancient legal rights to be thus summarily disposed of? that they would allow the privileges to practise granted by them to their Fellows, Members, and Licentiates, to be abrogated at the pleasure of the Medical Council? And what will every enemy of the Council say of it but this—the Council seems to care, above all, for one thing; viz., how to secure the funds necessary for carrying on their meetings.

MR. SOLLY complains, and most fairly, that his compulsory retirement from St. Thomas's Hospital in May next would be a hardship and an injustice. We fully agree with the propriety of limiting the time of service and the age of retirement of hospital medical officers, and have on many occasions strongly advocated the modern practice in this respect. But no laws or regulations of the kind can be justly made retrospective. The existing holders of office have a fair claim to hold office on the terms on which they entered upon the performance of its duties. Mr. Solly undertook his surgeoncy at St. Thomas's Hospital, under the terms of a tacit agreement with the Governors that he should hold office as his predecessors had done, and as the office was then held. Besides this, there is no pretence in the way of incompetency for Mr. Solly's retirement. We are sure, therefore, that the voice of the profession will go with us in this, that Mr. Solly ought, in all fairness, to be allowed to continue office up to the completion of his twenty years of surgeoncy.

POTTER, the murderer, to whose case we lately made special allusion, has been respited, and sent to Broadmoor Lunatic Asylum. After his condemnation, he was visited by Lunacy Commissioners; and, in consequence of their report, this decision was arrived at.

THE Report of the Committee appointed some months ago by the Royal College of Physicians, to inquire into the condition of the Army and Navy Medical Services, will be brought before the College on the 10th inst. The Committee have, we understand, thoroughly investigated the subject and completely satisfied themselves of the injustice inflicted on their brethren in the army and navy; and if we are rightly informed, the Committee will ask the College to take up the cause of the army and navy surgeons, in order to have their griefs sifted by Parliamentary inquiry; and they will also ask the College to request all the other medical corporations in the country to assist in the endeavour. We may add, as we do with much pleasure, that we have good reason to know, that if the Royal College of Physicians should decide on making application to Parliament, its application will receive the highest support both in Scotland and in Ireland. Our brethren in the army and navy, in the meantime, should be prepared to give their own strenuous support to the College, in the case of its making application to Parliament.

THE epidemic which is now raging in St. Petersburg and other parts of Russia, is evidently neither plague, nor any new disease, but the plain, old-fashioned, famine-fever, typhus, with its companion, relapsing-fever.

Our readers will have observed that in the recent K.C.B. honours (if so they can be called) recently distributed to the heads of the Army Medical Department, our naval brethren have been completely forgotten. We may remark, as a *solatium* to those who may consider themselves as thus overlooked in this matter, that the distribution of these honours has given no satisfaction to the combatant officers. The *Army and Navy Gazette* indicates that merit and service have had very little to do with the selections of combatants made for receiving such very dubious honours, whatever it may have had to do with the non-combatant selection.

IN *L'Imparziale* is an interesting account of the Vienna School of Medicine, addressed to the editor by Professor Sigmund of Vienna.

"For more than a quarter of a century pathological anatomy has been especially studied here. We have specialties, oculistic, obstetrical, and syphilitic, children's diseases, dermatology, etc. The medical men of the modern school are all made of new stuff. In our great hospitals—and too great they sadly are—every ward is, as it were, opened for special instruction; and every day we see increased the number not only of our own but of foreign students, who come to take advantage of the immense mass of scientific materials placed at their disposal. The dissecting-rooms, the two museums of anatomy, the new clinical and pathological laboratory, and the microscopical rooms, are always crowded, thanks to the liberal institution, which grants a ready admission to them; thanks, also, to the new system of electing professors without regard to their country or their religion. You may find in the Faculty of Vienna, by the side of Catholics, Protestants, Jews, and even Greeks! Annual and half-yearly examinations have been done away with. We have now only the examination for the doctorate. The thesis has also been abolished.

"In a few days will be opened a new hospital containing 800 beds. Vienna will then possess more than 4000 beds for the sick; viz., in the General Hospital, 2000 beds; in the suburb *Wieden*, 850; in the new Rudolph's Hospital, 800; in the Infants' Hospital, 100; in the Brothers of Charity Hospital, 350. To these may be added—the Hospital of the Sisters of Charity, with 200 beds; the Children's Small Hospital, 50; the Merchants' Hospital, 40; and the Jews' Hospital, with 60 beds—making altogether 4430 beds. Besides these, we have Military Hospitals containing 1500 beds; a Hospital for the Parturient with 250; a Foundling Hospital with 200; and Lunatic Hospital with 500. You may imagine, therefore, the immense pathological riches accumulated here. We shall, moreover, soon require another large hospital to meet the wants of the growth of the city.

"March 12th will be the five hundredth anniversary of the foundation of the University, and we shall then have a grand festival. It is not, however, yet decided whether the festival will be held on that day, or later, in August or October.

"Pathology occupies now a veritable palace by the side of the hospital; and with it are united magnificent rooms for pathological chemistry and legal medicine. One of our richest treasures is the Museum—by far the finest I have seen in any school. Here, also, you will find close at hand, a splendid collection of *matéria medica*, and a new institution, the Physiological Laboratory. And all these esta-

blishments flourish, notwithstanding the law passed fifteen years ago, which obliges the student to pay for his courses, etc. The payment of an *honorarium* increases the zeal of the student; and, under all circumstances, renders the condition of the medical man more honourable.

"Syphilis increases with us, as in all other large cities. Notwithstanding the separation of prostitutes, properly so called, I had under my charge in the year 1864 more than 2000 syphilitic patients, and my 275 beds are always full. I have concluded my fifty-fifth course; and you may, therefore, believe that I must soon give up this work, and leave it to younger and more vigorous shoulders."

"A BRIEF Sketch of the Past and Present Condition of the Bengal Medical Service, by a Surgeon of the Bengal Army," gives a very full historical, and, we believe, impartial account, of the subject with which it is concerned. The writer's opinion is, that Sir Charles Wood has not done justice to the Indian army medical officers. If strict justice be done, he says,

"We are entitled to expect the revocation of that clause in the Indian Warrant which confers upon assistant-surgeons *brevet* instead of *substantive* promotion for distinguished service; to expect that the scale of invaliding pensions granted to the British Army Medical Department by the Warrant of 1858 should be extended to our service; to look forward to receiving pensions on retirement more strictly in accordance with our army rank; and to claim for surgeons and surgeons-major in charge of regiments a staff allowance, in addition to the pay of their rank, more nearly proportioned to the responsibilities of their position than that which has been accorded to them by Sir Charles Wood's recent order. In addition, I believe we have a right to look for a speedy increase to the emoluments of civil and non-regimental charges based upon the increased pay granted to regimental officers; and also to hope for a speedy declaration on the part of Government of the exact meaning of their guarantee for maintaining the Service Funds, which are all of them rapidly verging towards insolvency, as a necessary result of the diminished number of subscribers consequent on the abolition of compulsory subscription from the period of the transfer of India to the Crown. This declaration has now been withheld, in spite of constant protest, for nearly six years; and the state of uncertainty which is the inevitable result has become almost unbearable."

THE plan of the future Hôtel-Dieu of Paris has been decided. The buildings will occupy the Quai Napoléon, the Rue St. Christophe, Rue de la Cité, and Rue d'Arcole. The buildings will extinguish some eight or nine small streets behind those above mentioned.

L'Union Médicale complains that, at a recent discussion at the Royal Medical and Chirurgical Society, on the Inhalation of Atomised Fluids,

"The name of the ingenious French inventor was not once mentioned. Every experimenter who has succeeded, who has either confirmed or disproved the fact of the penetration into the lungs of the pulverised liquid, was referred to. The discoverer's name alone was omitted; no doubt, on account of its being so well known!"

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Quarterly.]	Clarke's Castle Hotel, Taunton.	Wednesday, April 12, 7 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, April 13, 7 P.M.

WEST SOMERSET BRANCH.

A QUARTERLY Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M.

Notice of papers or cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, March 11th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

THE third meeting for the eighth session, 1864-65, was held at the Infirmary, Gravesend, on March 31; C. J. PRINCHING, Esq., in the Chair. Seventeen members and visitors were present.

Communications. The following communications were read:—

I. Ophthalmic Cases. By M. A. Adams, Esq.
1. Diphtheritic Conjunctivitis. 2 and 3. Successful Extraction of Cataract in Diabetes. 4. Anophthalmos. (The patients were exhibited at the meeting, with the exception of one suffering from diabetes.)

II. Case of Embryotomy. By J. V. Bell, M.D.

III. Some interesting cases, inmates of the Infirmary, were brought before the meeting. 1. Railway injury in a young man; lower end of tibia removed; result satisfactory: viz., foot straight, with some degree of flexion and extension preserved. 2. Bullet lodged in lower jaw of a young man; sinus and some thickening, but no certain indication of the situation of the ball.

Next Meeting. Flaxman Spurrell, Esq., was elected chairman of the meeting to be held at Dartford in April.

Dinner. The members and visitors adjourned to dinner at the Yacht Club House.

HYDROPHOBIA. In connection with the bill for lessening the mischief occasioned to flocks in Ireland by vagrant dogs, Professor Gamgee publishes some interesting remarks on the spread of the hydrophobia and other evils from the number of dogs roaming about at will. He says: "It is impossible to estimate the serious amount of loss of life and property incurred by the people in Ireland from the dog nuisance. Swarms of parasites infest the bodies of cattle, sheep, and pigs, which they derive from dogs. Many animals are doubtlessly worried, and a very considerable number of men and animals are annually bitten and inoculated with the rabid virus." Hydrophobia in man is increasing in Ireland. For the ten years ending 1841 31 cases of death from this cause are reported. In 1851 the number had risen to 57, and in 1861 to 61. This is very different from what we find in England, where the deaths from hydrophobia have gone down year by year from 25 in 1851 to 3 in 1860. In Scotland, even allowing for the smaller population, the number is still smaller.

Special Correspondence.

DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

Two cases of great interest have lately occurred here, which, I think, it will be worth your while to record. Therefore I send you brief notes of them.

The first is that of a Fracture of the Spine, in which the operation of Trephining was performed. The patient was a man named Joseph Collins, aged 38 years, who entered Jervis Street Hospital December 28th, 1864, suffering from an injury of the spine. Dr. Robert McDonnell, who saw him immediately after his admission, and under whose care he remained, at once diagnosed a fracture of the spine corresponding to the last dorsal or first lumbar vertebra. The symptoms were those of pressure on the spinal cord.

At a consultation held the same day, Dr. McDonnell advocated the immediate performance of trephining. His colleagues, however, not taking his view of the case, the proceeding was negatived.

The idea of trephining was then given up until January 30th, 1865, when Dr. Brown-Séquard, happening to be in Dublin, saw him with Dr. McDonnell. He supported his view, and advocated the operation as a *dernier ressort*. Accordingly, it was performed February 3rd, 1865.

Previously to the operation, sensation existed normally in the thigh and calf of each leg. In the feet, sensibility was much impaired, the sole being quite anæsthetic. Paralysis of motion was almost complete in both lower limbs; no reflex movements could be excited. The bladder and rectum were absolutely paralysed; the urine was alkaline. The penis and scrotum were swelled, and the prepuce ulcerated. Bed-sores existed over the sacrum; and the left foot and leg were œdematous.

After the operation, sensation became normal every where. There was a marked increase of motor power in the muscles of the thigh; the patient, however, did not regain the power of moving his toes. After some days, the reflex phenomena as regards movements of the muscles of the thigh reappeared. The most remarkable improvement, however, was in the penis and scrotum, etc. The ulcerations improved; the swelling diminished; and the œdema of the left leg disappeared.

A fortnight after the operation, the bladder had regained considerable power, and the urine could be expelled with some force. However, the patient sank on the seventeenth day after the operation, when it was found that inflammation had extended from the bladder to the kidneys, purulent depositions having been found in one of those organs.

On *post mortem* examination, a displacement was found to have taken place between the last dorsal and first lumbar vertebrae, with fracture of a portion of the body of the latter. The theca vertebralis was uninjured; the cord compressed, but not lacerated.

The operation consisted in the removal of the posterior arch of the first lumbar vertebra; and there is little doubt, had it been performed at an earlier period, there would have been a fair chance of interrupting the chain of sequences which led to a fatal result in this case.

The above is a mere sketch, as the whole details will soon be published in full by Dr. McDonnell.

The second case is one of no less importance than that just described, being the cure of an aneurism implicating the femoral and iliac arteries by compression applied to the common iliac and femoral vessels. The case occurred in the practice of Dr. Mapother of St. Vincent's Hospital, and presented extraordinary difficulties in its management. Among others, I may mention the fact of the treatment being carried out while the patient was under chloroform, and the combination of distal and proximal compression, so as to prevent complete emptying of the sac. This device is the suggestion of Mr. O'Farrell of St. Vincent's Hospital, and is a most valuable one. The prolonged chloroform inhalation was also most remarkable, having been sustained on one occasion for twelve hours. The cure of the disease was complete.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 14TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ANEURISM BY ANASTOMOSIS OF THE SCALP, TREATED SUCCESSFULLY BY SETONS AND LIGATURE OF THE COMMON CAROTID.

BY GEORGE SOUTHAM, F.R.C.S.

THE patient, a married female, aged 28, had been suffering from the disease for upwards of eight years. She became an in-patient of the Manchester Royal Infirmary in May 1864. The temporal artery and its branches, with the exception of those distributed around the eye and forehead (which, though visibly distended, were not pulsatile), were much enlarged, some of them almost to the size of the little finger, and communicated to the hand a distinct arterial thrill. The occipital artery and its branches were also similarly affected in a less degree. Pulsation was only slightly checked by pressure on the trunks of these vessels, but was completely suspended by compression of the common carotid. An ulcer had formed over the parietal protuberance, which had bled rather freely on several occasions. An attempt was made to remove the lint from the ulcerated surface; but arterial hæmorrhage supervened to so great an extent that the bandages were immediately replaced. On the following day, having taken the precaution to have the requisite appliances for the arrest of hæmorrhage at hand, the compress was removed in the presence of several members of the hospital staff. Profuse hæmorrhage followed from the ulcerated surface, which occupied a space of about an inch and a half in diameter. Pressure with the fingers failed to stop the effusion of blood, escaping as it did from countless sponge-like orifices.

Lint steeped in a solution of perchloride of iron was also applied, and the carotid compressed; but the blood continuing to flow, Mr. SOUTHAM, with the consent of his colleagues, placed a ligature on the trunk of the common carotid, which had the desired effect. Seven days after the operation the vessels of the scalp were soft, flaccid, and apparently bloodless; but very feeble pulsation could be felt in the course of the temporal artery. Four setons of worsted, about four inches in length, were now passed through the vessels, one across the temporal fossa, the others through the parts of the scalp where the vessels were most distinct. The week following, some of the vessels near the original sore were found distended, and slightly pulsatile. Three setons were inserted through them, and another about a fortnight afterwards at the posterior part of the occiput, where a vessel about an inch and a half in length could be distinctly traced pulsating slightly. From this period the case proceeded satisfactorily, and on August 12th she left the hospital quite well, with the exception of a small ulcer at the back of the ear, which was the remains of a slough that had taken place in that part. At the end of December there were no signs of any return of the disease.

The author remarked that the success of the plan of treatment adopted in the above case afforded a prospect of bringing this hitherto unmanageable complaint more effectually under the control of the surgeon. At the time of the patient's admission into the hospital, the disease had arrived at a stage when prompt measures were absolutely necessary for the preservation of life. Accordingly, on the supervision of hæmorrhage, ligature of the carotid was immediately resorted to. But the unfavourable results which have frequently followed deligation of the carotid for aneurism by anastomosis of the scalp induced the author not to rely solely on that method of treatment; and the further progress of the case showed that if other means in addition had not been employed, no permanent benefit would have resulted from the operation. This need excite no surprise, for the operation to be successful must either permanently cut off the circulation through the diseased vessels, or lead to their obliteration—conditions which, however probable when the disease is confined to a single vessel and assumes the ordinary form of aneurism, are not likely to follow when several are affected, as in the present case, involving the entire temporal system, with its arteries, veins, and capillaries. For the blood in the vessels after deligation does not coagulate, but readily finds its way into the general circulation, and the vessels remaining unchanged, become again distended as soon as the circulation through the anastomosing branches is re-established. But, despite these drawbacks, deligation, even when not required for the suppression of hæmorrhage, has its advantages; for the temporary interruption which it causes to the circulation through the diseased structures affords a favourable opportunity for the application of other remedies. Setons were therefore resorted to as soon as there were indications that the scalp was supplied with blood sufficient for reparative purposes. They were applied at intervals wherever any return of pulsation showed itself.

Setons have so repeatedly failed, that their success in the present instance must be attributed to the quiescent state of the circulation produced by the ligature of the carotid. In confirmation of this view, the author referred to the case of a young lady who was under his care several years ago, whose index finger and thumb had become, through enlargement of the vessels, twice the natural size. Some of the vessels were in circumference as large as goose-quills,

and gave a livid-bluish appearance to the fingers. Not the least pulsation or arterial thrill could, however, be discovered; and the vessels could be partially emptied of their blood by pressure. Three fine worsted setons were passed from the hand to the apex of the finger. Others were inserted at intervals. At the end of six months all evidence of the disease had disappeared. Deligation of the arteries, therefore, prior to the insertion of setons, does not appear necessary in all cases of aneurism by anastomosis. The disease is an affection of arteries, veins, and capillaries, varying in its characters according to the extent to which each of these structures is implicated. Deligation, therefore, seems to be required where the arterial tissue is principally involved, or where the enlargement of the capillaries has taken place to such a degree as to enable the force of the heart's action to communicate its impulse through the capillaries to the blood circulating in the veins. Similar considerations will also determine the extent of deligation, which, except where severe hæmorrhage occurs, need, in the majority of cases, only be applied to the smaller arteries.

Though setons were employed in the case now related, yet galvanism, the injection of perchloride of iron, and other similar agents, may, in some instances, perhaps, be advantageously substituted; and even the risks attending ligature of the arteries may, by instrumental or digital compression, be occasionally obviated.

The PRESIDENT said that tying the carotid seemed a severe operation for a disease so limited. He considered that photographs shewing the character of the disease before and after the operation would have been of value.

Dr. SIBSON regretted that Mr. Southam was absent through illness; and observed that the carotid was tied, not to cure the disease, but to arrest hæmorrhage. The operation was successful, and the treatment by setons thereby much advanced.

Mr. C. H. MOORE also observed that the tying the artery was to arrest arterial hæmorrhage, and not to cure the disease. For some aneurisms of this kind, ligature of the vessels would not be necessary; while in others, the abundance of large arteries might demand this proceeding. A case which he had seen, under Mr. De Morgan's care, had been healed by setons passed by needles, over which were placed caoutchouc rings, and by threads charged with perchloride of iron. The result was the cure of the patient; who, five years afterwards, had no trace of the aneurism, but an abscess occupying its site. In vascular tumours of the scalp in children, which sometimes attained a very large size, if a large vessel were open and could not be tied, it would be necessary to apply a ligature to the main artery.

Mr. SAVORY said that the success of Mr. Southam's case would encourage surgeons to tie a vessel at a distance when the injured point could not be reached.

CONGENITAL HYDRONEPHROSIS, IN A BOY FOUR YEARS OLD, REPEATEDLY TAPPED: RECOVERY.
BY THOS. HILLIER, M.D.

The patient was born with great enlargement of the abdomen, simulating ascites, for which it was mistaken till he was nearly four years old. It was then ascertained to be an enormous cyst springing from the right lumbar region. From its great size it caused difficulty of breathing and prevented his walking. The cyst was tapped in front, and 102 fluid ounces of clear non-albuminous fluid were drawn off, having all the characters of dilute urine. The fluid rapidly re-collected, and on a second tapping was found to be albuminous and purulent, but still to

contain a considerable quantity of urea. Attempts were made to establish a permanent fistula anteriorly, and then posteriorly; but on each occasion the fluid after a time ceased to flow. Much irritation and depression followed the several tapplings, so that the patient's life seemed to be endangered. After one of the operations a quantity of fluid was passed from the bladder exactly similar to that from the cyst, and quite unlike what was usually passed from the urethra; a temporary communication thus obviously being established between the cyst and the bladder. The patient has now been left without operation for some months, and has regained his strength; but the cyst remains, varying from time to time in size, and his urine is often purulent and fetid. It is presumed that there is some congenital malformation of the right ureter which renders it liable to occlusion, but admits, under some circumstances, of the passage of fluid.

Cases of congenital hydronephrosis due to obliteration of the ureter were quoted, proving fatal in infancy; one a case of an enormous cyst, apparently a dilated kidney, from obliterated ureter, in a woman who lived to the age of twenty-three years; and one of double hydronephrosis in a youth who lived to the age of seventeen years. In the latter case the ureter on one side was much constricted, and on the other entered the pelvis of the kidney obliquely, and was guarded by a valvular obstruction.

Expectant treatment, the author observed, seems to be the only measure indicated. Extirpation of the cyst is inadmissible from the dangers of the operation, owing to proximity to the sympathetic ganglia, and to the liability to hæmorrhage and peritonitis. Tapping was recommended in case of distension so great as to endanger life. It would seem that when the distension reaches a certain point, the ureter allows of fluid to pass down it.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, FEB. 3RD, 1865.

G. POLLOCK, Esq., President, in the Chair.

ON SYPHILITIC DISEASES OF THE SKIN FOLLOWING VACCINATION. BY G. NATLER, ESQ.

THE author commenced by stating that syphilitic diseases of the skin were to be determined rather by the character of the affection than from information to be obtained from the patient; and that these affections deviated more or less from the true type of the diseases to which they belong, the imperfectly formed scales in the squamous diseases being an instance. The diagnosis, also, was assisted by the consideration that these diseases appeared at three periods of life; first, a few days or weeks after birth—the congenital form; secondly, at the period of the second dentition; and thirdly, at puberty.

After a few remarks regarding the transmission of syphilis by vaccination, and the arguments of Mr. Simon against its probability, three cases were related of this disease.

The first patient was aged 22 years, the youngest of seven—all in good health. Her father died of phthisis. After three months, she was vaccinated in the left arm; but the pustule did not heal. Inflammation ensued, and subsequent ulceration, which spread, exhibiting the characters of syphilitic lupus. In the front of the arm, numerous cicatrices were to be seen, of an irregular form; and there were tubercles in various parts, including the face, to which latter place the disease spread eight or nine years since. She derived great benefit from the bichloride

of mercury and iodide of potassium, and from the local application of arsenical escharotics. The patient was exhibited to the Society.

The second patient, E. M., 15 years of age, was the youngest but one of five. She was vaccinated a year ago. The pustule remained in a healthy state for some time, leaving a large and deep scar after healing. Psoriasis soon afterwards made its appearance on the lower extremities and upper parts of the body. It assumed the form of psoriasis guttata; but, the scales being badly formed, it was diagnosed as being of a syphilitic origin. She was benefited by the same treatment as in the first case.

The third case, 19 years of age, was exhibited to the Society. The scalp had been a mass of ulceration, and portions of bone had been removed in a necrosed state. At the present time, there was some offensive discharge and the remains of extensive disease, and there were soft tubercles about the ears and bridge of the nose. She had evidently been much improved by treatment. She had never menstruated, and had been much out of health. Her history was, that she had been vaccinated when three months old; that the pustules ulcerated, and did not heal for twelve weeks. At 14 years of age, a serpiginous ulceration first attacked the scalp. In this, as in the other cases, no trace of syphilis could be found in the parents. She was treated with mercurial vapour-baths, iodide of potassium, and sarsaparilla.

After referring to the Rivolta cases, and the previous good health of the above patients before vaccination, with the appearance of the scars left by it, and after examining all the sources from which the syphilitic poison could be derived, the author terminated by saying, that perhaps nothing had left the point at issue so long in abeyance, or contributed to cast such discredit on the idea of syphilis being received from vaccination, as its rarity and the acknowledged difficulty of maintaining unbroken the chain of evidence between the effect of syphilis and its real origin. Admitting the results stated to be occasionally dependent upon vaccination, they yet scarcely affected the more general question of its utility.

THE NIGHTINGALE FUND. The trustees of the Nightingale Fund are well satisfied that money need not stand in the way of the training of any number of young women for service in hospitals or anywhere else. The demand is so great that money for the purpose is always forthcoming, if the candidates can be got, after the fund has distributed its income. That fund at present maintains and trains in St. Thomas's Hospital 18 women between the ages of 25 and 35 for at least a year each. Thus far the eagerness to secure them at the year's end has been such that all have been immediately placed, and may be considered provided for for life. As many more are received as can be employed and trained in proportion to the number of patients; and of these the expenses are paid by private patrons. In the last report of the Nightingale Fund it is stated that the lowest salary received by any hospital nurse of their pupils is £20 a year, and maintenance in everything but clothes. This lowest pay is certainly not high, being about equal to that of a provincial cook, or a good housemaid; but it is the lowest, while it includes an amount of personal comfort, and a permanence and security of employment, which the humble governess and the milliner's journeywoman can never hope for. In private practice a skilled nurse may evidently demand her own terms; and a rich field of enterprise remains for those who, being trained, become the trainers of others in the new schools which will be rising up everywhere. (*Cornhill Magazine.*)

Correspondence.

SYPHILISATION AS A MEANS OF CURING CONSTITUTIONAL SYPHILIS.

LETTER FROM PROFESSOR BOECK OF CHRISTIANIA.

No. II.

SIR,—In reference to the gentleman cured under my care of tertiary syphilis by syphilisation, let me further observe that Mr. Lee, imagining he has shown that this patient has never had syphilis at all, supposes, of course, that I did not inoculate him with matter from an indurated syphilitic chancre. On this point, also, I am compelled to differ in opinion from Mr. Lee. During the last eight years, I have used *matter taken from indurated sores alone* for my treatment by syphilisation. Mr. Lee will perhaps answer to this, that matter from a hard chancre cannot produce pustules on a person suffering from constitutional syphilis. It is true, that this opinion is at present entertained by many surgeons; but it is not, therefore, a correct one; and in various places this doctrine is beginning to be abandoned. My experience proves it to be erroneous. I do not intend to dwell on the history of this doctrine, which is well known to the readers of your JOURNAL. I shall only state what has been done here in Christiania towards answering this question.

Dr. Bidenkap has for several years inoculated with the discharge from indurated chancre, and has found that when the chancre does not secrete pus there is no result, or that, after a long time of incubation has elapsed, a papula appears, which afterwards becomes excoriated. If, on the other hand, the chancre be brought to suppuration by means of an irritant, it may be possible, by inoculating with the matter thus obtained, to produce pustules in a short time. In both cases, it is often necessary to repeat the inoculation several times before any result takes place. Mr. Lee is himself well acquainted with the manner of performing these inoculations. The idea of irritating the chancre to make it produce pus, has also occurred to him, and he had done so previously to Dr. Bidenkap's attempting it; but Mr. Lee, by his inoculations, only caused adhesive inflammation, and, having once produced a pustule, imagined he had inoculated from a "*chancre mixte*". Dr. Bidenkap was the first to produce pustules and chancre-sores with matter both from indurated chancres and from mucous tubercle; and to use the matter from these sores to continue inoculation. Melchior Robert of Marseilles has done the same; as also Köbner of Breslau; and, as I have heard, Hebra of Vienna.

As before stated, the matter which I have used during the last eight years for syphilising my patients, has been taken *solely* from indurated chancres. It was with this matter that the patient who has given rise to this discussion was inoculated. It was by means of these inoculations that this gentleman, who, when he came here, appeared to be at death's door, daily

improved, so that in two months he was able to go out shooting.

Instead of endeavouring to reason away such a plain fact, and blindly running down syphilisation, it would have been better had Mr. Lee sought for reliable information respecting this mode of treatment, which can do more with syphilis than all the mercury and iodine in the world.

I am, etc.,

W. BOECK.

Christiania, March 4th, 1865.

SYPHILISATION.

LETTER FROM HENRY LEE, ESQ.

SIR,—Professor Boeck has been good enough to send a first letter on the subject of syphilisation, and to refer to some observations made by me in your JOURNAL of the 4th of February. The objections of Professor Boeck to the observations in question have already been either directly or indirectly answered in my reply to Dr. Simpson published in the JOURNAL for February 18th. It appears, therefore, unnecessary that I should at present occupy your attention further than to state that Dr. Boeck has fallen into the mistake of supposing that I had given it as my opinion that the patient who was under his care was suffering from "softening of the bones". This formed, certainly, no part of the opinion which I expressed.

I am, etc., HENRY LEE.

2, Savile Row, April 1st, 1865.

MEDICAL EVIDENCE IN RAILWAY ACCIDENTS.

LETTER FROM DANIEL NOBLE, M.D.

SIR,—Your leading article in this day's number of the JOURNAL, on "Medical Evidence on Railway Accidents", is very opportune, particularly as supplying the occasion for some discussion on the right position which members of our profession should take, when forensically occupied in reference to these cases.

Having myself for some years been much consulted in circumstances of this kind, sometimes by the plaintiff in actions for compensation and sometimes by the defendant, I have naturally been led to reflect upon this question in most of its bearings; and, for this reason, I must solicit a portion of your space for the expression of such practical views as I have been led to form.

Concerning the duties and the position of railway medical officers, I have but little to say; I was never one of their body, and their ability to speak for themselves is beyond dispute. It may yet be observed that the heavy responsibilities of railway companies, and their liability to become the victims of imposture or of culpable exaggeration, renders it imperative that they attach to their interests skilled medical men, without whose professional services the shareholders would have but little protection against subtle attorneys who have mendacious clients.

But concerning the position of independent members of the profession having to do with railway accidents in their legal consequences, I would respectfully offer a few practical suggestions as to the duties devolving upon them, and as to the course in detail which it may be alike just and expedient for them to take under the circumstances in question.

However the distinction may sometimes be lost sight of in practice, it will, of course, be conceded that no medical man, summoned as a witness, can rightly give his evidence in the spirit of an advocate.

When such evidence is called for by the requirements of justice, the medical witness, whether stating facts or opinions, has simply to tell the truth; and if, during examination, he suppress information within his knowledge, or wilfully exaggerate or extenuate, in a way to affect unduly the question at issue, he may compromise himself very painfully. The position itself, in many instances, furnishes, undoubtedly, some temptation to a sort of semi-conscious wrongdoing in these particulars; but this temptation, I conceive, would be removed, or greatly lessened, by adopting the course which has always been my own, and which, whilst very simple, is obviously the just and prudent one.

When a medical man is consulted in cases likely to become the subject of litigation, he soon has intimation that he may be required to give evidence; and lawyers, from a certain fashion of speech, will sometimes talk to a medical man about "engaging his services as a witness." Now, plainly enough, the right proceeding in these circumstances is to repudiate such a position, whether expressed or only implied. You may profess yourself ready to give your opinion of a case in writing; but that, as to giving evidence, your opinion may or may not promote the interests which the lawyer has in his keeping. Now is the time, before the feelings have become much engaged in the legal conflict, for making a calm and dispassionate record of your professional judgment; and if, after doing so, you are summoned as a witness, the way is plain. You have to communicate in court what you have already set forth under less formidable circumstances; the party that calls you knows what he has to expect; and the medical witness need to have no apprehension, as to what may be thought of his evidence in its effects upon the case.

Your readers, I trust, will acquit me of egotism, if I say a few words as to the way in which this proceeding has worked in my own experience. Actions have sometimes been settled upon the best terms that could be procured, when my reports have not corroborated the expectations set up by the representations of a plaintiff; and when cases have proceeded to trial, it has several times happened that, although summoned, I have not been called as a witness, because the "side" would not be benefited by any evidence that I should give.

Now, there is a concerted action that can often be taken, which, whilst it is most conducive to the ends of justice, is, at the same time, conservative of the honour and the dignity of our profession. It is this: for the medical men regarded as being in the interest of both plaintiff and defendant, frankly to meet for discussion of the whole state of affairs, so far as medical; to exchange the results of their common experience, and to balance probabilities as to the issue of the case. In a proceeding of this kind I have many times shared, and almost invariably with a complete conciliation of any primary difference of opinion, and a consequent avoidance of that unhappy discordance of medical judgment so grateful to "outsiders", but so humiliating to the profession itself. Of course, to render this last suggested course practicable, there must, with all persons engaged, be mutual respect and confidence, no foregone conclusions, no assumption either of "undoubted importance" on the one side, or of "disastrous mischief" on the other; but the same courtesy, and the same reciprocal concession of honesty of purpose, as we find to obtain in ordinary medical intercourse under circumstances of professional consultation.

But the subject I find is a very extensive one—one, indeed, that is susceptible of indefinite expansion. Not wishing further to encroach upon your space, I

will conclude by the expression of a hope that the question may receive some adequate discussion in future numbers of the JOURNAL.

I am, etc., DANIEL NOBLE.

Manchester, March 25th, 1865.

PROSECUTIONS OF MEDICAL MEN.

SIR,—I have been waiting some time, from one at least of your many correspondents, for a scheme or method whereby the constantly recurring prosecutions of medical men and impeachment of professional character may be more readily met and effectually dealt with, and by which the profession at large may be able to know, from authoritative sources, the exact nature and extent of injury sustained in any case, as well as the amount of pecuniary aid and exertion necessary to vindicate the injured party and protect him from loss. At present, this question is in the utmost uncertainty and irregularity of action, with but little opportunity of the profession being fully informed of the circumstances calling for its attention and interference.

A plan, therefore, to remove these difficulties, and secure other objects of greater magnitude to the commonwealth of medicine, is an important desideratum. This, I conceive, will be attained by each Branch of the Association appointing an Ethical Committee, to be elected yearly with the other officers, and chosen, if possible, from distant localities in the Branch; so that any transaction or occurrence demanding professional notice or inquiry would be immediately known to one of them, and communicated to his colleagues. Whether the parties concerned were members of the Association or no, should not be a matter of import; if they were not members, the offer of friendly interference or defence would be a strong incentive to their becoming so. The number of five or seven for each Branch might suffice; and each Committee should meet where and as often as might be deemed requisite, and have power to call a meeting of the Branch for its advice and counsel in any emergency.

This method of procedure, it will be seen, will at once relieve that most embarrassing and painful position to an upright man—the necessity of standing alone in self-vindication against a false and grievous charge. The task of defence being undertaken or supported by his brethren will be proof that the brotherhood of the profession is no longer a name. The Committee of the Branch will see any member protected as far as possible from wrong or unjust accusations, and will be always near to give him advice in difficulty or trouble. Had such machinery been in existence in the Metropolitan and Lancashire and Cheshire Branches when the distressing cases of Mr. Adams and Dr. Waters were before us, how much perplexity and painful embarrassment would have been saved to these gentlemen! and, in the instances which have since transpired, how much trouble, difficulty, and probably expense, avoided!

It is needless here to allude to the comparative disadvantage of private Committees, formed to defend or sustain the character of a friend; for, however well supported by zealous and well directed exertions, with the aid of social influence and great personal sacrifice, they too often issue in disappointment and inefficiency. The knowledge, besides, that the public will immediately have, that the rights of an injured and unjustly accused member of the profession will be defended by the whole body, will be the strongest check and restraint against those attacks which have of late become so alarmingly frequent. The same Committees would likewise devise the best means of creating a protection fund; and,

no doubt, more economically to the profession than by the special appeals often made to it.

This is not the first time the value and policy of forming Ethical Committees for many important purposes have been suggested, if not urged, upon the Association; but the present would seem a most favourable one for their adoption. By these simple measures, the reconciliation and adjustment of misunderstandings, and of the unhappy collisions, too frequently occurring among medical men, will often be effected and kept from public notice, and will enable the profession at all times to defend itself, without individual prominence or responsibility, against great outrage or misrepresentation, from whatever quarter it may come.

Lastly, these Committees will best consider and settle, by correspondence, the *vexata questio* of medical charges; and by the same powerful agency, carried to its legitimate end, will be able, in due time, to produce a comprehensive code of medical polity and ethics.

Hoping the members of the Association may see this subject in the same light with me,

I am, etc., AN OLD MEMBER.

Manchester, March 25th, 1865.

TREATMENT OF HERNIA.

LETTER FROM H. E. NORRIS, ESQ.

SIR,—Mr. Steel's two most interesting cases of hernia remind me of cases which have occurred in my own practice, as well as of the treatment which of late years I have found to be most successful in that of strangulated hernia generally.

Having frequently noticed the good effect arising from the administration of large doses of tincture of opium in cases of enteritis, I determined to try the same remedy in cases of hernia where strangulation existed, as I believed the good effect to depend on the degree of quietude in which the inflamed part was kept by the sedative influence of the laudanum on the muscular coat of the bowel.

Accordingly, when such cases arose, having in vain tried the taxis, and the symptoms of strangulation being urgent, I gave the patient (an old woman of seventy and upwards) a mixture containing drachm doses of tincture of opium; one dose to be taken every hour till three doses had been taken. I directed the medicine to be given at intervals of two hours, if the third dose did not produce the desired effect—viz., the reduction of the tumour. On calling to inquire for the patient some hours afterwards, I was told that the third dose had relieved her, and that she was quite easy and comfortable. On examination, I found the hernia, which was femoral and small, quite reduced; and the operation, which I had looked forward to as almost certain, was thus rendered unnecessary.

I have on several occasions found the like treatment equally successful, and give you the result of my experience, hoping it may prove of the like benefit to others.

Even when the vomiting has been constant and distressing, perseverance in the use of the medicine has proved effectual, being in the end retained on the stomach; and this in cases where the taxis had quite failed to relieve the patient. The application of cold (ice, if procurable) is a most useful auxiliary to the above treatment. The dose of laudanum given above is the largest I administer, and is most suited to old patients. For the young and middle-aged, I should recommend a smaller dose.

I am, etc., H. E. NORRIS.

Charmouth, March 24th, 1865.

Medical News.

BIRTH.

COLLINS. On March 31st, at Chew Magna, Somerset, the wife of *Charles Howell Collins, Esq., of a son.

MARRIAGES.

ALEXANDER—BORTHWICK. At Greenside, Leslie, by the Rev. John Logan, of the Free Church, James Alexander, Esq., Surgeon, Leslie, to Janet, second daughter of the late Hugh J. Borthwick, Esq., Kirkcaldy.

DAVIS—LOW. On March 29th, at the Parish Church, Wrexham, by the Rev. James Dixon, assisted by the Rev. T. J. Jones, Incumbent of Minera, Edward Davis, Esq., M.D., to Alison Paxton, eldest daughter of William Low, Esq., Lloftwen, near Wrexham. No cards.

ROYAL INSTITUTION. On Saturday, April 8th, at three o'clock, Professor Marshall will deliver a lecture On the Nervous System.

TESTIMONIAL TO MR. SPENCE. The pupils of Mr. Spence, the successor of Professor Miller in the chair of Surgery in Edinburgh, have recently presented him with an album containing the photographic portraits of the gentlemen who had attended his class.

UNIVERSITY OF LONDON. The election of examiners for degrees, etc., in the University of London, is fixed for Wednesday, the 26th inst. Amongst others, the following vacancies are announced:—One in experimental philosophy; one in chemistry; one in botany and vegetable physiology; two in geology and palæontology; one in physiology and comparative anatomy; two in midwifery; one in materia medica and pharmaceutical chemistry. The other examiners offer themselves for re-election.

THE HOLBORN UNION. The Committee of the Guardians of Holborn Union appointed to consider Mr. Farnall's recommendations have reported to the effect: That the salary of the medical officer should be raised from £100 to £135; that a paid nurse should be appointed by way of experiment; that the medicines and drugs are as good as need be; and that the Guardians should supply cod-liver oil. The report has been adopted with one exception—the salary of the medical officer being raised to £125, and not to £135.

MEDICINES FOR THE POOR. In the House of Commons lately, Sir J. Shelley asked the President of the Poor-Law Board whether the Poor-Law Board intended in this session to take any, and if any what, steps to carry out the recommendation of the Select Committee on Poor Relief, that in future cod-liver oil, quinine, and other expensive medicines should be provided at the expense of the guardians, and not as heretofore by the parochial medical officers. Mr. Villiers said the subject referred to was one to which the board had given much consideration, and on which they had communicated much with guardians in different parts of the country, and they did not despair of inducing them very generally to adopt the recommendation of the committee in question. There were difficulties in the way, however, owing to the existing contracts with the medical men, which were made on the other system. These contracts usually were made for life, and there had sometimes been an unwillingness to revise them; but in certain cases the doctors did not live in the union, and were then selected annually, and in all these cases there was reason to hope that the recommendation would be adopted. The Poor-Law Board in such cases would use all its authority to induce the guardians to adopt it.

MORTALITY IN EMNETH. On Friday week, Dr. Brady asked the Secretary of State for the Home Department if his attention had been directed to a statement made by the coroner at an inquest held at Emneth, in the county of Norfolk, and reported in the *Lynn Advertiser* on the 25th ultimo, directing attention to the extraordinary mortality among children in Emneth, amounting to 80 per cent. of the population, which the parish surgeon attributed to gross and culpable neglect, the children dying from starvation. Sir G. Grey said he had received a letter from the coroner, stating his belief that the great mortality among the children was attributable to the neglect of the mothers. The letter had been forwarded to the High Constable of the county, who would inquire into the facts.

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Gny's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY....St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY......Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society. 8 P.M., Ballot 8.30 P.M., Dr. Hermann Weber, "On Delirium during the Decline of Acute Diseases"; Mr. Henry Lee, "On Acute Inflammation of the Veins."—Ethnological.—Zoological.

WEDNESDAY. Microscopical.

THURSDAY. Royal Society.

SATURDAY. Association Medical Officers of Health.

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

A. B.—Professor Robert Grant, who is a candidate for election into the Royal Society, is the Regius Professor of Astronomy in Glasgow. Dr. Robert Edmond Grant, the Professor of Comparative Anatomy and Zoology at University College, has been an F.R.S. for many years.

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Dr. RADFORD; Dr. CRUISE; Dr. W. OGLE; Dr. JAMES RUSSELL; Mr. C. H. COLLINS; Dr. G. B. MEAD; PROFESSOR SIMPSON; Dr. DURRANT; Mr. H. HEMSTED; THE SECRETARY OF THE PHARMACEUTICAL SOCIETY; Mr. J. MORLEY; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. J. M. EVANS; Mr. W. DATE; Mr. ALEXANDER; Mr. HENRY LEE; and Mr. H. HAILEY.

BOOKS RECEIVED.

1. Transactions of the Pathological Society of London. Vol. III. London: 1865.
2. A Manual of the Domestic Practice of Medicine. By W. B. Kesteven. London: 1865.

ESTABLISHED 1849.
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DR. HYDE SALTER....MAY 17, 19, 24.
ON THE DIAGNOSTIC VALUE OF THE VARIOUS FORMS OF DYSPNEA:

An inquiry into the laws of the perturbations of the respiratory movements; with an account of an instrument for rendering those movements and their perturbations self-registering.

DR. LIONEL BEALE....MAY 26, 31.
AN INQUIRY INTO THE NATURE OF THE PHENOMENA WHICH CONSTITUTE 'INFLAMMATION'.

1. Of the doctrine of 'Irritation'. Of 'Inflammation' in tissues destitute of vessels. Of the formation of Lymph and Pus.
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Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P. EDIN. AND F.R.C.S. ENG., ETC.,

HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL,
MANCHESTER.

CHAPTER VIII.

Symphysiotomy and Mechanical Dilatation.

I HAVE now to speak of two propositions intended to supersede the Cæsaean section, and which cannot be included under either of the former divisions.

I.—*Symphysiotomy.* Symphysiotomy, or a division of the cartilages constituting the symphysis pubis, was advocated by Sigault, and his suggestion was received with enthusiastic approval. A medal was struck off in honour of him.

British obstetricians have discountenanced this operation, because it is not only inadequate to increase the diameters of the pelvis, so as in any way to facilitate delivery when this bony cavity is so contracted as to require the Cæsaean section, but because it would be attended by most dangerous results.

British medical literature has only once been disgraced by the record of the performance of this operation. I have already adverted to Mr. Simmons's proposed compound operation of symphysiotomy and craniotomy.

II.—*Mechanical Dilatation of the Pelvis.* At a late discussion on a case of Cæsaean section at the Royal Medical and Chirurgical Society, which was reported in the *Lancet*, it was stated that a pelvis which was distorted from mollities ossium might be dilated by means of bags introduced within its cavity, and distended by either water or air. It was asserted, that this practice had been adopted in one case with the effect of widening the pelvic space. The President stated that he had found the bones affected with this disease yield during the extraction of the child after craniotomy.

From my own practical knowledge, I can truly affirm the truth of the last statement. Some years ago, I made the fact known to the profession.

In a case, at some distance from Manchester, in which the pelvic space at the brim was about two inches and a quarter, it was deemed right to craniotomise the child. After fixing the crotchet, and adjusting the head in the most favourable position, force was cautiously used, and, after a few extractive efforts had been made, the head gradually descended, during which time the pelvic bones yielded to the pressure, and ultimately delivery was accomplished. Immediately afterwards the pelvis was examined, and found to have regained its former dimensions.

Other cases of this kind have come within my knowledge. One of great interest is briefly related in the *Provin. Med. and Surg. Journ.*, vol. ii, page 706, 1847. Although it is true that the pelvic bones, when affected with mollities ossium, do sometimes yield to the pressure of the child when drawn through the cavity; and although the pelvis, as be-

fore mentioned, may be partially dilated by the mechanical influence of the elastic bag, yet, in my opinion, practical rules cannot be based on such an uncertain event where life is concerned.

Before such a change can be safely effected, a very considerable and an uniform softening must have taken place in the greater number, if not in all, the bones of the pelvis which are subjected to the influence of pressure, whether it be produced by the child or by artificial means. We know very well that this uniform change is found to happen in very few cases. Some of the bones sometimes become very soft, whilst others are comparatively unchanged. In other cases, some of the bones become very soft; whilst others become very hard and brittle. Sometimes, the pelvis becomes very highly distorted, and all its bones are extremely brittle and fragile, as happened in Dr. Murphy's case.

In a pelvis thus changed by disease, what would be the result (supposing it possible to accomplish it) of dragging a full grown mutilated child through its cavity, or of attempting, by artificial and mechanical force, to dilate the pelvis for the purpose of accomplishing the delivery? The bones must be smashed, or at least so much broken, that irreparable injury must be produced. Even assuming that the bones are so uniformly softened as to yield to the pressure, it is quite certain that the increased capacity would only be temporary, as the bones would immediately and most likely completely return to their former position as soon as the pressure was removed.

CHAPTER IX.

The Comparative Value of Maternal and Infantile Life.

The British obstetric principle, which admits the preferential use of the crotchet, or the induction of abortion, is based on a calculation made as to the relative value of the life of the mother and of that of the infant or of the embryo.

It is said, and no doubt truly, that the social relations of the woman are greater than those of the infant. She is endeared to her husband, it may be to her children, and perhaps to her brothers and sisters, besides other kindred and friends. In the abstract, these are weighty considerations, and are calculated to bring conviction to the mind, that her claims for the preservation of life greatly preponderate over those of the infant or of the embryo. It may be stated that these beings are unequal to the mother in organisation, having no moral or religious responsibility, no social ties, no anticipation of their future doom; and further, as regards the latter (the embryo), that it is at the very time drawing its nourishment from the mother's existence, that it has never had a distinct or separate life, and that it is little more than a member of the mother. These arguments, when only abstractedly considered, appear to be true; and to warrant the deduction that the life of the infant or embryo is of little value when compared with that of the mother.

The impulse of natural feeling would probably—nay, nearly to a certainty—induce a man to decide in favour of this proposition. But, in the settlement of a question which involves the preservation or destruction of a human being, neither abstract reasoning nor feeling should be allowed to influence the obstetrician;—conscience, reason, and judgment, ought to actuate him, after having fully and

deliberately considered all the relative and contingent circumstances which either now or in future appertain to the case.

The unfounded and unwise opinions of Dr. Osborne primarily and mainly led a large section of the profession to estimate the life of the infant *in utero* at a very low value. He considered it nearly as a nonentity; as devoid of sensation, and also as nearly deprived of motion. But I think I am asserting the truth when I say that there are few, if any, members of our profession who now entertain such opinions.

According to British practice, the destruction of the infant is not limited to one; but if the cause which required its sacrifice in the first instance be permanent, then in each successive labour, no matter what number, the same operation must be performed. Hence in the end there must be a fearful sacrifice of human life.

The repeated necessity of craniotomy in the same woman demands from the obstetrician serious consideration. In some cases, from one to twelve infants have been destroyed. Can such a procedure be justifiable? The obstetrician should pause; he should reflect. It is a dreadful position to be placed in, to have one's hands imbrued with innocent blood.

The woman is *ipso facto* one party, and indeed the chief party, who has brought into existence the innocent being whose life the practitioner is employed to take away. It may be argued, as a plea for her justification, that the wife is subject to her husband; and there can be no doubt that she has engaged to be so in the matrimonial contract, which was mutual. But if it be considered right (which in such a case as this could only be so conditionally) strictly to observe this promise, it must be equally imperative upon both parties to obey the law of nature and fulfil their mutual pledge to procreate (and without doubt preserve) the species, both of which vows are broken by the employment of the crotchet.

It may again be urged, that both the parties were alike ignorant of any cause (otherwise they were solemnly called upon at the altar to avow it) which would interfere with the great object of matrimony. Therefore, the woman, unacquainted with her physical organic defect, would be entitled to have those measures adopted for her first delivery which would expose her life to the least hazard. Although the comparative safety of delivery by the only two available methods is unsettled by either positive or correct statistical evidence, yet, if she or her husband desire that craniotomy should be performed, then the obstetrician would probably act correctly in performing it.

But, in a second pregnancy, when they are fully acquainted that an unutilized infant cannot be born, the question stands on very different social and moral grounds. The practitioner is here placed in a most responsible and trying position when called upon to decide whether he ought, time after time, or thus repeatedly, be made the agent to take away life. I entertain the fullest conviction that a great proportion of our profession have most conscientious scruples to repeat this revolting operation in the same woman. This destruction of infants, in my humble opinion, can be justified on no principle, and is only sanctioned by the dogma of the schools or by usage.

Dr. Denman had aversions to repeated crotchet-operations. He says: "Suppose, for instance, a woman, married, who was so unfortunately framed that she could not possibly bear a living child by any method hitherto known. The first time of her being in labour, no reasonable man could hesitate to afford relief at the expense of the child. Even a second or a third trial might be justifiable to ascertain the fact of the impossibility." This eminent writer most decidedly erred in even conditionally sanctioning a repetition of this operation. In such cases, the impossibility of delivery of an unutilized infant *per vias naturales* can and ought to be proved by a single case as clearly as by twenty, and when so shown, the Cæsaean section should be performed.

It is by no means to be understood that the life of the infant must never be sacrificed to save the mother. On the contrary, I have already enumerated cases in which craniotomy ought to be performed as an operation of election; but it is not right to destroy the infant on the unfounded assumption that the mother could alone be saved by it; a deduction altogether untrue, and unsanctioned by statistical evidence.

The life of the woman is not, either relatively or comparatively, always of the same value. If she be afflicted with a serious disease, or labouring under some incurable malady, being unfit and unable to discharge her domestic and her social duties, which performance can alone render her life desirable to herself or to her friends, then, under such circumstances, the infant's life ought not to be sacrificed for the mere ideal chance of prolonging her miserable existence, which is a positive evil to herself.

Again, in our estimate of the comparative value of the two lives, we should especially consider whether the cause of difficulty is temporary only or permanent. If it be of the latter character, then the infant's life (except as aforesaid conditionally) ought to be considered higher; and if of the former kind, then we should invariably decide in favour of the mother. The obstetrician should, therefore, endeavour, as far as is compatible with the safety of the mother, to preserve the infant; for I know no case in which an intention or a desire to sacrifice her can ever be entertained, as the especial object of the practitioner should always be to try to save both lives.

When the contingent hazards of craniotomy, and the risk of its abuse are considered, and as we know that the act is the sacrifice of life, and that this awful catastrophe must be often repeated in order to carry out the abstract proposition "to save the life of the woman by destroying the infant"—when we remember the difficulty which in extreme cases is experienced in performing it, the cruelty it inflicts, and many other evils consequent upon it—we may truly wonder that professional men should allow their minds to be haunted by an imaginary Cæsaean spectre, and be so obscured to their own moral and social responsibility. Why should the obstetrician stand in such an unenviable position, not only as an accessory, but *ipso facto* the agent? Again, I ask, ought he to be called upon, and ought he to consent, to victimise poor helpless infants in successive pregnancies, in numbers which make one shudder to recount? Does this remorseless sacrifice of human life correspond with those high moral principles which the members of our noble profession ought to possess?

The eminent Professor of Midwifery in Edinburgh makes the following pertinent remarks. He says: "Formerly medical practitioners seem to have thought little, and medical writers said little, regarding the very repulsive and revolting character of the operation of craniotomy, when performed, as it frequently was, when the child was still living. Apparently, some obstetric practitioners and writers of the present day continue to look upon the practice of craniotomy as one that should not unfrequently be adopted, and one which it is quite justifiable to adopt. Obstetric reports and collections of cases have been published within the last few years describing craniotomy as performed forty or fifty times, or oftener, by the hand of the same practitioner. But, perhaps, ere long, it will become a question in professional ethics, whether a professional man is, under the name of a so-called operation, justified in deliberately destroying the life of a living human being."

Woman naturally is mild, kind, and humane. She is endowed with great fortitude and undaunted courage. She has generally a great desire for offspring, and has a great love for children. Then how can we suppose that any woman with a well regulated mind, if fully aware of her responsibility, could willingly be a consenting party to the repeated destruction of her unborn infants? According to my own knowledge, the case is otherwise. I feel convinced in my own mind that there would scarcely be a woman to be found, who would not suffer any amount of bodily pain to save her infant.

Every woman in whom there exists organic impediment to the passage of a mature or full-grown infant, ought to be at proper time fully informed of the nature and as to the degree of the obstacle. She should also be made acquainted with the alternative operations which are suitable to meet her case. If the obstruction be moderate in degree, then the forceps, turning, or the induction of premature labour, will be proper; but if these means are not available, or if the cause of difficulty is great in degree, then the performance of the Cæsaréan section will be required.

THE NEW DISEASE! Telegrams received from Sir A. Buchanan, St. Petersburg, report that the fevers in that city are believed to have no affinity with the plague, but are attributed to over-crowded lodgings of the labouring classes, spoiled vegetables, and bad water. This is, indeed, only what most sensible persons had already concluded. The number of fever cases admitted into the hospitals varies from 100 to 150 a day, of which the average mortality has been 25 or 30 a day, and the highest mortality 60. The *Paris Moniteur* of Saturday published a note, stating that the Government had made inquiry into the condition of St. Petersburg; and found that, although deplorable some weeks ago, it is now greatly improved, and shows no epidemic beyond the ordinary sickness of the season.

TAPEWORM IN ABYSSINIA. A recent traveller in Abyssinia, Mgr. Van den Deck, has sent to the Belgian Royal Society an interesting account of the tapeworm which so commonly afflicts the inhabitants of that country. They take small doses of kousso only to get rid of the body, when the worm gets of an inconvenient size; but they are anxious to retain the head, for they are terrible gluttons, and having a tenia enables them to eat so much more. The tenia common in Abyssinia is *T. mediocanellata*.

Original Communications.

RETROSPECTIVE NOTES ON OUT-PATIENT PRACTICE.

By C. M. DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital.

[Concluded from page 318.]

MISCELLANEOUS AFFECTIONS.

The list of those diseases that could be grouped according to their regional situation have been completed; it remains only to enumerate those affections which are of a miscellaneous character, and which cannot be included in the preceding classification.

1. *Anæmia*. The first on the list, as having afforded the largest number of cases, is anæmia. This is a blood-disease, and of very common occurrence among the out-patients of a hospital.

The chief causes of this affection among the poor are insufficient diet, too close confinement, and the existence of those diseases which drain the blood of its red corpuscles, as hemorrhoids, menorrhagia, carcinoma, or any other exhausting discharge.

Among the middle and upper classes, another, and a very rare cause obtains, which is too much overlooked, and too often unheeded, both by practitioner and patient. I allude to the overworking of the brain, which is becoming daily in this age of competition an increasing cause of disease. An exhausted nervous system will as certainly produce an impoverished condition of the blood as insufficient food, or too powerful and prolonged muscular exertion; and cases arising from the former cause, will be found to be more resisting and more unsatisfactory to treat, than those originating in physical disturbance merely.

A few words on the condition of the heart, to which the attention of the patient is so mainly and so distressingly directed, may not be out of place. The irritable action of the organ itself, and the vascular murmurs peculiar to anæmia, are too well known to require comment; but one point, I believe, is not sufficiently attended to, viz.: the importance of making such a thorough examination of the heart and vessels as will enable the practitioner to assure the patient and friends that no disease of the organ exists. I refer to this circumstance from having been so frequently told by anæmic persons that they have been informed that "their heart is not quite right," or "that the heart is slightly amiss." Now all this unnecessarily alarms the patient, aggravates the functional disturbance, and might be entirely prevented by a careful examination, and a faithful explanation of the precise cause of the disturbed action. The vascular murmurs which are sometimes temporarily heard in anæmic cases, both in the subclavian regions and also over the cartilage of the third rib on the left side, are quite distinct from the functional *souffle* and the *bruit de diable*, which is so common an attendant upon this condition of the blood.

Dr. Richardson, in his *Asclepiad* essay upon the former murmur, believes it to arise either from a peculiar condition of the subclavian muscle affecting the artery, or from pressure from behind the vessel caused by local tuberculous deposit. In highly anæmic subjects, I imagine that it may arise from a portion of condensed lung, not necessarily tuberculous, temporarily pressing upon a highly irritated artery, and causing a murmur by disturbing the current of blood through the vessel; or it may arise from

spasm of the walls of the artery, unconnected with pressure.

In the treatment of anæmia, steel of course must be regarded as the chief remedy; but as the digestive organs are often much vitiated, due attention should be given in the first instance to their correction. In administering steel, it should be borne in mind that the more soluble the preparation, the more easily it will be assimilated. In the anæmia arising from an exhausted nervous system, the combination of steel with zinc, and dilute phosphoric acid with very small doses of strychnia, will be useful.

2. *Cachexia*. Closely allied to anæmia, and of which we are seldom without examples, is that peculiarly depraved condition of the blood recognised as cachexia. While anæmia is attributable to a diminution of red-globules, cachexia is traceable to a poisoned condition of blood, chiefly from without, the blood containing also effete matters, that it is unable to throw off. The exciting causes producing the cachectic condition, when not specific, as from syphilis, cancer, or tubercle, may generally be traced to unwholesome atmospheric influences, or to some of the long train of constitutional depressants which operate so surely upon the labouring poor.

Among the most constant of the exciting causes of this deteriorated condition of the general health, may be mentioned insufficient ventilation, and the inhalation of noxious blood-poisoning matters from imperfect drainage. These causes will, I fear, continue to operate until we can convince the working classes of the importance of fresh air by night, as well as during the day, and to which at present, they are most averse; and also to show them the dangerous results which follow prolonged exposure to the effluvia from human and animal drainage, to which they appear equally regardless and insensible.

In the treatment of cachexia, the removal, as far as possible, of these noxious causes of the malady just referred to, will be of the first moment. If the disease be fully established, an improved diet allowing meat and vegetables, with claret or cider, if they can be obtained, will be proper. Attention to the digestive organs, with the chlorate of potash, and afterwards the nitro-muriatic acid, followed by arsenic and cod-liver oil, will all tend to correct the depraved condition of the blood. Thorough cleanliness of the skin (a difficult matter to enforce among out-patients) must also be insisted on.

3. *Rheumatism*. Acute rheumatism, as a rule, is not an out-patient's disease. The forms which it has chiefly presented, have been chronic rheumatism, lumbago, and chronic rheumatic arthritis. The majority of the cases of chronic rheumatism appeared to be quite independent of any previous attack of the acute form of the disease, and were not usually complicated by heart affection. Simple chronic rheumatism very frequently owes its origin to long continued derangement of the digestive organs, with vitiated secretions, producing blood-poisoning; it may arise also from prolonged exposure to wet and cold. One case was clearly attributable to gonorrhœa, and in two or three instances the muscular fibres as well as the tendons were implicated, constituting myalgia.

In the treatment of chronic rheumatism, strict attention should be paid to the digestive organs, for not only will their derangement produce the disorder in the first instance, but it will be impossible to cure it, so long as malassimilation to any extent exists. With this view, I have found nothing better at the onset than the bicarbonate and nitrate of potash with the tincture of colchicum, and spirit of nitrous ether. Although the beneficial influence of colchicum is doubted by some authors, I still think that I have often witnessed excellent results from its use in the

treatment of chronic rheumatism, as distinct from gout. In lumbago, it certainly is very useful. After a time the iodide of potassium, with or without the addition of arsenic, may be advantageously added to the mixture. Cod-liver oil is also a very valuable remedy in all stages of the disease, provided that the stomach be in a state to receive it. As an external application, cotton-wool covered with oiled silk, will generally give ease in the first instance; and afterwards, a succession of small blisters or the iodine paint, applied daily to the affected part, will be of decided service.

In lumbago, a large plaster to the loins, composed of equal parts of opium and pitch plasters, will afford much comfort from its support. If myalgia complicate the attack, rest, a nutritious diet with stimulants, and cod-liver oil with steel, will be the proper treatment.

Chronic rheumatic arthritis frequently commences at the climacteric period in both sexes, and it is then a very obstinate disease. In the severer forms of this affection, whatever treatment may be adopted, the result is too often doubtful; or if improvement obtain, it shews itself very slowly. As a tonic and improver of the blood, I believe that a combination of arsenic and the iodide of potassium with cod-liver oil, will be found the best. As local measures, warm douches with "shampooing," have been strongly recommended. I think that I have seen benefit follow the application of the actual cautery, but it is a remedy that can seldom be had recourse to in practice. It was formerly much and advantageously employed in the Edinburgh Infirmary.

Under whatever form of rheumatism the patient suffer, he should be thoroughly clad in flannel, and, while taking a nutritious diet, he should avoid malt liquors in any shape. Claret I believe to be the best wine for rheumatic subjects. I do not allude to the treatment by mineral baths and waters, as they can only be adopted by the wealthy.

4. *Struma*. Examples of almost every phase of this frightfully common affection has been presented during the two years, and the worst cases that have obtained, have been among the out-patients living in the country. This circumstance may in part be attributable to the greater frequency of intermarriages among blood relations, which is a very common practice among our agricultural poor; and in part also, to the insufficient and innutritious food to which the labourer and his family are often limited; and as a third cause, I would mention the crowded and ill-ventilated bedrooms, and the consequently impure air which, during the long hours of the night, they are doomed to breathe. In the treatment of struma generally, the correction of the circumstances just alluded to, will be of the first consideration, for how many cases of phthisis can be traced back to a strumous dyspepsia, engendered by insufficient ventilation and improper food.

The poor themselves, as is well known, are unhappy very averse to admitting air at night into their overcrowded bedrooms; and even those in a class above them, are too ready to exclude the amount of air which is really necessary to a healthy assimilation. In reference to medicines, the first endeavour should be to correct the disordered condition of the *primæ viæ*, and for this purpose the alkalies with the chlorate of potash, and perhaps, the hypophosphites, will be the best remedies. Afterwards, as a tonic, no remedy will answer better than quinine, to which, if necessary, may be added steel, and the iodide of potassium with cod-liver oil.

A difference of opinion still exists in reference to the management of strumous abscesses in the neck.

Many are in favour of early lancing; my own preference leans to allowing them, as a rule, to break spontaneously under the influence of iodine paint or poultices. After the abscesses have broken and been sufficiently poulticed, the ointment of the iodide of lead will be found an excellent application.

Strumous enlargement of the tonsils is another very troublesome form of strumous constitutional disturbance. As a local application, I generally direct a solution of the nitrate of silver to be painted on the part once daily (a scruple to the ounce); but by many the tincture of iodine applied in the same manner is preferred.

Strumous otitis yields best to blistering behind the ear, correcting the digestive organs, and then giving cod-liver oil and quinine, with calomel and rhubarb twice a week as an alternative. I need scarcely add that the patient should be warmly clad in flannel. Anything indeed that can promote the formation of healthy blood, and prevent or improve depraved nutrition, must be sedulously recommended.

5. *Bronchocoele.* Enlargement of the thyroid gland is an affection of very common occurrence among our out-patients; and it has not departed from the general rule of having presented much more frequently in the female than in the male. As internal medicines, I have generally given large doses of the liquor potassæ with the chlorate of potash, in doses of from five to ten grains. As an outward application, the iodine paint or the compound iodine ointment have been the preparations used.

6. *Purpura.* We have had a few cases of the simpler form of this affection. Although defined by Willan as a skin-disease, purpura is essentially a blood-disorder, in which, under a peculiar condition of system, the blood-corpuscles become disintegrated and diffused. The cases referred to appeared to depend upon passive congestion of the liver in the first instance, which in its turn produced exhausted nerve-tone, and malnutrition, with the purpuric spots.

In the treatment, after regulating the diet, which should be light, but mixed and nutritious, the liver should be thoroughly emptied either by repeated doses of senna with sulphate of magnesia, or by castor-oil. After this, the mineral acids or the tincture of the sesquichloride of iron, with or without quinine, will be the best remedies. In the low form of chronic purpura, with slow, draining, internal hæmorrhage, the oil of turpentine or the ammonio-sulphate of iron will often act beneficially.

7. *Hæmorrhoids.* The examples of this affection, included as medical cases, have been simply external or internal piles, but not sufficiently chronic or severe to require surgical treatment. I have always regarded this often painful malady as one of defective nerve-tone, and depending chiefly upon congestion of the portal circulation. With this view, while giving every night at bedtime a scruple each of magnesia and precipitated sulphur, I have always prescribed with the best effect, at the same time, an alkaline mixture, with full doses of aromatic spirit of ammonia and chloric ether. Cod-liver oil is also a medicine of much value in hæmorrhoidal disease.

CONCLUDING OBSERVATIONS.

I have now completed the running commentary upon the chief class of cases which have come under my notice as out-patients in the last two years. That medicine, as a science, is steadily advancing is unquestioned, and its chief progress is founded upon an increasing knowledge of minute physiology and pathology.

Disease is now not recognised as it was formerly, as being a something *per se*, a distinct and separate

entity, and differing altogether from the normal condition; but it is now regarded simply as a perversion of the natural and physiological phenomena, which are uninterruptedly taking place during health, but which, under the influence of various external and internal exciting causes, so affect the normal vital processes, as to constitute malnutrition or disease. The subject of perverted nutrition is largely occupying the attention of physiological and pathological inquirers, and the investigation of the influence which nerve-nutrition or its opposite exert upon the causation of disease, is full of practical interest and importance.

It is now generally admitted, that the tendency of most diseases, when unaided by treatment, is towards recovery, and that the influence of drugs is more correctly shewn in guiding to a termination in health, rather than by attempting abruptly to cut short the progress of the malady.

In order, however, to reduce our knowledge of the effects of medicines upon disease to as much exactitude as possible, it is, as I remarked at the commencement of these papers, very important that the results of individual remedies be faithfully and carefully collected and reported. For this purpose, nothing but "combined medical observation" can avail, and in no way can this be better effected than by inducing the individual members of our large Association to give a brief record of the results of their own treatment, and to test and report on the treatment of others.

Whatever course be adopted for the obtaining this result, whether by a reissue of schedules, or by any other method of inquiry, I would merely suggest the importance of condensing and simplifying the questions as much as possible, so that answers from the fully engaged practitioner may not be wanting.

NOTES ON HERNIA.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

[Continued from p. 221.]

WHEN reduction of a strangulated hernia by the taxis and its aids is found impracticable, nothing remains but the operation by incision. It happens but too frequently that the patient either objects to this, or requests delay and further consultation. The difficulty of managing him may thus be more trying than the treatment of his disease. Keeping this in mind, it is generally wise at the outset to say that, in case the efforts with the hand, etc., do not succeed, it will be necessary to use the knife. A timid person often becomes reconciled to an operation when time is allowed him to make up his mind; and the more early this is done, the better the prospects of the case.

In provincial practice the results of operations are so generally known, and so long remembered, especially when they are unfavourable, that it is matter of importance, for the welfare of future sufferers, that an established operation should not suffer in reputation, which it must do, if performed only as a last resort, when pain and agony compel compliance. It is most notable how strong is the logic of facts on the mind of a sufferer; let him know that others afflicted as he is, have successfully passed through the operation, and your point is almost gained; but, on the other hand, sinister information of unsuccessful cases equally disposes in the opposite direction. Feeling that next in importance to the performance of the operation is the question of time, I have dwelt the more on these matters, which, though simple, may be of considerable consequence.

In operating, a surgeon experiences how much more easily the scalpel cuts a living than a dead tissue, and practice thus makes a man careful how he divides integuments tensely extended over a convex elastic hernial tumour. From not exercising a sufficiently delicate appreciation of the force to be applied, I have found my first incision to be more penetrating than I had expected, and I have known the same occur to others. Division of the integuments by transfixion is, I believe, the preferable practice, being more safe and less painful.

A firm director is next passed under the fasciæ, layer after layer, a friend guarding its distal extremity in each instance with his thumb-nail, the operator then adroitly runs the scalpel along the director with its back in the groove, and the tissues are easily and safely divided. Cutting against the director is a rather clumsy procedure, and moreover does the edge of the scalpel no good.

Where the patient is very fat, it is a point of importance to have the integuments along the incision kept clear of the knife; and here bent spatulæ are specially useful, but if not to hand, as may happen in country practice, bent knitting needles are easily extemporised, and answer almost equally well. When the sac is reached, if it be determined to open it, pinching up the bag and rubbing the layers as a powder is dealt with between the finger and thumb, enables one to discriminate between sac and intestine; a snip is made in the former, the director passed in, and a sufficient incision made in it to allow the easy introduction of the finger. The stricture is next felt for, and divided by a hernia-knife or a bistoury, either guided on the finger or along the groove of the director, and kept well up against the upper border of the ring. A very slight incision is sufficient, and a gentle to and fro movement with the knife is a good way of effecting it. A free division is unnecessary; it adds to risk, and probably may render the future protrusion more facile and bulky.

When the stricture is thought to be divided, gently pull down the intestine a little way, and press it with the finger and thumb; if it be relieved from the constriction, some of its contents will pass up, and the coats become flaccid; then holding the sac by the finger and thumb of one hand, and delicately pressing up the intestine with the finger and thumb of the other, it readily enters the abdomen; the forefinger may be passed along the canal after it, to ascertain that reduction is normal and complete.

Every step is more easily performed where the operation is undertaken early in the disease, than when by delay and oft repeated handling, congestion and inflammation have been set up.

Nearly twenty years ago, I was sent for at night to attend a respectable middle-aged man, afflicted with strangulated serotal hernia. The taxis failed; bleeding and the warm bath were added, but without avail. I then injected large quantities of cold water *per anum*, and applied the same to the scrotum, but reduction was still impracticable. In the morning I obtained the assistance of two professional friends, and again a course of manipulation was employed, but nevertheless the strangulation was unrelieved.

I then proceeded to operate, and soon reached the sac, which was opened. Inside this there were felt some constricting bands from the tissue without, and I passed up a bistoury guided by a director, and with some decision divided them. The sudden liberation of the compressed intestine caused it to rebound, and it thus overlapped the edge of the knife and received a small wound, which penetrated the coats and allowed some contained fluid, which proved to be the water from the injection, to spirt out. After the gut was thus emptied, a fine suture was passed around the margin

of the puncture, which was only of about the size of a crow-quill, by one of my friends, and the intestine gently returned into the abdomen. The usual mode of treating the wound with sutures and plaster was employed, and the patient became relieved from his suffering.

No untoward symptoms followed for several days, when considerable inflammation and swelling of the scrotum took place; and the patient informed me that he felt as if the wind in his bowels "worked" to the part where he had been cut. I suspected that there was an escape of fæces and gas from the wound in the intestine, which caused the distension and attendant inflammation. After no long time, a discharge from the scrotum confirmed my suspicion; but, excepting this, the patient's state was very satisfactory, the functions of the system being normally performed.

It struck me that so small a wound could only produce a sinus, and that, in connexion with this, the intestine would be sure to contract adhesion near the mouth of the ring, after a little time had elapsed, when, by judiciously applied compression, I might obliterate the inguinal canal, which would be in an inflamed condition and apt for adhesion. Accordingly, after a sufficient interval, I applied a good compress, and supported it well by a figure-of-8 bandage. This completely answered my expectation; the passage became closed, and, by consequence, the discharge ceased, and the patient was cured.

In a short time, the man was again at his occupation; and he never suffered anything to indicate that the accident had done him lasting injury. I have recently examined his groins, and found a large inguinal hernia of the opposite side, and a smaller one on the side where he was incised; that the latter is relatively small, arises from the altered conditions effected by the adhesions consequent on the operation.

The man is now the subject of heart-disease, and holds his life precariously. Should he die before me, I shall try to ascertain, by a *post mortem* examination, the precise condition of the maimed gut and contiguous canal. I cannot omit to mention, in connection with this case, that my friends honourably kept the accident a secret; and, as the result of the operation was so favourable, I have ever since been much esteemed by the patient.

The operation of dividing the stricture without opening the sac has been so favourably reported on that, where the case is suitable, as happens very generally in femoral herniæ, it becomes a duty to adopt it. The cutting down to the sac is, of course, performed just as in the old operation, though the external incision need not be quite so extensive. On arriving at the sac, one surgeon may use his finger as a guide for the bistoury between this and the fascia, another a director; but it is worth mention, that either will readily pass over the falciform process and into the overlying tissue, unless care be used to see that the cribriform fascia over the sac is properly divided. I have seen this so tightly laid on the hernia that it seemed a part of the sac, and the director was tilted by it over the falciform process, where, of course, division of the fascia had nothing to do with relieving the stricture. When these matters are properly managed, there is no difficulty in passing the finger or a director up under the stricture, and making it the pioneer and guard of the knife.

After the stricture is divided, the intestine is readily returned, if the hernia be recent; but, in old cases, where the sac has become, as I have seen, prodigiously thickened about its neck, there may be considerable difficulty in pressing up the intestine. It

has happened that, in attempting to do this, both it and the sac have been returned together into the abdomen, an accident much to be regretted; but still it is not necessarily of such serious import as the opponents of this operation would have us believe; for, as the main cause of strangulation is in the unyielding fascia which has been divided, and not in the partially elastic sac, the latter, though holding the intestine as the finger of a glove does the finger, may yet permit circulation in the vessels and passage through the intestine.

I have never seen an unopened sac returned into the abdomen along with the intestine; but I have known the return of a partially opened sac, the neck being entire and closely embracing the gut, and yet no untoward symptoms followed; nay, I believe the patient was, in one respect, benefited; for, as inflammation had been already set up, the less the sac was incised the better, provided strangulation was relieved.

To avoid the possibility of returning the sac, I have adopted the plan of separating the fundus from the fascia to a small extent; then, on applying the finger and thumb of the left hand, the intestine is felt within, and probably separated from it by a little contained fluid. Holding the sac at its extremity with this hand, the intestine is to be pressed up with the finger and thumb of the other; so that, practically, extension and counter-extension are exerted, the one part being pressed up and the other held down at the same time; thus, I have found reduction easily effected. Of course, much of the ease with which we obtain our end, must depend on the state of the sac; but yet it is pretty evident that the plan named must be greatly better than that which permits the pressure to act on both sac and intestine at once and in the same direction. In this, as in other surgical practice, experience is the test; a trial of this proposal will, I am convinced, insure its adoption.

It is striking to notice how little comparative shock is given to the system by this form of operation, and the quickness with which recovery is effected. I operated on two cases of hernia in May of last year; in the one I opened the sac, and in the other I divided the stricture without opening. In the latter, the patient was pretty well at the end of a week, and about his farm business in a fortnight; but the former took eight weeks to recover. Much stress cannot be laid on impressions produced from small experience; but yet I cannot help feeling strongly persuaded of the superiority of this operation, which, I suppose, may, in its main points, be termed that of Mr. Gay.

[To be continued.]

ROYAL MINT. Dr. Stenhouse, F.R.S., has been appointed by the Master of the Mint non-resident assayer to the Royal Mint, in the place of Dr. Hofmann resigned. (*Chem. News.*)

THE PHYSICIANS OF CHAMBERSBURG. The sad experiences of the citizens of Chambersburg, during the past summer, when subjected to the tender mercies of a portion of the rebel army, who wantonly sacked and destroyed that beautiful village by fire, is yet fresh in the memory of our readers. It came incidentally to our knowledge lately, that every one of the physicians resident in the place at that time, viz: Drs. A. H. Senseney, J. Montgomery, J. L. Suesserott, S. S. Huber, Samuel H. Boyles, J. C. Richards, and Langheim, lost their all, including household goods, office furniture, surgical instruments, libraries—everything. Some of them barely escaped with their lives. (*Philadelphia Medical Reporter.*)

The Medical Council.

REPORT OF PROCEEDINGS, APRIL 1865.

THURSDAY, APRIL 6TH.

G. BURROWS, M.D., President, in the Chair.

The Army and Navy Medical Examinations. The following communications from the Directors-General of the Army and Navy Medical Departments relative to the Examination of Candidates for Medical Commissions, were read.

Army Medical Department, June 20th, 1864.

SIR,—In acknowledging the receipt of your letter, dated 27th ultimo, conveying the request of the General Council of Medical Registration to be furnished annually with information on the following points; viz.:

“(a) The total number of candidates for medical commissions who have presented themselves for examination;

“(b) The number of those who passed, and of those who did not pass, the examinations of the Board, distinguishing the number of successful and unsuccessful candidates under the respective heads of the several licensing bodies mentioned in Schedule (A) to the Medical Act, and specifying their qualifications, medical and surgical, and whether they had failed in medicine or surgery;

“(c) The general nature and scope of the examination conducted by the Board, together with a list of the questions proposed by the Examiners”;

I have the honour to inform you, in reply, that Lord De Grey has been pleased to accede to the wish of the General Council, and I shall be obliged by your signifying from what date the information is required.

I have the honour to be, sir,

Your most obedient humble servant,

(Signed) J. B. GIBSON, *Director-General.*

F. Hawkins, Esq., Registrar, General Council of Medical Education, 32, Soho Square, W.

Army Medical Department, Feb. 23rd, 1865.

SIR,—With reference to your letters dated 27th May and 24th June last, the former communicating a resolution passed at a late session of the General Council of Medical Education, that certain information should be furnished by this Department, annually, in regard to the number of candidates who have presented themselves for examination, and specifying certain points on which the Council request to be informed, I have the honour to forward a statement on the subject, with a list of the questions proposed by the Examiners; and to observe, in regard to the general nature and scope of the examination, that the enclosed copy of the regulations for the admission of candidates into the Medical Department of Her Majesty's Army (section 5, page 8) will probably supply the information which the Council are desirous to obtain.

I have the honour to be, sir,

Your most obedient humble servant,

(Signed) J. B. GIBSON, *Director-General.*

Fras. Hawkins, Esq., Registrar, General Council of Medical Education, 32, Soho Square.

[A list of the subjects of examination was appended to this letter.]

Statement of the Degrees, Diplomas, and Licences, of the Candidates for Commissions in the Medical Department of the Army, who, during the year 1864, have presented themselves for examination, showing the number that passed and did not pass; also distinguishing the Qualifications, both Medical and Surgical, under the heads of the several Licensing Bodies, and specifying whether the candidates failed in Medicine or Surgery.

Names of Licensing Bodies.	Total Qualifications.	No. passed.	Failed.	Unsuccessful.			
				In Medicine.	In Surgery.	Failed in Med. & Surg.	Failed in Anatomy.
Royal Coll. Physicians, London..	29	16	..	..	..	..	..
Royal Coll. Physicians, Edinburgh	27	17	10	4	3	1	2
King and Queen's College of Physicians, Ireland	30	21	9	3	3	2	1
Royal Coll. Surgeons, England ..	44	33	11	3	3	3	2
Royal Coll. Surgeons, Edinburgh	7	23	4	2	..	..	2
Faculty of Physicians and Surgeons, Glasgow	2	2	..	..	..	..	..
Royal Coll. Surgeons, Ireland....	61	47	14	6	4	3	1
Society of Apothecaries, London	21	15	6	1	1	2	2
Apothecaries' Hall, Dublin	1	1	..	..	..	..	..
Doctor of Medicine, University of Edinburgh	16	14	2	2	..	..	..
Doctor of Medicine, Queen's University, Ireland	18	17	1	1	..	..	..
Doctor of Medicine, University of Dublin .....	..	..	..	..	..	..	..
Bachelor of Medicine, ditto	9	8	1	..	..	1	..
Master of Surgery, ditto	2	1	1	..	..	1	..
Licence in Medicine, ditto	1	..	1	..	..	1	..
Doctor of Medicine, St. Andrew's	8	7	1	1	..	..	..
Doctor of Medicine, University of Aberdeen	5	4	1	..	..	1	..
Bachelor of Medicine, ditto	10	10	..	..	..	..	..
Master of Surgery, ditto	14	13	1	..	..	1	..
Doctor of Medicine, University of Glasgow	6	5	1	..	..	..	1
Master of Surgery, ditto	2	1	1	..	..	..	1
Total	306	241	65	23	14	16	12

Candidates.		Diplomas and Degrees.	
Successful	120	Successful	241
Failed	31	Failed	65
Total	151	Total	306

Admiralty, W.C., 13th March, 1865.

SIR,—With reference to your letter of the 27th of May last, I have the honour to forward, for the information of the General Council of Medical Education and Registration of the United Kingdom, a Report from the Board of Examiners on the examinations of candidates for Medical Commissions in the Royal Navy during the year 1864.

I have the honour to be sir,

Your very humble servant,

(Signed) A. BRYSON, *Director-General*.

Dr. F. Hawkins, Registrar of the General Council of Medical Education and Registration of the United Kingdom, 32, Soho Square.

Admiralty, Somerset House, 6th March, 1865.

SIR,—We have the honour to submit, for the information of the General Council of Medical Education and Registration of the United Kingdom, the following Report on the Examinations of Candidates for Medical Commissions in the Royal Navy during the year 1864. 1. The total number of candidates who presented themselves for examination during the year was forty-nine; of these, twenty-one were rejected, having failed to satisfy us as to their professional knowledge; and one was found to be physically unfit for the service. 2. The accompanying table supplies the information required by the Medical Council with reference to the qualifications of the candidates, and the points on which they were chiefly

deficient. 3. The examination is *viva voce*; but each candidate is furnished with a paper containing a question or questions upon subjects of a professional nature, to which he is expected to reply in writing; and, previous to the oral examination, he is required to translate a paragraph from a Latin author. 4. In its scope, the examination embraces all the ordinary subjects of professional study; viz., Anatomy, Surgery, Practice of Medicine, Midwifery, Materia Medica, Chemistry, and Botany. 5. Being a *viva voce* examination, and the questions being left to the judgment of each individual examiner, it is not possible to furnish a return of those actually proposed; but appended hereto is a list of the subjects on which the candidates have at different times been examined, and which, put in the interrogatory form, gives a fair idea of the general character of the questions. The Council is, doubtless, fully aware that, in such examinations, the same question requires to be put in a variety of forms, to meet the various comprehensions to which they are addressed. 6. We regret to have to report that, in a very large number of cases indeed, the candidates displayed a lamentable ignorance of Latin; some were scarcely able to translate the *Pharmacopœia*, and but few possessed a useful knowledge of the language. From the nature of the excuse most frequently made by them, it appears to us that very many had acquired only a sufficient acquaintance with the language to enable them to pass the preliminary examination of other Boards, and that they had then thrown it aside as altogether useless. 7. We have also to regret that so important a branch of professional education as operative surgery on the dead body should so rarely enter into the curriculum of study of those who come before us; and we desire to express a strong opinion that no surgical diploma should be attainable without satisfactory evidence being produced that the principal operations in surgery had been performed on the dead body under a qualified teacher.

We have the honour to be, sir,

Your very humble servants,

E. HILDITCH, M.D., *Inspector-General*.

J. W. SALMON, *Dep. Inspector-General*.

ALEX. E. MACKAY, M.D., *Dep. Insp.-Gen.*

Dr. Bryson, F.R.S., *Director-General*.

Qualifications, according to Schedule (A), of the different Candidates who were examined for Medical Commissions in the Royal Navy in 1864, with the Results of the Examinations.

[For convenience of printing, the facts contained in the table referred to, are given in the following summary.]

1. Mem. R. Coll. Surg. Eng., and M.D. Univ. Edin. Rejected. Deficient in anatomy, surgery, and practice of medicine.

2. Lic. R. Coll. Surg. Edin., and M.D. Univ. Edin. Passed. Surgery and practice of medicine only fair; otherwise good.

3. Lic. R. Coll. Surg. Irel. Found to be physically unfit.

4. M.D. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed a good examination in all branches.

5. Lic. K. and Q. Coll. Phys. Irel., and Lic. R. Coll. Surg. Irel. Rejected. Ignorant of anatomy.

6. Lic. R. Coll. Surg. Irel. Passed. Anatomy, surgery, and practice of medicine, only fair; other branches good.

7. Mem. R. Coll. Surg. Eng., and M.D. Univ. Edin. Passed a good examination in all branches.

8. Mem. R. Coll. Surg. Eng., Lic. Soc. Apoth. Lond., M.D. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed. Practice of medicine only fair; other branches good.

9. M.B. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed a good examination in all branches.

10. Lic. R. Coll. Surg. Irel., and M.D. Univ. St. Andrews. Passed a good examination in all branches.

11. Lic. R. Coll. Phys. Lond., and Mem. R. Coll. Surg. Eng. Passed. Anatomy and surgery good; practice of medicine and other branches only fair.

12. Lic. K. and Q. Coll. Phys. Irel., and Lic. R. Coll. Surg. Irel. Passed. Anatomy and practice of medicine, and all other branches, except surgery, good; surgery fair only.

13. Lic. R. Coll. Phys. Lond., and Mem. R. Coll. Surg. Eng. Rejected. Utterly ignorant of the Latin language.

14. Lic. K. and Q. Coll. Phys. Irel., and Lic. R. Coll. Surg. Irel. Passed. Anatomy and practice of medicine good; surgery fair only; other branches fair and indifferent.

15. Lic. R. Coll. Phys. Lond., and Mem. R. Coll. Surg. Eng. Passed a good examination in all branches.

16. Mem. R. Coll. Surg. Eng., and M.B. Univ. Durham. Rejected for the third time. Anatomy and surgery bad.

17. Lic. R. Coll. Surg. Irel. Rejected for the second time. Anatomy and surgery bad.

18. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected. Utterly ignorant of the Latin language.

19. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Passed a good examination in all branches.

20. Lic. R. Coll. Surg. Edin., and M.D. Univ. Edin. Passed. Anatomy and surgery good; practice of medicine and other branches only fair.

21. Lic. K. and Q. Coll. Phys. Irel., and Lic. R. Coll. Surg. Irel. Rejected at the first examination. Anatomy only fair; surgery very bad. Passed the second examination. Surgery and other branches were fair.

22. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Edin. Rejected. Anatomy and surgery indifferent.

23. Lic. R. Coll. Surg. Irel. Rejected. Ignorant of Latin and anatomy.

24. Lic. R. Coll. Surg. Irel. Rejected. Utterly ignorant of the Latin language.

25. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Edin. Passed. Anatomy good; surgery only fair; practice of medicine indifferent; other branches fair.

26. Lic. R. Coll. Surg. Irel. Passed. Anatomy, surgery, and practice of medicine good; other branches fair.

27. M.D. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed. Anatomy and surgery only fair; practice of medicine good; other branches fair.

28. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected. Anatomy bad; surgery and practice of medicine indifferent.

29. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Irel. Passed. Anatomy good; surgery and practice of medicine fair; other branches fair.

30. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Edin. Rejected. Anatomy indifferent; surgery bad.

31. Lic. R. Coll. Phys. Edin., and Lic. Fac. Phys. and Surg. Glasg. Rejected. Utterly ignorant of the Latin language.

32. Lic. R. Coll. Surg. Edin., and M.D. Queen's Univ. Irel. Passed. Anatomy indifferent; surgery, practice of medicine, and other branches, only fair.

33. Lic. R. Coll. Phys. Edin., Lic. R. Coll. Surg. Edin., and Lic. Apoth. Hall, Dublin. Rejected. Anatomy only fair; surgery bad; practice of medicine indifferent.

34. Lic. R. Coll. Phys. Edin., and Lic. R. Coll. Surg. Edin. Passed. Anatomy and practice of medicine good; surgery only fair; other branches fair.

35. Lic. Fac. Phys. and Surg. Glasg. Passed.

Anatomy good; surgery fair; practice of medicine indifferent; other branches fair.

36. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected at the first examination. Anatomy and surgery bad. Passed in 1865, second examination. Passed a good examination in all branches.

37. M.B. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed. Anatomy, surgery, and practice of medicine good; other branches fair.

38. Mem. R. Coll. Surg. Eng. Rejected. Latin and anatomy bad.

39. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected. Anatomy indifferent; surgery only fair; other branches and Latin bad.

40. Lic. R. Coll. Surg. Edin., and M.D. Univ. Edin. Rejected. Anatomy indifferent; surgery bad; and other branches bad.

41. Mem. R. Coll. Surg. Eng., and M.D. Univ. St. Andrews. Passed second examination. Anatomy, surgery, materia medica, and botany good; other branches fair.

42. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Rejected. Latin, anatomy, and surgery bad.

43. Mem. R. Coll. Surg. Eng., and M.D. Univ. Edin. Passed a good examination in all branches.

44. M.B. Univ. Aberd., and Mast. Surg. Univ. Aberd. Passed. Anatomy and practice of medicine good; surgery only fair; other branches fair.

45. Lic. R. Coll. Surg. Edin. Rejected. Latin and anatomy and surgery indifferent; materia medica bad.

46. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Passed a good examination in all branches.

47. Mem. R. Coll. Surg. Eng., and Lic. Soc. Apoth. Lond. Passed a good examination in all branches, excepting practice of medicine, which was only fair; Latin indifferent.

48. Lic. R. Coll. Surg. Irel., and Lic. Apoth. Hall, Dublin. Rejected. Utterly ignorant of the Latin language.

NOTE. Several of the candidates possessed qualifications which are not included in Schedule (A).

Dr. ANDREW WOOD moved—

“That the communications from the Directors-General of the Army and Navy Medical Departments, relative to the examinations of candidates for medical commissions, be received and entered on the minutes.”

He considered that great credit was due to Dr. Apjohn for having last session proposed the application to the Directors-General for the returns. Every examining board would derive benefit from their publication.

Dr. PARKES seconded the motion, which was unanimously carried.

Dr. APJOHN moved, Dr. PAGET seconded, and it was resolved—

“That the thanks of the Medical Council be given to the Directors-General of the Army and Navy Medical Boards, for the valuable returns which they have made of the results of the examinations held by them in 1864 of candidates for medical appointments in their respective services; and that a request be made to the Director-General of the Army Medical Department that he will be pleased to sanction, for the future, similar returns for Her Majesty's Indian Medical Service.”

Report on Communications relative to Amendments of the Medical Acts. Dr. EMBLETON presented the following

REPORT.

Your Committee have read and considered the letters, etc., referred to them, and find that some, having respect to Sections xxxvi, xl, xli, xlii, and

XLVII of the Medical Act, on which the Council has already come to a decision, do not appear to require to be brought before the Council.

Others, however, referring to other matters, require consideration, and are now brought before the Council, viz.:

1. A letter from J. F. Milner, Esq., Hereford, dated December 2nd, 1864, praying for protection of registered medical practitioners against the practice of medicine by chemists and druggists, and against the holding of club appointments by the same.

2. A letter from E. E. Tucker, Esq., of Abersychan, dated February 3rd, 1865, complaining of the practice of surgery by a gentleman in his neighbourhood, whose only qualification is that of the Society of Apothecaries of London.

3. A letter from Dr. Styrap, Shrewsbury, dated March 3rd, 1864, asking that increased powers be given to magistrates with respect to offences against the Medical Act, and that the penalty on second conviction be increased.

4. The following memorial, dated April 3rd, 1865, from twenty-eight Licentiates in Dental Surgery of the R.C.S. England, asking that, under the proposed Medical Act, they be allowed to register as Licentiates in Dental Surgery.

D. EMBLETON, *Chairman.*

To the General Council of Medical Education and Registration of the United Kingdom.

We, the undersigned, Licentiates in Dental Surgery of the Royal College of Surgeons in England—a (degree founded by the College on Section XLVIII of the present Medical Act)—although entitled to register under that Act, in virtue of our other professional qualifications, considering it to be desirable, and believing it to be only just, that those persons who have taken this degree should be allowed the privilege of registering as “Licentiates in Dental Surgery,” under the proposed amended Medical Act, beg respectfully to bring this, our view of the subject, under the consideration of your Honourable Board.

We are aware that the following objections have been raised to this privilege being allowed to the possessors of this degree:—

First. That, if the privilege were granted to persons who have taken this degree only, they would, under Clause xxxiv of the present Medical Act, be considered in law as “duly qualified medical practitioners,” and might, if so disposed, practise legally any, or all branches of the medical profession without having received a full medical education, and thereby interfere with the interests of the fully qualified medical man.

Second. That to grant this privilege to them would be to infringe upon and injure the existing rights of those persons at present practising dental surgery who do not possess this degree, by giving to the new Act a retrospective character; and

Third. That it is open to those persons practising dental surgery, who desire to possess the privilege of registering under any Medical Act, to take the degree of “Member” of the College of Surgeons as well as that of “Licentiate in Dental Surgery,” and to register under the former title.

To the first of these objections we respectfully submit, that the very slight additions we have suggested to the wording of Clauses xxxi and xxxiv of the present Medical Act, would, if adopted, make it clear beyond the possibility of a doubt, that the possessors of this degree only, if registered as “Licentiates in Dental Surgery,” could not legally practise any other branch of medicine or surgery, and therefore that the incorporation of these, or similar words, into any

amended Medical Act, would fully meet and do away with this objection.

To the second objection we also respectfully submit, that the few words proposed to be added to Clause LV of the present Medical Act would, if adopted and incorporated with such amended Medical Act, completely protect all the existing rights of those persons at present practising dental surgery who do not possess this degree, as also the respective rights of those at present preparing to practise dental surgery who may not have it in their power to take this degree, and so meet and do away with this objection.

And to the third objection we respectfully submit:

First. That the argument on which it rests is founded upon an imperfect knowledge of the amount of “special duty” required to form the duly qualified dental surgeon, as we think will be apparent to your Honourable Board by a reference to the accompanying curriculum of education required by the College of Surgeons for the degree of Licentiate in Dental Surgery;—

Next. That to expect the full course of education required for the “Membership” of the College to be added by the dental surgeon to the curriculum required for his special diploma, in order to give him the power of registering under such Act, would be to exact a more extensive and more expensive professional education, both in respect to time and money, from the dental than from the general surgeon—a requirement which we most respectfully submit would be both unnecessary and unjust; and,

Lastly. That to be registered as a “Fellow” or “Member” of the College only, does not *in itself* afford any proof that persons so registered are duly qualified to practise the speciality of dental surgery, as we think will also be apparent to your Honourable Board after referring to the curriculum above named.

Entertaining these views, we think it right to bring them under the attention of your Honourable Board, and we pray that you will take them into your favourable consideration.

Thomas Bell, F.R.C.S., L.D.S., F.R.S., John Tomes, F.R.S., L.D.S., M.R.C.S., Samuel Cartwright, F.R.C.S., L.D.S. (members of the Board of Examiners in Dental Surgery of the Royal College of Surgeons of England); Arnold Rogers, F.R.C.S., L.D.S., late member of the above Board; W. A. Harrison, F.R.C.S., L.D.S., C. A. Ibbetson, F.R.C.S., L.D.S., William A. Cattlin, F.R.C.S., L.D.S., A. G. Canton, M.R.C.S., L.D.S.; Thomas Rogers, M.R.C.S., L.D.S., President of the Odontological Society of Great Britain; H. J. Barrett, M.R.C.S., L.D.S., S. J. A. Salter, M.B., M.R.C.S., L.D.S., F.R.S., Henry Rogers, M.R.C.S., L.D.S., Alfred Barrow Jones, M.R.C.S., L.D.S., Edwin Sercombe, M.R.C.S., L.D.S., John W. Elliott, M.R.S.C., L.D.S., Nathaniel Stevenson, M.R.C.S., L.D.S., H. Howard Hayward, M.R.C.S., L.D.S., Joseph Rogers, M.R.C.S., L.D.S., William A. Cattlin, M.R.C.S., L.D.S., Alfred Coleman, M.R.C.S., L.D.S., Joseph Walker, M.R.C.S., L.D.S., J. H. Allingham, M.R.C.S., L.D.S., Charles Vasey, L.F.P.S., L.D.S., John Thomas Henry West, M.R.C.S., L.D.S., George Gregson, M.R.C.S.E., L.D.S., E. H. G. King, M.R.C.S., L.D.S., Thomas C. White, M.R.C.S., L.D.S., Charles James Fox, M.R.C.S., L.D.S.

Dr. EMBLETON moved, Dr. FLEMING seconded, and it was resolved—

“That the Report of the Committee on Communications relative to Amendments of the Medical Acts be received and printed, together with the four documents particularised, under the direction of the Business Committee.”

Visitation of Examinations. Dr. ANDREW WOOD moved, Dr. FLEMING seconded, and it was unanimously resolved—

“That the Council resolve itself into a Committee of Education, and that the President be requested to take the chair.”

Dr. PARKES moved the following resolution.

“That a Committee of three be appointed, one member from each division of the kingdom, to be called the Committee on Education.

“That the powers and duties of this Committee be—

“1. To prepare a definite statement of the systems of examination of the different licensing bodies, as stated in the documents already sent in to the Council, so that the agreements and differences of the several systems may be brought into one view. For this purpose the Committee shall be enabled to seek further information, if necessary, from the different licensing bodies, through the Registrar of the Council.

“2. To arrange a plan by means of which, without actual visitation, the different examinations may be continually supervised, and to submit this to the several Branch Councils, after which the Committee be empowered to act upon it.

“3. To arrange a plan for the visitation of examinations, when that is necessary, either by the agency of members of the Council, or of other members of the profession selected especially for this duty, and to submit this plan to the Branch Council, and subsequently, when it has been approved of, to act upon it.”

He said that the communications which the Council had received from the various licensing bodies showed a general wish on the part of these bodies to comply with the rules of the Council. But, however valuable the regulations of the Council might be, a careful supervision of examinations was necessary in order to produce any good result. It would be a dereliction of duty on the part of the Council to neglect such supervision. He proposed a small Committee, because the matter would be thus better managed than by the whole Council or by the Executive Committee; and he would suggest that the Committee should be formed of the members nominated by the Crown. The duty of the Committee should be to consider all the documents sent in on the subject of education, and to frame a scheme thereon. He considered this necessary because, although at present the rights of practice were uniform, the Council did not know to what extent there was uniformity in the qualifications required by the licensing bodies. There should be a regular supervision of examinations, but it would be impossible always to be present. Much information, however, might be gained from a consideration of the written answers of the best and the worst candidates. The personal visitation of examinations should be occasional; so that the examinations of all the licensing bodies might be inspected in the course of three or four years. He could not consider that the visitation of examinations would be at all derogatory to the examiners. He did not desire to press his motion in the precise form in which it was put, but was merely desirous of organising some plan for the supervision of examinations.

Dr. PAGET seconded the motion.

Mr. HARGRAVE remarked that the examinations of the College of Surgeons in Ireland were public, being open to all the Fellows of the College.

Dr. CORRIGAN did not see how Dr. Parkes's plan could be carried out. The labour thrown on the three members of the Committee would be frightful; for it would be impossible to select for consideration some of the examination-papers without reading all.

Last year, about two thousand candidates passed; and he calculated that the reading of their papers would require forty thousand hours. He would not like to be on such a Committee. As to supervision, it had been said that the object was not always to see that the examiners perform their duty properly; but if not, of what use was the supervision? The proper remedy, both against undue severity and against laxity, would be to throw open the examinations to all the members of the body. In Trinity College, all the students and the public were admitted; and the plan worked well.

Dr. STOKES said that there ought to be some supervision of the preliminary examinations. He could not see how the presence of members of Council at an examination could be considered derogatory to the examiners. He feared, however, that the plan proposed by Dr. Parkes would be difficult to carry out, and slow of operation.

Mr. SYME considered that the Medical Council had hitherto failed in its duty as regarded the visitation of examinations.

Dr. QUAIN suggested that the Council should first decide whether or not there should be supervision of examinations. The subject might be taken up in its place in the discussion on medical education,

Dr. CHRISTISON considered that it was important to come to a decision on the subject of supervising examinations; but he did not see how the plan proposed by Dr. Parkes could be carried out.

Dr. AQUILLA SMITH referred to the returns from the Army and Navy Medical Departments, as showing the necessity for visitation of examinations, preliminary as well as professional. He had observed that the standard of knowledge of Latin was becoming lower among persons entering the medical profession; and some even did not know the English language.

Mr. SYME moved as an amendment—

“That each of the Branch Councils, or such of their members as may be deputed by such Councils, shall, from time to time, visit the examinations, preliminary as well as professional, conducted by the qualifying bodies in their respective divisions of the United Kingdom, and report the results of their observations to the General Council.”

Dr. ANDREW WOOD seconded the amendment. He believed that the visitation of examinations would be one of the most wholesome stimuli to the examining boards. These bodies had no right to object to such visitation; and he believed they would not object—indeed, the Edinburgh Colleges and the Glasgow Faculty had expressed opinions in favour of supervision. There were several ways in which supervision might be carried out. In the first place, the examinations, it had been said, might be public; but he would ask whether those boards which followed the plan of public examinations sent forth the best qualified men. In Scotland, publicity would not work well; because in that country even the best qualified students would be liable to experience that unpleasant sensation known as “funk”, if examined in the presence of their fellow-students. Again, if the examinations were thrown open, it would not be members of the profession who would attend them, but students, for the purpose of finding what questions they were likely to be asked in their examinations. The grinders also would attend most diligently. There were still two other plans; either that the members of the Council should supervise the examinations, or that they should depute the duty to others. To the employment of experts there were these objections; that it would be attended with expense, and that none could be employed as visitors but men of the highest professional position, many of

whom were themselves examiners. The plan proposed by Mr. Syme should be tried. It might perhaps fail; but in any case the Council was bound to undertake the visitation of examinations.

Dr. CORRIGAN spoke in favour of public examinations. As to the presence of students and young practitioners, these would be the very men who would produce a sound public opinion. He considered Mr. Syme's proposal quite impracticable; it could not be carried out in Dublin.

Dr. PARKES, by permission of the Council, withdrew his motion; so that Mr. Syme's amendment became the substantive motion.

Dr. ACLAND thought that the visitation of examinations should not be delegated to each Branch Council separately. He would prefer action on the part of the entire Council.

Dr. PAGET remarked that the Council had the power of visiting examinations, but had no power to enforce publicity. He considered there was some objection in the separate working of the Branch Councils in the manner proposed. He moved as an amendment—

"That the Branch Councils be instructed severally to organise a set of *trial visitations*, on a scale which may enable them to report upon the success of such visitations, the conditions for their efficiency, and the requisite means for rendering them adequately extensive."

Dr. QUAIN seconded the amendment.

Dr. SHARPEY preferred visitation to emanate from the central authority rather than from the Branch Councils. It was not necessary that the visitations should be made otherwise than at irregular periods; nor would it be necessary to examine more than a few of the papers, such as those of the lowest who had passed and of the highest among the rejected. As to the objection that visitation would be invidious, he would observe that in the early days of the University of London the examinations of that body were attended by the censors of the Royal College of Physicians; and he, as an examiner, had felt no humiliation from their presence. There was a difficulty in carrying out visitation, from want of funds; but he thought this might be overcome by the deficiency being made up by a vote of Parliament.

Dr. STOKER said that the returns of the Army Director-General shewed the necessity of visitation. Dr. Sharpey's plan was good, but would not be practicable without an amended Act.

After some remarks from Dr. STOKES and Dr. CORRIGAN, the votes were taken on Dr. Paget's amendment, when there appeared: for, 4; against, 10. The amendment was therefore lost. Mr. Syme's motion was then put to the vote, and carried *nem. con.*

The Council then resumed.

Report of the Pharmacopœia Committee. Dr. QUAIN brought up the following

REPORT.

The *Pharmacopœia* Committee beg to report that, after much careful consideration, they requested Mr. Warrington, of the Apothecaries' Hall, and Dr. Redwood, of the Pharmaceutical Society, to undertake the preparation of the next edition of the *Pharmacopœia*, under the supervision of the Committee. The gentlemen named accepted the duty, and they are engaged actively in its performance. The Committee, in the first instance, prepared an outline of the subjects which seemed to them to require revision; and these subjects are made the basis of careful inquiries by Messrs. Warrington and Redwood, who have submitted, and will continue to submit, their reports thereon, together with such suggestions as they think proper to make for the consideration and decision of

the Committee. The Committee have also received valuable assistance from Dr. Farre, appointed by the English Branch Council, and from Dr. Moore, appointed by the Irish Branch Council, to report on the improvement in the progress of pharmacy; and they hope that the services of these gentleman, as well as of Dr. Christison, may be continued.

Taking the first edition of the *Pharmacopœia* as a basis, compiled, as it has been, with great labour and expense, the Committee hope that, without making any very extensive or fundamental changes, the next edition will be found acceptable to the profession.

GEORGE BURROWS, M.D., *Chairman.*

April 3rd, 1865.

On the motion of Dr. QUAIN, seconded by Dr. ANDREW WOOD, the report was received and ordered to be entered on the minutes.

FRIDAY, APRIL 7TH.

G. BURROWS, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

Practice of Chemists and Druggists. Dr. ACLAND moved—

"That, with reference to the letter of Mr. Milner of Hereford, a Committee be appointed, to consider and report whether the Medical Council is charged under the Medical Act with any duty in relation to medical and surgical practice by chemists and druggists; and whether any, and if so what, changes in the Medical Act are desirable with regard to it; and to consider and report on the two Bills relating to pharmacy now before Parliament."

He said that it had been thought expedient that the question of the regulation of the practice of pharmacy should be considered by the Council. The present Medical Act gave the Council no more power over the chemists and druggists than over other unqualified practitioners of medicine; but it was time to consider whether the Council ought not to have such power. He did not know how matters stood in Scotland and Ireland; but in England the druggists were becoming, without having received medical education, rivals to the medical practitioners. Many members of Council were not aware of the extent to which medical practice was carried on by druggists in the country; but he knew that druggists often had large practices at home, and also visited patients. Many registered practitioners, also, found it expedient to assume the outward appearance of chemists and druggists, in order to gain practice. He referred also to the use by druggists of the prescriptions of registered practitioners.

Dr. PARKES seconded the motion. The subject was one which the Council ought to take into their most serious consideration. In the Bill brought into Parliament by Sir J. Shelley (that of the United Society of Chemists and Druggists) there was no saving clause against interfering with medical practice; and the clause inserted for the purpose in the other bill (that of the Pharmaceutical Society) was not stringent enough. He thought that a clause should be inserted to prevent persons who had not received a medical education from taking charge of friendly societies, etc. Whether counter-practice could be put down, he doubted.

Dr. CHRISTISON said that the Council was now only following up a step which had been previously taken. Of the two Bills before Parliament, he considered that that of the Pharmaceutical Society was much the better.

Dr. ANDREW WOOD and Mr. COOPER briefly sup-

ported the motion; which, after some remarks from Dr. ACLAND, was put and carried.

The committee was appointed, to consist of Dr. Acland (chairman), Dr. Alderson, Dr. Paget, Dr. Storrar, Dr. A. Thomson, Dr. Apjohn, Dr. Parkes, Mr. Rumsey, and Dr. Christison.

Practice with One Qualification. Dr. ANDREW WOOD said that Mr. Tucker's letter raised the question of the working of Clause XXXI of the Medical Act. He was satisfied that no practitioner ought to be placed on the *Register* unless he possessed a qualification in both medicine and surgery; and he urged the amalgamation of the Colleges of Physicians and Surgeons for the purpose of examination.

Mr. SYME, Dr. ACLAND, Mr. RUMSEY, Dr. ALDERSON, Mr. ARNOTT, and Mr. COOPER, spoke on the subject; the general opinion being that a qualification both in medicine and in surgery was desirable. As a result of the discussion, the following resolutions were passed.

Mr. ARNOTT moved, and Dr. ANDREW WOOD seconded—

"That a letter be written to Mr. E. E. Tucker, to the following effect. The Council has learned, with great regret, the particulars of the case stated in Mr. Tucker's letter. The Council has not, under the present Act, the power to interfere for the protection of the public against ignorance of surgery on the part of practitioners who have no surgical qualification; but the subject now engages the serious consideration of the Council."

Mr. SYME moved, and Dr. ANDREW WOOD seconded—

"That Clauses XIX and XXXI be referred to the proposed Committee on the Amendment of the Medical Acts."

Convictions under the Medical Act. The following resolutions, both proposed by Dr. EMBLETON and seconded by Dr. FLEMING, were carried.

"That an answer be returned to Dr. Styrap, to the effect that the subjects of his letter of the 3rd March, 1864, are at present under the consideration of the Medical Council."

"That the following four Sections of the Medical Act—viz., XXXVIII, XXXIX, XL, and XLI—be referred to the proposed Committee on the Amendment of the Medical Acts."

The Dentists' Memorial. Dr. STORRAR proposed—

"That the memorial from the Licentiates in Dental Surgery of the Royal College of Surgeons of England be referred to the proposed Committee on Amendment of the Medical Acts."

He said that, while it would be impossible to discuss the question at the present moment, it would be only just to the gentlemen who had signed the memorial that the Council should take their representations into consideration. The licentiates in dental surgery were very desirous of rescuing their profession and the public from quackery; and the necessity of this was obvious from the numerous advertisements which were to be seen in the provincial newspapers. A few years ago, some dentists combined for the purpose of purging their profession of charlatans. At first they desired to form a separate corporate body; but ultimately the majority preferred to be placed under the direction of one of the medical licensing bodies. They had organised a School of Dental Surgery, and were now desirous of being entered on the *Register* according to their qualification as dentists. He did not wish to press the subject at present, but was desirous that the memorial should be duly taken into consideration.

Mr. HARGRAVE seconded the motion.

Mr. RUMSEY suggested that the Council might express a qualified approval of the memorial.

Dr. CHRISTISON said it would be necessary to provide against the risk from entering on the *Register* the names of persons holding the dental qualification alone.

The PRESIDENT and Mr. ARNOTT agreed that it would be dangerous to admit to the *Register* persons being merely licentiates in dental surgery.

The motion was carried.

Visitation of Examinations. Dr. SHARPEY moved, and Dr. STORRAR seconded—

"1. That it is expedient to amend Clause XVIII, by adding to it the following words, or words to the same effect; viz., 'and may also inspect the written answers of the candidates, and report concerning the examinations and answers to the General Council; and to the persons deputed by the General Council as aforesaid, in such number as may be determined by the General Council, with the approval of one of Her Majesty's principal Secretaries of State, there shall be paid such fees for services and such reasonable travelling expenses as shall from time to time be allowed by the General Council, and approved by the Commissioners of Her Majesty's Treasury; and the said payments shall be made out of the residue of the moneys annually received for carrying this Act into execution, after defraying the expenses of the General Council and the Branch Council, and, if necessary, out of further moneys to be provided for the said purpose by vote of Parliament.'

"2. That the proposed amendment be referred to the Committee on the Amendment of the Medical Acts."

Dr. CORRIGAN objected to the motion, and also to the principle of inspection of examinations. He proposed the following amendment, which was seconded by Dr. AQUILLA SMITH.

"That the professional examinations conducted by the several licensing bodies should be public, so far as admitting the Graduates, Members, or Licentiates of the licensing body conducting such examination, and that such publicity will be sufficient to secure the maintenance of efficient examinations without inspection."

After some discussion, in which Dr. ANDREW WOOD, Mr. HARGRAVE, Dr. FLEMING, Dr. A. SMITH, and Dr. SHARPEY took part, the amendment was put to the vote and lost; 5 voting for, and 9 against it.

Dr. ANDREW WOOD moved as a further amendment, and Dr. ALLEN THOMSON seconded—

"That it be remitted to the Committee on the Amendment of the Medical Acts, to consider the expediency of amending Clause XVIII, by adding to it the following words, or words to the same effect; viz., 'and may also inspect', etc. (The remainder of the amendment was identical with the first part of Dr. Sharpey's proposal.)

The amendment was carried, and was then put as a substantive motion, and carried.

Dr. CORRIGAN required that the names of the majority and minority be entered on the minutes. *Majority*—Dr. Alderson, Dr. Paget, Dr. Embleton, Dr. Storrar, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. Sharpey, Dr. Quain, and Dr. Christison. *Against*—Mr. Arnott, Mr. Cooper, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, and Dr. Stokes.

Amendment of the Medical Act. Dr. QUAIN moved—

"That a Committee of the Council be appointed, with the following duties: 1. To report on any further amendments which may seem to be required in the Medical Act. 2. To communicate with the solicitor on the amendments already adopted, or that may be adopted, by the Council. 3. To prepare a memorial to the Home Secretary on the amendment of the Medical Act."

Mr. HARGRAVE seconded the motion, which, after some remarks from Dr. CORRIGAN, was carried; 15 voting for, and 4 against it.

The following Committee was appointed: Dr. Andrew Wood (chairman), Mr. Arnott, Dr. Paget, Dr. Embleton, Mr. Syme, Dr. A. Smith, Dr. Sharpey, Dr. Quain, Dr. Stokes.

Alleged Conviction for Felony. Dr. AQUILLA SMITH moved, Dr. APJOHN seconded, and it was resolved—

“That the case of John Carter Barrett, of Castlebar, Co. Mayo, be referred to the solicitor.”

SATURDAY, APRIL 8TH.

G. BURROWS, M.D., President, in the Chair.

Voting at Meetings of the Council. A case and opinion of counsel, together with an additional statement and further opinion, relative to voting in the Medical Council, were read. Considerable discussion followed thereon; but no resolution was passed.

The Apothecaries' Hall of Ireland. Dr. STOKES moved—

“That with reference to the resolution of this Council, on the motion by Dr. Leet, June 2nd, 1863, viz., ‘That this Council is of opinion that registered Licentiates of the Apothecaries' Company of Dublin are, as apothecaries, entitled to practise medicine in Great Britain and Ireland,’ the Council resolve that it did not desire to convey that the licence of the Apothecaries' Company of Ireland carried any other qualification than that specified in the Act of Incorporation of the Company.”

He recapitulated the previous proceedings of the Council in reference to the privileges of the Apothecaries' Hall of Ireland; and said that his object was not to rescind the resolution passed in 1863, but to define it. The Medical Act conferred no new powers on the licensing bodies; but the Apothecaries' Hall of Ireland had assumed powers which it did not possess before; and in evidence of this he referred to the certificates issued by that body, in which their power to grant licences in medicine was set forth. The position of the apothecaries in Ireland was different from what it was in England. In England, the Apothecaries' Society was specially entitled by an Act of Parliament to examine in medicine; not so the Apothecaries' Hall in Ireland. The only power which they really possessed was that of giving a licence to keep a shop and carry on the business of an apothecary. The Irish Apothecaries' Hall required by law an apprenticeship of seven years; but this rule was now broken. The medical qualification of the Irish apothecaries had been pressed on the Poor-law Commissioners in Ireland, and had been recognised by them; and their example had been followed by the Army Medical Board. It was one of the duties of the Council to see to the proper administration of the Medical Act, and to take care that its provisions were not stretched.

Dr. ANDREW WOOD seconded the motion.

Dr. LEET objected to the motion, that it was contrary to the former resolution of the Council, that it was an incorrect rendering of its meaning, and that it would compromise the honour of the Council. The Apothecaries' Company of Ireland were free to use any form of certificate, and to prescribe any course of education which they might think proper. The greater part of the public in Ireland was dependent for medical aid on the apothecaries; and a legal opinion had been obtained in favour of their registration. The Council had on former occasions declared itself incompetent to decide the question now brought forward. Why was not a *mandamus* brought

against the Apothecaries' Hall, instead of wasting the time of the Council?

Mr. SYME said that the illegal issue of licences by the Apothecaries' Company of Ireland could not be judged by the Medical Council, but was a question for the consideration of the Privy Council. It seemed to be the opinion of some that the Irish Apothecaries' Hall was low, mean, and contemptible. [No, no.] But, if it were so, whose fault was it? The Apothecaries' Company of Ireland had been admitted into Schedule A, and must be treated like other bodies in that schedule. He moved as an amendment—

“That the Council do not see any reason for entering into an explanation of their resolution (June 2nd, 1863) respecting the licence of the Apothecaries' Company of Dublin.”

Dr. STORRAB seconded the amendment.

Dr. ANDREW WOOD said that the question under discussion was more important than at first sight appeared; it was whether the Council had power to grant charters in medicine. The subject of the Apothecaries' Hall of Ireland had been discussed over and over again; and it was only by the able importunity of Dr. Leet that the Council had been driven to give an opinion after having declined to do so. In their proceeding in the matter, the Council had acted illegally, and not consistently with their decision in other instances, such as the rights of the Faculty of Physicians and Surgeons of Glasgow. The result of the action of the Council had been, that the Licentiates of the Irish Apothecaries' Company had assumed the rights of licentiates in medicine.

Dr. CORRIGAN said that the effect of the resolution of the Council had been, that the Irish Poor-law Commissioners had placed the licence of the Apothecaries' Hall of Ireland on an equality with the higher qualifications in medicine. The resolution had also been misunderstood by the Secretary of State for War. No one wished to interfere with the just rights of the apothecaries in Ireland; but their position required definition. Their legitimate status was that of the *officiers de santé* in France; in that position they were most useful to the public; but it was not intended by the resolution that they should be recognised as equal to the higher grades of practitioners. If an attempt were made in France to raise the *officiers de santé* to the level of the higher class of medical men, would it not be said that the profession was disgraced? If the recognition of the Irish apothecaries as fully qualified medical practitioners were correct, the licentiates in midwifery of the Royal College of Surgeons of England ought to have the same privilege. Dr. Corrigan explained to the Council the powers of the Irish Poor-law Commissioners in regard to medical qualifications, stating that these powers were absolute. He also referred to and read extracts from the Apothecaries' Acts in England and in Ireland; and said that the power to grant licences in medicine had been assumed by the Irish Apothecaries' Hall at some period between 1859 and 1864.

Dr. EMBLETON suggested that the subject should be referred to the Committee on Amendments of the Medical Acts. It must be remembered that the Medical Act gave the Apothecaries' Hall of Ireland a representative in the Council, and placed its licentiates in Schedule A.

Dr. STORRAB said that the Council had never decided that the apothecaries in Ireland were to have equal rights with doctors of medicine. The Medical Act made no distinction as to grades of practice. All that the Council had to do was, to take care to secure a sufficient qualification on the part of persons practising medicine.

Mr. HARGRAVE and Dr. ALLEN THOMSON supported Mr. Syme's amendment; and Dr. STOKES replied.

The votes were then taken; when there appeared, for the amendment, 10; against, 6. The amendment was then put as a substantive motion, and carried by a similar majority.

Mr. SYME required that the numbers and names of the majority and minority, and of those who did not vote, should be taken down. *Majority*, 10—Dr. Alderson, Dr. Embleton, Dr. Storrar, Dr. Fleming, Mr. Syme, Dr. Thomson, Mr. Hargrave, Dr. Leet, Dr. Sharpey, Dr. Christison. *Minority*, 6—Mr. Arnott, Dr. Andrew Wood, Dr. A. Smith, Dr. Apjohn, Dr. Corrigan, Dr. Stokes. *Did not Vote*, 3—The President, Mr. Cooper, Dr. Quain.

Preliminary Education. Dr. STOKES moved, Mr. ARNOTT seconded, and it was agreed—

“That a Committee be appointed to consider and report as to what should be the subjects of general education, in which all students should be examined prior to the commencement of their professional studies; the Committee to consist of—Dr. Stokes (chairman), Mr. Arnott, Dr. Acland, Dr. Paget, Dr. Storrar, Dr. Thomson, Dr. Apjohn, Dr. Quain.”

MONDAY, APRIL 10TH.

G. BURROWS, M.D., President, in the Chair.

Medical Education. On the motion of Dr. ANDREW WOOD, seconded by Dr. FLEMING, the Council resolved itself into a Committee on Education; the President in the chair.

Returns from the Examining Bodies. A voluminous series of returns from the examining bodies was reported to have been received; and, after some discussion, it was moved by Dr. CORRIGAN, seconded by Dr. AQUILLA SMITH, and carried—

“That the several communications from the several licensing bodies on the question of education and examination be accepted as read, and printed on the minutes.”

Course of Professional Study. Dr. ANDREW WOOD moved—

“That a Committee be appointed to consider and report on what should be the minimum course of professional study through which all candidates should be required to pass before receiving any qualification entitling them to register.”

He said that the Council had never yet attempted to lay down a course of professional instruction. It was important to do so, not merely as regarded the special subjects, but as to the repetition of courses of lectures. The deficiency in a knowledge of operative surgery mentioned in the report of the Navy Medical Board, also shewed the necessity of taking such a step. He was very desirous that the Council should determine the minimum of lectures and hospital practice which should be required of every candidate for admission into the medical profession. It would not, he thought, be a difficult task.

Dr. EMBLETON seconded the motion.

Dr. CORRIGAN did not think the proposal likely to lead to any practical result; and that it would on every point involve discrepancy of opinion. To attempt to carry it out would be to try to place the licensing bodies on a bed of Procrustes. It would also be unfortunate to lay down a minimum of education; for students would then be satisfied with the lower qualifications in place of presenting themselves to the bodies which required a higher standard of education.

Mr. HARGRAVE said that if a minimum education were fixed, students would not be induced to pass the higher examinations. He entreated the Committee to remove the word “minimum.”

Mr. SYME, Mr. ARNOTT, and Mr. COOPER, also opposed the motion.

Dr. ANDREW WOOD said there was sufficient time to discuss the question if the Council were in earnest. If the Council declined to take the subject into consideration, of what use was it? The Council had been endeavouring to improve the *Register*; and it was also its duty to improve medical education. This was the intention of the Medical Act.

The motion was then put to the vote and lost; 15 voting against and 6 for it.

Dr. ANDREW WOOD required that the numbers and names of the majority and minority, and of those who did not vote, should be taken down. *Majority*, 15—Mr. Arnott, Mr. Cooper, Dr. Paget, Dr. Storrar, Mr. Syme, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Apjohn, Dr. Corrigan, Dr. Sharpey, Dr. Quain, Mr. Rumsey, Dr. Christison, Dr. Stokes. *Minority*, 6—Dr. Alderson, Dr. Acland, Dr. Embleton, Dr. Andrew Wood, Dr. Fleming, Dr. Parkes. *Did not Vote*, 2—The President, Dr. Leet.

Dr. CORRIGAN moved—

“That it seems impossible to lay down any scheme of education and examination comprising details which would be applicable to, or could be uniformly carried out by, all the licensing bodies enumerated in the Medical Act; and that this Council is of opinion that the Committee on Education, leaving all details to be carried out in such manner as may appear fit to them by the several licensing bodies, should confine itself, in considering the question of education, to the following points, viz.—

“1. Registration and adequate preliminary examination in Arts.

“2. The time to be interposed between the passing of the preliminary examination and the final examination.

“3. The mode of subdivision of the professional examination, the period of study at which each part of the examination shall be gone through, and the subjects to be comprised in each part.”

After an experience of five years, the impression on his mind was that the Council was not likely to come to any agreement as to the subjects of professional study. They had already found great difficulty in defining what was a medical school, or what courses of lectures should be required. It was impossible to lay down fixed rules as to lectures, etc. There were, however, matters which might well be considered. Efficient registration of students was a matter of primary importance. It was notorious that certificates for past years were given to students who had never attended the courses mentioned; and this would never be stopped until there was a system of registration of students. As to preliminary education, the necessity for care in regard to this was shown by the fact that the Navy Medical Board had rejected several candidates for utter ignorance of Latin. He would say that it was not right to assume always that the licensing body whose diploma the candidate presented was to blame in this respect; inasmuch as the preliminary examination passed at one Board was often recognised by the others. The regulations of the various bodies as to preliminary education varied greatly; for instance, the matriculation examination of the Queen's University was not, he thought, sufficient for students in medicine. The Council accepted certificates of preliminary examination from bodies of whose requirements they were ignorant; and they had no control over these. As to the third part of this resolution, he observed that the Council had only to fix a time between the entrance on professional study and the period of examination.

Dr. SHARPEY seconded the motion. He was op-

posed to all attempts to lay down a system which should be universally applicable. The Council should not do this, but should remedy deficiencies as they occurred. He would not say that Dr. Corrigan's motion comprehended every point that might be considered; but those which it mentioned were among the most important.

Dr. QUAIN called the attention of the Committee to the fact that a Report on Education had been partly discussed last year; and that at present they were making no advance. He moved as an amendment—

"That the Report of the Select Committee on Education of the last session be now proceeded with."

Mr. HARGRAVE seconded the amendment.

The amendment was carried, 10 voting for, and 9 against it; and, on being put as a substantive motion, was carried by a majority of 15 to 3.

Registration of Medical Students. Dr. A. SMITH proposed, Dr. FLEMING seconded, and it was resolved—

"That the Registration of Medical Students be placed under the charge of the Branch Registrars."

Dr. A. SMITH proposed, and Mr. HARGRAVE seconded—

"That every student be registered at the commencement of professional study, the date of such registration to be considered as the date of commencement of professional studies."

After a few remarks from Dr. CORRIGAN and Dr. FLEMING,

Mr. SYME said that annual registration was very important. It had been carried out in Edinburgh during the last forty-two years with great benefit. This registration should be enforced, and the system of certificates abandoned.

Dr. SHARPEY said that the object of registration was to ascertain that the student had passed the preliminary examination, and to ensure his attendance to medical study. He would not interfere with registration in subsequent years.

After some discussion as to whether registration should take place at or before the commencement of professional study,

Mr. SYME moved as an amendment, and Dr. SHARPEY seconded—

"That every medical student shall be registered at the commencement of his professional study, and not until he has passed the preliminary examination."

The amendment was carried; and, having been put as a substantive motion, was also carried.

Dr. AQUILLA SMITH proposed, and Dr. ALDERSON seconded—

"That each of the Branch Registrars shall open a Register of Medical Students from the 1st of April to the 15th of May, and from the 1st of October to the 1st of December, in each year, according to the subjoined form."

(The first column in the form was headed "Date of Registration"; the second, "Name"; the third, "Age last Birthday"; the fourth, "Preliminary Examination in Arts, and Date".)

After a discussion, the following amendment was proposed by Mr. RUMSEY, seconded by Mr. HARGRAVE, and carried—

"That, after the words 'medical students', the resolution read as follows: 'and that application for registration be made by every such student within fifteen days after the commencement of professional study; and that the table be adopted, with the addition of a column for place of study.' (The column of age is also omitted, in consequence of a discussion at a subsequent period of the meeting.)

Dr. AQUILLA SMITH moved, and Dr. APJOHN seconded—

"That every person desirous of being registered as a medical student shall apply (in writing) to the Branch Registrar of the division of the United Kingdom in which he is residing, according to a form to be had on application; and shall produce or forward to him a certificate of his having passed a preliminary examination in Arts recognised by the General Medical Council, and of his place of study; whereupon the said Branch Registrar shall enter his name and other particulars in the Students' Register, and the Registrar shall give him a certificate of such registration accordingly."

Dr. FLEMING moved as an amendment, and Mr. RUMSEY seconded—

"That after the words 'General Medical Council', the resolution read, 'and of his having entered on medical study.'"

The amendment was lost, 3 voting for, and 10 against it. The original motion was carried.

Dr. A. SMITH proposed, and Dr. CORRIGAN seconded, the following resolutions, which were carried.

"That each of the Branch Registrars shall supply to the several qualifying bodies, medical schools, and hospitals in that part of the United Kingdom of which he is Registrar, a sufficient number of blank forms of application for the registration of medical students."

"That a copy of the Register of Medical Students so prepared by the Branch Registrars be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, prepare and print an alphabetical list of all registered students, and supply a copy of such authorised list to each of the bodies enumerated in Schedule (A) to the Medical Act."

"That the several licensing bodies be requested not to admit to examination, after October 1869, any candidate for licence or degree whose name does not appear on the authorised list of medical students, or whose name is not already on the *Medical Register*."

"That the several Branch Councils shall have power to admit special exceptions to the foregoing regulations as to registration, for reasons which shall appear to them satisfactory."

Dr. ANDREW WOOD moved, Dr. FLEMING seconded, and it was resolved—

"That the Branch Councils be desired to take means to make these regulations known to the medical students at the various medical schools."

The Council resumed.

Committee on Returns from Licensing Bodies. Dr. EMBLETON moved, Dr. ANDREW WOOD seconded, and it was agreed—

"That the returns from the licensing bodies, in compliance with Recommendation 23 of the Committee on Education, and the Registers of Medical Students in England and Ireland, be referred to a Committee; the Committee to consist of—Dr. Embleton (chairman), Mr. Cooper, Dr. Thomson, Dr. Leet, Dr. Apjohn, Dr. Stokes."

On Tuesday and Wednesday, the Council was for the most part engaged, as a Committee on Education, in discussing the Report of the Select Committee of last year. On Wednesday, also, a long Report on the Amendments of the Medical Acts was brought up and read, for the purpose of being printed in the Minutes. We shall report the proceedings more fully in the next number.

THE AMERICAN NAVY. A bill is before Congress for the reorganisation of the medical department of the American navy. It gives increased rank and emolument to medical officers—a reform much needed.

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, APRIL 15TH, 1865.

THE QUALIFIED MAN.

A FEW weeks since, the Governors of the Winchester County Hospital proceeded to elect a gentleman to fill the then vacant post of House-Surgeon and Secretary. Four candidates presented themselves, and sent in their credentials. The contest, however, was limited to a close run between two local competitors. The event has given rise to some provincial discussion. We may, therefore, say a few words on the subject.

Aristotle, in speaking of friendship, says that the legislator appears to pay more attention to it than to justice, and that unanimity of opinion is the best defence against the cabals of faction. Now, we are by no means sure that the advantages of this Athenian virtue may not have been present to the minds of the Winchester governors when they weighed the merits of the respective candidates. The historical and local traditions of the old cathedral city are, no doubt, inseparably interwoven with the daily exercise of one of the commonest forms of friendship—namely, that of hospitality; and it may have appeared to the electors that the law of sympathy should necessarily form an important element in determining their choice of a fit person to fill the office of House-Surgeon and Secretary to their hospital. Nor does the fact, that this choice excluded the gentlemen who possessed the highest professional testimonials, at all either invalidate the soundness of the election, or place the unsuccessful candidate in a less commanding position.

There has lately been given in the JOURNAL an analysis of the sources from which the ranks of the Army Medical Staff are recruited; and two significant facts may be deduced from a careful examination of this analysis. First, we are compelled to acknowledge that, with all its elaborate machinery for ensuring a high style of professional education, the army fails to attract the best class of men. In the next place, we may fairly draw this inference from the consideration of the foregoing fact, that something more solid than a mere scientific training is looked for by the student himself in an age of refinement to compensate for the perils and penalties of a life of certain toil and uncertain reward. A

Medical Council, or an Army Board, may declare their system of education to have the sanction of the highest authority, and, therefore, to be the most beneficial and best adapted to the wants of human society; but there is not yet such a convenient ductility in the human mind, as to make us capable of being persuaded that men can possibly mean the ultimate good of mankind by curtailing the privileges of the agents who are to effect that good.

These difficulties, however, are always undergoing the process of "finding their level." The demand of the old-fashioned Governors of Winchester Hospital for something besides medals and certificates points to a state of things that is fast making its way into the centres of social life. They could not be induced to believe that there is a forge and manufactory for doctors separate and distinct from that original anvil on which the manners of all educated gentlemen are hammered out and softened. They could scarcely believe in the existence—certainly, not in the propriety—of an abstract science detached from the rest of the world of literature, and amusing itself with the puppet-show of a public institution. They had always considered it an axiom, that learning is a confederacy; and any interdict to the communion of science with the art of applying it they would have regarded as fatal to the success of science as a means of benefiting mankind.

Of one thing we may now be tolerably sure, that Medical Councils, Examining Boards, and Schools of Medicine, must revise their codes. The honours and distinctions that are awarded in our schools under competitive pressure are, no doubt, evidences of one description of proficiency, without which the most indefatigable labour would be barren of the highest kind of fruit; but this is not all that is wanted—the real utility, as well as the dignity, of every employment wholly depends upon the quantity and the kind of ability that may be exerted in it. The great qualities of the physician's mind, which are not merely enduring and passive, require force for their display—we had almost said, for their unequivocal existence. The art, therefore, of applying knowledge, which is the mainspring of all intellectual power, becomes a necessary ingredient in the curriculum of the medical school. It is on this account, also, that the science of speculative and practical reasoning, which, in combating disease, must take to its aid so many auxiliary branches of knowledge, stands high in the estimation of the wisest and best men. We have no desire to abridge the present methods by which medals and other prizes are given and obtained; but we desire to see greater credit bestowed on qualifications, in virtue of which the physician is hereafter to hold authority over the public mind.

Theoretically, the distinguished student who is decorated with his orders is best fitted for service; but, as a matter of everyday practice, as we have seen on

a late occasion, the candidate in possession of a more collective wisdom is judged to be "the right man in the right place."

THE ACTION OF THE LIVER ON FOOD, ETC.

WHAT is the function of the liver, is still an unanswered question. The researches of Bernard, Dr. Pavy, and others, have not yet told us the whole of the physiology of that organ, although they have told us very much of it. Bernard's theory of the glycogenic power of the organ is denied by Dr. Pavy; and Dr. Pavy's view is now supported by Dr. Robert McDonnell.*

That the liver secretes bile, all the world knows, and has long known; but what it does in addition to this, is what we have yet to learn, and want to know. Modern discovery seems to indicate that the mere secretion of bile is probably the least important part which the organ plays; or rather, we should say, that the secretion of the bile is only one part of its complex function; that, while it is secreting bile, it is also forming some other important materials—perchance some blood-constituents. Its power of making and storing up an amyloid (starchy) substance in the liver is certain, as Bernard showed; but Bernard, we are now told, erred in supposing that this glycogenic (amyloid) matter is converted into sugar, which passes into the hepatic veins, and is consumed in the lungs, producing heat. Dr. Pavy denies this, and has given very strong experimental facts to show that during life, and under natural conditions, the amyloid matter is never converted into sugar. And, in support of this view, it has been argued: Let those who assert that the amyloid matter is converted into sugar, and used up as a heat-producer in the respiratory process, tell us what becomes of the amyloid matter which is formed and used up in the tissues of the foetus before respiration begins. Dr. McDonnell agrees with Dr. Pavy that, during life and health, the liver does not convert its amyloid matter into sugar. He holds that its conversion into sugar during life is a deviation from the healthy process. What, then, becomes of this amyloid matter in the liver? Dr. McDonnell believes that the liver is

"A great blood-making organ, in which there is constantly going on a reconstruction of certain ingredients of the blood; that in it the fibrine, etc., which has done its work, is disintegrated; the hydrocarbons of the bile abstracted; and the nitrogen combined with amyloid substance, which, instead of being normally changed into sugar, emerges from the liver as a constituent principle of the protoplasma."

This is the theory which Dr. McDonnell discusses experimentally in his pamphlet. He first of all ex-

amines and corroborates Dr. Pavy's facts tending to show that the amyloid substance is not transformed into sugar during health and life. He then inquires into the physiological relations of the amyloid substance; and, lastly, into the characters, etc., of the blood which enters, and of the blood which leaves, the liver; and from his experiments deduces the conclusions above given.

One very important practical lesson is to be drawn from these physiological investigations. Bernard, Dr. Pavy, and Dr. McDonnell are all agreed in this, that amyloid substance may be formed in the body out of nitrogenous articles of food. Also it appears, if Dr. McDonnell's views be corroborated, that not only can this body of man convert albuminous, nitrogenous, food into starchy, carbonaceous, food, but that it can also, through the liver's aid, convert amylaceous matter into a nitrogenous base. Enough, at all events, is taught us by these valuable experiments; and it is this—that the fascinating theories of Liebig on food, which have now so long and still so firmly possess the minds of the public and the profession, require reconsideration. Look only at one single article of diet, so largely used in our hospitals: we mean beef-tea. Consider its enormous consumption, and, therefore, its immense cost; and then let us ask ourselves: Are we sure—have we any sound basis on which to rest the conclusion which we seem so unhesitatingly to have embraced—that in using beef to make beef-tea, and feeding the sick on it, we are acting wisely and economically—using all the nutrition in the beef, and giving the sick the best kind of food? We beg to suggest that, in the matter of this one article of diet, there are very fair reasons to believe that we are, in fact, yearly squandering away the funds of our hospitals; in other words, that we are wasting very large and very expensive quantities of food, and deluding ourselves as to the food—we mean really nutritive matter—which we give our patients. If, for example, a pound of beef, free from bone and fat, is to be converted into a pint of beef-tea (which, if boiled down, would not contain, perhaps, more than half an ounce of solid matter), is it not reasonable to suggest that the greater part of the *meat* is absolutely wasted? Are we really to believe that all the solid materials—the *bouilli*—left after the manufacture of the soup, is useless as food? More than this: Are we sure that this beef-tea is really the best and most agreeable nutriment which we can give to the sick stomach? We sincerely trust that some of our large hospitals, where the consumption of beef-tea is very large, and where it must figure as a very serious item of expenditure, will seriously take this question into consideration. We verily believe that, in this matter, the professional and the public mind is labouring under the charm and delusion in which they have been caught by one of Liebig's fascinating formulæ. We will venture to

* *Observations on the Functions of the Liver, etc.* By Dr. Robert McDonnell, Surgeon to Jervis Street Hospital, etc., Dublin.

say that it has never yet been *proved* that the beef-tea à la *Liebig*, or any other way manufactured, really does possess those highly nutritive qualities usually ascribed to it. And we may add, that the way of using meat now so extensively employed by physicians in St. Petersburg, and especially for sick children, is well worthy the general attention of the profession: we mean, as raw meat chopped up very fine, and made into a savoury mass. Trousseau and other Paris physicians employ and speak in very high terms of meat thus administered.

THE session of the Medical Council is again a rather long one. Saturday is the earliest day at which it is expected that the business will be completed. Our report of the proceedings in this day's JOURNAL commences with some reports from the Directors-General of the Army and Navy Medical Departments, to an analysis of which we may probably have to return next week. The Amendments of the Medical Acts are, at the time when we write, under the consideration of a Committee. The Council has, after years of consideration and inaction on the subject, at last resolved to organise a system of supervision of the examinations held by the different licensing boards. On Saturday, the greater part of the time of the meeting was occupied by a debate on the old question—the privilege of the Irish Apothecaries; and the result of three hours' talk was, to leave the matter precisely where it was. During the present week, the Council has been chiefly occupied in discussing the report of the Select Committee on Medical Education, which was brought up and partly considered last year.

DR. WATSON, in thanking the Royal College of Physicians for again electing him President, said that he bowed to the honour expressed by the College, but still would have been grateful had another been elected in his place, from feelings of misgiving as to his ability to fully discharge the duties of office. Now, for the fourth time, he had had conferred on him the highest professional honour. Hitherto, the courtesy and kindness of the Fellows had made the duties of office both easy and pleasant; and he doubted not that he should still enjoy the same assistance. There were but few events which required comment. Government had applied to us for advice, etc., and their questions we have answered. Our doors have been opened to public bodies; and at this moment the Medical Council is enjoying our hospitality. Good and able lectures have already been given, and extra ones are announced for this year. The College has secured a lease of its premises for 999 years. The Harveian Oration will in future be given in English—a thing

to be glad of; for it will thereby become more attractive and intelligible to the profession at large, and yield more of credit to those who deliver it. Latin composition, from whatever cause, is a less common accomplishment than it was formerly. The Treasurer will give us a tolerably satisfactory balance-sheet; but much money has been spent on improvements in the College. The number of Fellows is now precisely what it was last year: five have been added to the list, and five have died. The Fellows who have died are Dr. Wood, Dr. J. Bird, Dr. Kirkes, Dr. Duke, and Dr. Turner. Dr. Turner was the oldest Fellow in the College; he was 93 years of age, and being blind had of late years lived in great seclusion. He delivered the Harveian Oration in the old College. He was once the Treasurer; and also Physician to St. Bartholomew's Hospital. He was in his time a very sociable and popular gentleman; he left no literary remains. Dr. Kirkes was esteemed and beloved by all who knew him. He was cut off in his prime, at a moment when the highest position in his profession was opened before him. He deserved all he had obtained in reputation. He was modest and gentle; and was distinguished for his goodness and his blameless and pious life; and his memory will be cherished by all who knew him.

THE Report of the Committee appointed by the College of Physicians to inquire into the condition of the army and navy medical officers was on Monday last read to the College. After some slight discussion, it was resolved that the Report should be printed and circulated amongst the Fellows of the College, and considered at the next meeting of the College, on the 21st inst.

MR. ROPER, Secretary to the South Western Branch of the Association, was on the 9th instant, elected Surgeon to the Devon and Exeter Hospital, in place of the late lamented Mr. W. W. James.

DR. GREAM opposes the views of Dr. Marion Sims respecting the enlarging of the os uteri by incision. Dr. Sims, says Dr. Gream, "repudiates dilatation as dangerous in all its aspects, and declares that division of the cervix is as safe as dilatation is hazardous." Dr. Gream adds, that he has been repeatedly consulted by women who had had the os uteri divided for sterility; and never, except in one single instance, has he known a case in which pregnancy followed; and in this case the woman aborted, because the artificial opening was so great as to prevent the womb retaining its contents. He could also, he says, relate of cellulitis, pelvic abscess, etc., following incision of the cervix. Dr. Gream considers the only proper treatment is slow and carefully managed dilatation, in properly selected cases.

YOKOHAMA IN 1864.

BY A MEDICAL OFFICER OF THE ROYAL NAVY.

NO. I.

I suppose that the present state of affairs in Japan is creating some interest at home, in spite of its remoteness, in spite of the very small number of people who know anything or care anything about the country. Acting on this supposition, I propose to give you some account of Yokohama, the chief foreign settlement in Dai Nippon, or Great Japan, as the natives proudly term it. And I shall endeavour to tell a true tale, trying to steer clear of the fairy-like romance in which some writers have clothed their descriptions, and equally so of the somewhat uncharitable trueness which others have displayed.

Yokohama is situate on the western shore of the Gulf of Yedo, and occupies one side of a bay or bight on the other shore of which is Kanayawa. Hence, probably, its name "yoko", meaning across, and "hama", a strand. The town is situate on a triangular alluvial flat, bounded on the base by the sea and on each side by low wooded ranges, which converge to a point distant from four to six miles from the shore. Viewed from the harbour, the appearance of the town is mean; no buildings of any pretension existing, and the majority of the houses being low and without ornament. A canal connected with the sea separates the concession and the Japanese quarter from the paddy swamps and flat lands behind. And a capitally constructed bund, with two commodious *katoba*, or piers, defend the frontage of the settlement from the encroachment of the sea, which often rages with considerable force when the wind blows into the harbour. The harbour itself is extensive, easy to enter, and tolerably free from shoals or rocks. It is, however, exposed, and the wind and sea are often so high that no embarking or disembarking of cargo can be effected.

On each side of the above-mentioned alluvial, the scenery is very beautiful. Irregular precipitous cliffs of argillaceous sandstone, thickly wooded on their summits to the very edge, offer an imposing barrier to the violence of the sea. In many places, the alternating strata of gravel, of shell *d'bris*, and vegetable mould, show the successive upheavals and sinkings so common in volcanic districts. Looking inland, the country appears to consist of irregular wooded ranges, with deep intervening glens, backed up by a line of mountains, averaging (I should think) from 4000 to 5000 feet, above which towers in solitary grandeur Fusi Yama, a mountain of the true volcanic shape, now (December) almost entirely covered with snow. Generally, even throughout the summer, the snow does not entirely disappear, though sometimes it remains visible only in crevices and sun-sheltered spots. Fusi Yama, or Fuji San, as the Japanese generally call it, is said to have a height of 12,000 feet.*

Of the foreign quarter, or Honmoora, nearly all, if not quite all, is taken up, and the greater portion already built upon. The Japanese quarter, which is more extensive, occupies the north. As to the population, I have no data; but I should estimate the foreigners (exclusive of officials and soldiers or sailors) at 200 or 300, two-thirds of whom, at least, are

English. The Japanese may number, taking in the suburbs, 8000 or 10,000, or even more; but this is a mere guess.

In the foreign quarter, as in the Japanese, the streets are neither paved nor lighted, and in wet weather are almost impassable. The foreign streets are wide, and have most of them open drains, constructed by the Japanese government. The houses are detached, built with verandahs, and roofed in the Japanese fashion, the "arêtes" being formed of white or chequered tiles. Some are built of stone, or at least faced with it; but many are entirely of wood, lath, and mud. The wooden houses are exceedingly strong, and resist earthquake shocks much better than those of stone; but have the disadvantage of being very liable to conflagration. They are distinguished by numbers, according to nationality—thus, "Oran no in Ban", or "Holland No. 2"; "Ingirisy H'yak' Ban", or "English No. 100".

On the south side, Honmoora is bounded by the canal, which is crossed by several wooden bridges, giving access to a straggling village on the opposite side, behind which is the cemetery. At the remote end of each bridge, Japanese guard-houses are placed, and indeed at every entrance into the town. The guards are supposed to prevent Ronin and other bad characters from entering the settlement. From the Japanese quarter, Honmoora is separated, at sunset or at dusk, by closed gates; only a small wicket, guarded by Yakunins, being left open for necessary passage. After dark, foreigners are not allowed to enter native dwellings, places of amusement of course excepted, as this is against Japanese "custom".

In the native quarter, the streets are dirty and narrow, with one or two exceptions. In the lower portions, next the swamp, they are especially so, and are infested by a thousand unpleasant smells. Here, too, small-pox, fevers, and cholera, sometimes commit fearful ravages. The sewerage, or refuse, is got rid of after the Chinese method, and is distributed on the lands around the town, the sudden perception of which fact often diminishes considerably one's rapture at the natural beauties of the neighbourhood.

The houses are nearly all of them of wood blackened on the exterior, and generally of one story only, except in the case of well-to-do merchants or the higher officials. The back and front are generally quite open, or closed by wooden screens, or by wooden frames with panes of paper in lieu of glass. In the front room the inhabitants live, eat, and sleep, while a small chamber behind serves as scullery, etc. The floor is raised a foot or two above the ground, and is always covered with a thick, very evenly plaited or woven straw-matting, laid down in strips of about a yard wide, and often having the edges bound with black cotton cloth, so as to give a very pretty relief to the somewhat bare apartment.

A kind of wooden trough, or metal vessel, half filled with gravel and a peculiar grey sand, contains a small charcoal burner, round which the family may be generally seen, working, eating, drinking little cups of tea, or smoking a very finely cut and fragrant tobacco, in small-bowled, long-stemmed pipes. Smoking is commonly practised by all, even by young girls, and all appear to take great pleasure in it, puffing it slowly through the nostrils with evident satisfaction. The introduction of opium is forbidden; and one meets none of the lamentable victims of over-indulgence in that drug so commonly seen in China.

There is but little furniture; nothing but a few cupboards or shelves, and perhaps a few mats, on which they sit, or rather squat, the calf being bent up against the back of the thigh, a most uncomfortable position for those who are not accustomed to it.

* Fuji San means "unequalled" or "peerless" mountain. Yama and San both mean mountain; the former being the indigenous Japanese word; while the other, the more commonly used in this instance, is a Chinese importation.

In every house, too, there is sure to be fixed up in some corner a kind of cage- or box-like structure containing an image or picture of some god, with a number of small joss-sticks burning slowly away in front of it, and a number of little cups and trays containing sweetmeats, bits of fish, or little heaps of rice, all of which is supposed to propitiate the deity. Generally, too, a number of strips of paper, with moral sentences extracted from the sacred books written on them, are to be seen hanging in front of the miniature temple. The image is generally a fat looking man, with his face distended by a broad grin, heavily gilt and rudely ornamented. When they pray to these, their Lares and Penates, they commence by several low reverences, and then, earnestly rubbing their hands together, rapidly mutter a short invocation or prayer. Sometimes, on certain festival days, the little temple is ornamented with flowers, real or artificial, and has an extra allowance of joss-sticks. Altogether, it much resembles what one sees in China; but there is an absence of the tawdriness, tinsel, and dirt, so essentially Chinese.

The principal streets are the Honcho and the Benten Dosi. In the latter, reside most of the silk merchants; in the former, are the lacquer, porcelain, and *curio* shops. There are many temptations to spend money; the articles exposed for sale being novel in form and design, and withal elegant and tasteful—beautifully lacquered cabinets, glove-boxes, *et hoc genus omne*, with corner clamps and lock-plates of silver or bronze, more or less elaborately carved. Instead of metal, porcelain plates, embellished with various designs, groups of flowers, natural objects, etc., are often used; and sometimes, again, the whole surface of the cabinet is covered with these. I need not here describe the exquisite ornamentation of these objects; but I must give a passing word of praise to the fidelity with which natural objects are portrayed.

The antique lacquer is of high value, and much more rare than the modern. I have seen specimens for which 1200 dollars were asked. The price of a good cabinet of the ordinary kind varies from 30 to 300 *ichibos**; but the shopkeepers invariably ask you nearly double the price which, if you exercise a little patience, they will eventually take.

The articles of bronze are of graceful form, and are very elaborately ornamented. Here, again, antiquity greatly enhances the value. Vases, of all kinds and sizes, variously embellished with designs of animals, flowers, gods, etc., curiously shaped monsters, trays of all sorts, charcoal-holders, candlesticks, are the objects generally met with. A curious kind of cylindrical vase, of tolerable thickness, is used as a gong, giving, when struck, a loud, prolonged, and very harmonious tone. Some bronzes are curiously inlaid with gold or silver, chiefly in very thin meandering lines.

Tortoise-shell is worked into a variety of forms; small vases, cups, boxes, and trays. Some of these latter are from ten to twenty-six inches in diameter, and all are more or less decorated with gold lacquer in relief.

Ivory is used also, and images, carvings, small cabinets, etc., are made of it. The cabinets are very pretty; and generally have represented on them some popular tale in a series of relief carving. The very delicate carving of the Chinese is not, however, to be found in Japan.

Their porcelain is, also, of excellent quality; but, I think, inferior in design to the Chinese. A peculiar variety, called egg-shell porcelain, is, however,

superior to anything I have seen in China, and the best examples of this are to be procured at Nagasaki.

In buying articles of lacquer, porcelain, or ivory, one has to be very careful in examining the designs; or purchases are made, embellished in so objectionable a manner—to English eyes, at least—that they can never be exhibited at home.

I do not intend to give any account of the silk stuffs, as they are inferior to Shanghai silks, and are, moreover, fully described in most works on Japan. There are innumerable other *curios*, which I have only space to enumerate: prettily worked chains and cigar-cases of strips of bamboo or silken cord; hair ornaments of tortoise-shell or metal; crystal balls, sometimes of very large size, and much prized by the Japanese, who consider them safeguards against evil or bad luck; cigar-cases or tobacco-pouches, of strong paper, beautifully ornamented; Japanese pipes of bronze or silver, and ornamented by animals, flowers, etc., in high relief; inimitable tops that spin for forty minutes, and are very much superior to anything I have ever seen of the sort in Europe; various musical instruments, the most common resembling a banjo; charms of all kinds, in silver or bronze, often minutely inlaid and engraved, and many other *curios*, some of a very obscene nature.

I will now ask the reader to accompany me in a walk through the best part of the Japanese town. Landing at a solidly constructed "hatoba", or pier, passing by the place where boats are hired at the rate of four *tempos* each boat, passing by the "Unjyosho", or Custom House, a large square of buildings of blackened wood, let us get at once into the Benten Dosi, the principal business street. And, first, we must pass through a kind of market, through a crowd of vendors and buyers of fruit, fish, etc., and of keepers of small booths, where native stomachs are supplied with bits of fried eel, of boiled "tako", or cuttle-fish (esteemed a great delicacy), with indescribable cakes of half-baked dough filled with some nameless compound, with small bowls of "meshi", or boiled rice, and tiny cups of "ochya", or tea. The people turn for an instant to look at the "too jin san", or "far away people"; some grinning pleasantly enough, some inviting you to inspect their wares, some saluting you courteously with their usual morning salutation, "O hayoo" (meaning, "You are early, sir"), which sounds marvellously like "How are you?"; perhaps, a few boys, or an idle coolie running after you with his bamboo and net, hoping to gain a few *tempos* by carrying home your purchases. Entering the Benten Dosi through the Yakunin guarded gate, we mingle with the busy crowd of people in this the Fleet Street of Yokohama. We may be lucky enough to see the O Bungioo Sama,* or Governor, pass by; and we shall be warned of his approach by the cries of his forerunners, "Sh'ta ni iro; sh'ta ni iro"—"Down with you; down with you". At which, the people bow themselves to the earth while the great Kami goes by in his chair, preceded, surrounded, and followed by an irregular array of two-sworded men, bearers of halberds, and long poles armed at the extremity with re-curved hooks, and probably one or two standard- or device-bearers. The great man himself will be dressed much as a common Yakunin, unless he be on some state service or visit.

The two-sworded men are very numerous, some making purchases, some sauntering lazily along, many of them Custom House clerks going to or returning from their duties. Those in green capes are,

* The *ichibo* has a fluctuating value of 238-250 for 100 dollars; and dollars again vary in value from 4s. 9½d. to 5s. 1d.

* Sama, sometimes contracted into San, is a title of honour. It is placed after the name which is often preceded by O: thus, "O Hana San", or Miss Hana; "O Jones San", or Mr. Jones.

I believe, retainers of the Taikun. All seem to carry a "mon", or device, worked upon their outermost robe, on the back and on each sleeve. As a rule, they are very civil and readily make way for you.

If two acquaintances meet, their politeness is overpowering—an endless series of profound bows, accompanied with courteous expressions in a curiously modulated tone of voice, and ushered in generally by a peculiar, long, noisy indrawing of the breath, which appears to be indispensable. Even the commonest coolies are exceedingly courteous; and it is often amusing to watch the profound reverences exchanged between a couple of fellows, either next door to naked, or having a scanty clothing reduced to such an extremity of rags and patches that to make out the original fabric would be an impossibility.

Many of the lower orders are dressed in firemen's costume, having on their backs and sleeves a curious rectangular pattern.

The "akindo", or merchants, are quiet, shrewd-looking men, plainly dressed, and carrying no sword. Their business is not carried on altogether without risk, as the news just received from Yedo, that some dozen of the silk merchants there have been murdered by Ronins, will teach us.

Business appears brisk. Bales of cotton and silk, chests of tea, etc., are being conveyed in carts drawn by two men in front, aided by two men or more behind, all of them encouraging each other by a kind of vociferous song. Coolies are trotting about with heavy loads slung on bamboos. Itinerant pedlars are exhibiting their wares. Conjurers are endeavouring to gather an audience by a semblance of performing wonderful tricks which they are always on the point of doing and never do. Of course, there is the usual beggar, generally a woman, with a small diseased child, the blind man with stick and dog, with the addition here of a shrill whistle, and the never failing musician executing dolorous airs on a melancholy "samushen", from which all harmony has long since departed. The clerical profession is represented by the various grades of Bōz San, or priests of Buddha or Sintoo. The lower orders of priests dress much like the laity; but their heads are always completely shaven. Those of higher rank, who are not often seen in Yokohama, wear a costume not very unlike the vestments of a Roman Catholic priest. They are, I believe, very much respected by the people; though the inferior ones would not seem to be so, as it is an usual thing that Yakunin or other persons who have in any way offended the laws of Japan are permitted to escape punishment by becoming priests—so, at least, many Japanese have informed me. I should imagine it to be a leap from the frying-pan into the fire; for the clergy are very poor, are vowed to celibacy, and are strict vegetarians, not even eggs or fish being allowed them, and their life must be one of very few pleasures indeed.

Further down the street is a bath-house; and it is to be noticed that there are two entrances, with inscriptions over them denoting that one is for women and one for men. On entering, however, it is seen that there is only one room divided by a low partition. Both parts are attended by male servants, who bring hot water and towels, and even assist in the washing process itself. Though the whole is open to the street, the interior is so dark that nothing can be perceived scarcely, unless one approaches for the purpose. I never saw a Japanese take any such notice. Europeans only are seen sometimes lounging at the entrance. I never saw the men bathers at all mingle with the women, though, undoubtedly, they might do so; and, in answer to many inquiries of

mine, the natives have said that scarcely any one would think of doing so.

And, in Yokohama at least, all the baths appear to be conducted on the same plan. I am here merely stating what I have seen; and do not at all mean to deny the oft-asserted fact of the very immoral tendency of Japanese civilisation. For evidence of this is abundant in the loose conversation of both men and women, in the articles and books exposed publicly for sale, and in their ornamental designs even on such high-priced articles as to be only within the reach of the well-to-do.

Yokohama is at present very lively. The harbour is full of ships, English, French, American, Prussian, and Dutch; and the streets ashore are crowded by blue jackets and naval and military officers of all nationalities. Nor is there a deficiency of amusements. The fleet gives, from time to time, theatrical entertainments, of more than commonly high amateur excellence, both aboard and ashore; we have had instrumentals, singers, and conjurers, from Shanghai; there is a capital United Service Club; and there are frequent military displays, marches on the Takaido, etc., with bands playing—a healthful exercise for the men, and a pleasant sense-of-security-giving sight for the residents.

During the present cold weather, there is football every afternoon on the bluff, well attended by residents and officers; and for those who are not active enough for such rough sport, there are beautiful walks and rides in nearly every direction, pleasures which may now safely be indulged in, as an European patrol visits all the principal roads within a circuit of four miles of Yokohama. A great deprivation, however, is the not being permitted to shoot, a restriction very bitterly felt, and the more so because game of all kinds—pheasants, wood-pigeons, teal, snipe, wild ducks, etc.—is exceedingly abundant. The native population appears to be very well affected towards us. Capital domestics are obtained at from ten to fifteen thyibos a month; and are always very glad to come and very sorry to be sent away. If you take a walk into the country, the "hyaksho", or farmers, are always very civil and good-natured, and like nothing better than to be allowed to inspect your clothes, watch, buttons, etc.; a process which they accompany by an animated dialogue, always asking the price, and signifying their admiration by exclamations of "Naru hodo", an untranslatable expression, answering perhaps to our "Is it possible?"—a much more harmonious word than the Chinaman's "Hai yah".

The Yakunins,* too, are invariably polite; though sometimes at night they may become abusive when inflamed with "sake".† Probably, they are all picked men with strong reasons for behaving themselves. Around Yokohama, and at all the entrances, are guard-houses, where all comers have to produce admission-papers. These guards, however, do as much harm as good, because they act as restrictions upon commerce. In the vicinity of Yokohama, however, and especially in the direction of Yedo, there is always a chance of meeting some drunken Yakunin or some wandering Ronin,‡ as unhappily exemplified in the recent murders of Major Baldwin and Lieutenant

* Yakunin (literally office people) government employees, whether in a military or civil capacity, or whether in the service of the Taikun, or of any local Daimio. They have the privilege of wearing two swords, but are not by any means of noble birth. Any of Chōo-nin (literally street people), or common people, may enter government service, and so become a Yakunin.

† Sake, a species of spirit made from rice, not very strong, and always taken warm.

‡ Ronin. According to Japanese accounts, these are men who have been outlawed; or, from reason, have been obliged to quit the service of their Daimios. The meaning of the word appears to be "worn out" or "useless".

Bird. Such accidents, however, might be always averted, or nearly always, if people would but have the caution of not walking or riding out far (and especially towards Yedo), excepting in parties of at least three, all armed with revolvers. Attacks of this kind have, in nearly every case, been made upon defenceless persons.

EDINBURGH UNIVERSITY CLUB.

THE success of this union of the graduates and members of the University of Edinburgh is very remarkable. Already the Club, not yet one year old, numbers two hundred; and, before the year is out, we may be sure it will reach to at least three hundred. On Saturday last, the Club had a most successful reunion at Willis's Rooms. Between sixty and seventy members of the University sat down to a dinner, where haggis and whisky were not forgotten. Dr. Christison presided, and was flanked and supported by Dr. Roget, Dr. Copland, Mr. Syme, Dr. Andrew Wood, and numerous eminent representatives of the army and navy medical services, as well as of civil practice. Dr. Christison and Mr. Syme received from their former pupils an ovation which could not fail to have been deeply gratifying to them. As was remarked by one of those present on the occasion, nothing is more characteristic of the teaching of the professors of the Edinburgh University than this, that the students leave the University not only imbued with respect and admiration for their teachers, but also with feelings of deep and lasting friendship towards them.

CHEMISTS AND DRUGGISTS BILLS. The select committee on the Chemists and Druggists Bills is composed of the following members:—Sir Fitzroy Kelly, Sir J. Shelley, Lord Elcho, Mr. Baring, Dr. Brady, Mr. H. Russell, Mr. C. Wynn, Mr. Ayrton, Mr. Selater-Booth, Mr. Cox, Mr. Schneider, Sir J. Ferguson, Mr. C. Forster, Mr. Roebuck, and Mr. Black.

A COUNTRY HOSPITAL AND SISTERHOOD NURSES. The committee of the General Hospital in Bristol have almost surpassed their neighbours in Gloucester in prejudice and intolerance. As the nursing of that hospital was acknowledged to be defective, and as an amendment ought always to follow upon admission of evil, an effort was made to introduce the system of nursing which has for several years been carried on successfully in University and King's College Hospitals, and recently in that at Charing Cross. It was proposed that a sisterhood should undertake the nursing of the Bristol General Hospital upon a system similar to that which was found to succeed so admirably, and although the highest and most reliable testimony was given to the practical advantages which had followed the adoption of this system in those hospitals, while the obvious and serious disadvantages perpetually arising from the deficiencies of their own, were avowedly experienced and openly regretted, the people of Bristol, or at any rate their representatives on the Hospital Committee, have set aside this proposition, and have declined to give it a trial, out of a servile deference to the clamour of senseless bigotry. In other words, they have sacrificed the true interests of a great public institution to prejudice. (*The Church Times.*)

Association Intelligence.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting will be held at Dartford, on Friday, April 28th, at 3.50 P.M.

Dinner at 5.

Flaxman Spurrell, Esq., will preside.

Further particulars will be given next week.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, April 12th, 1865.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, April 10th, 1865,

Watson, Thomas, M.D.Cantab., D.C.L.Oxon., was unanimously re-elected President of the College for the ensuing year.

At the same meeting, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Brodie, George Bernard, M.D.St.Andrews, 10, Bolton Row
Gee, Samuel Jones, M.B.Lond., 46, Queen Anne Street
Shore, Offley Bohun, M.D.Edin., Stamford
Thurgar, Benjamin Bingay, M.D.Edin., 35, York Street, Portman Square
Warter, John Southey, M.D.Edin., 23, Frederick Street, Gray's Inn Road

At the same meeting, the following gentlemen were reported by the examiners to have passed the first part of the Professional Examination for the Licence of the College:—

Davies, Nathaniel E., St. Bartholomew's Hospital
Harwood, Alfred, Guy's Hospital
Hallett, Lyttelton, St. Bartholomew's Hospital
Jackson, Mowbray, St. Bartholomew's Hospital
King, Osmer, Guy's Hospital
Leverton, Edward James, St. Bartholomew's Hospital
Mules, Philip Henry, St. George's Hospital
Nettleship, Edward, King's College
Orme, Campbell, St. Bartholomew's Hospital
Reid, Lestock Holland, St. Bartholomew's Hospital
Richards, William Alespt, King's College
Tattersall, William James, St. Bartholomew's Hospital
Tibbits, Herbert, St. Bartholomew's Hospital
Tindale, Wentworth Raynes, St. George's Hospital
Truman, Samuel John, Guy's Hospital
Unton, Herbert Chrippes, St. Bartholomew's Hospital
Wright, Matthew Hall, Birmingham

ROYAL COLLEGE OF SURGEONS OF ENGLAND. At the meeting of the Council, on April 5th, the following were admitted Fellows of the College.

Griffith, William, Oswestry
Snape, Richard Forth, Bolton-le-Moors

APOTHECARIES' HALL. On March 30th, 1865, the following Licentiates were admitted:—

Brewer, Charles Claridge, City Road
Burrell, Edwin, Westley, Bury St. Edmunds
Sturton, Hubert Wilson South, Trafalgar Road, Greenwich
Williams, John, University College

As an Assistant:—

Lloyd, John, George Street, Cardiff

Admitted on April 6th—

Busby, Ralph Alexander, Royal Free Hospital
Douglas, George Cox, Grantham, Lincolnshire
Evans, Edward Charles, Cardiff, South Wales
Harris, Charles James, King William Street, Charing Cross
Herbert, Henry Edward, Charing Cross Hospital
Morgan, Lewis Wayne, The Hafod, Pontypridd, Glamorganshire
Ruffe, Frederick, Tamworth
Stuckey, John, Langport, Somersetshire
Wright, Charles James, East Parade, Leeds

At the same Court, the following passed the first examination:—

Coalbank, Isaac, St. Bartholomew's Hospital
Cuddeford, Thomas, St. Bartholomew's Hospital
Finch, John E. M., St. Bartholomew's Hospital
Fisher, Frederic Richard, St. George's Hospital
Hay, Thomas Bell, University College Hospital
Sherwin, John, King's College Hospital
Tattersall, William James, St. Bartholomew's Hospital
Upton, Herbert Chrippes, St. Bartholomew's Hospital
Wright, Matthew Hall, Sydenham College, Birmingham

APPOINTMENTS.

ARMY.

BOURKE, Assistant-Surgeon G. T., 51st Foot, to be Staff-Assistant-Surgeon, *vice* R. W. Lawless.
BURNSIDE, Staff-Assistant-Surgeon G. S., to be Assistant-Surgeon 51st Foot, *vice* G. S. Bourke.
KERANS, Assistant-Surgeon W. R., Supernumerary in 19th Foot, to be Assistant-Surgeon 11th Foot.
LAWLESS, Staff-Assistant-Surgeon R. W., to be Assistant-Surgeon 23rd Foot, *vice* F. A. Turton.
MULLINS, Staff-Surgeon-Major J., to be Surgeon 2nd Dragoons, *vice* Surgeon-Major A. P. Lockwood.
SWAN, Surgeon W. G., M.D., 19th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.
TERTON, Assistant-Surgeon F. A., 23rd Foot, to be Assistant-Surgeon Royal Artillery, *vice* R. White.

ROYAL NAVY.

BERNARD, Robert, Esq., Staff-Surgeon, to the *President*.
BLAKE, Frederick W., M.D., Surgeon, to the *Narcissus*.
BOLTON, Abraham J., Esq., Assistant-Surgeon, to the *Frederick William*.
DOBYN, John S., Esq., Assistant-Surgeon, to the *Narcissus*.
GRANT, William, M.D., Acting Assistant-Surgeon, to the *Mutine*.
HAMBURY, Ingham, Esq., Assistant-Surgeon (addit.), to the *Sutlej*.
HILSTON, Duncan, M.D., Assistant-Surgeon, to the *Victory*.
MARTIN, James, M.D., Surgeon, to the *Mutine*.
MARTIN, J. H., Esq., Acting Assistant-Surgeon, to the *Narcissus*.
WATSON, Alexander, M.D., to be Surgeon-Superintendent of the Racehorse convict-ship.

VOLUNTEERS. (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

BENNETT, G. H., Esq., to be Surgeon 1st Northumberland A.V. Years.
DAVIS, A. A., Esq., to be Surgeon 1st Administrative Brigade Cornwall A.V.
LITTLETON, W., Esq., to be Honorary Assistant-Surgeon 22nd Cornwall R.V.
SHIPMAN, R., Esq., to be Assistant-Surgeon 3rd Lincolnshire R.V.

DEATH.

MACKENZIE, Frederick W., M.D., at 11, Chester Place, Hyde Park Square, aged 48, on April 3.

A NEW HOSPITAL. The erection of a small hospital at Petworth is in contemplation.

MR. HESTER has resigned the surgeoncy of the Oxford Infirmary.

DR. COBBOLD has been engaged by the College of Surgeons to remodel the collection of entozoa in the museum.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. The seventy-seventh anniversary dinner of this Society will be held at the Albion Tavern, in Aldersgate Street, E.C., on Wednesday, the 26th inst., at half-past six o'clock; Martin Ware, Esq., President, in the Chair.

THE RUSSIAN EPIDEMIC. The Medical Department of the Council have already despatched Dr. Whitley to St. Petersburg, and Dr. Sanderson to Dantsic and Elbing, to report upon the alarming epidemic. Dr. Thudichum will proceed to another chief seat of the disease. (*Observer*.)

CONSANGUINEOUS MARRIAGES. The general feeling of the people, as communicated to me, is distinctly against consanguineous marriages, which they regard as "bad for the offspring." One shrewd old woman, however, added this important remark,— "But I'll tell ye what, Doctor, bairns that's hungert i' their youth aye gang wrang. That's faur waur nor sib marriages." (*Dr. Mitchell*.)

ROYAL NAVY. The sum of £64,800 has been voted for medical stores.

A VILLAGE HOSPITAL is being built at Capel, Surrey, at the expense of a benevolent lady.

PRIZES OF THE ROYAL COLLEGE OF SURGEONS. At a meeting of the Council on the 6th inst., a Jacksonian Prize was awarded to Mr. William Adams, F.R.C.S., of Henrietta Street, Cavendish Square, Surgeon to the Royal Orthopaedic Hospital, for the best essay on Club-Foot, its Causes, Pathology, and Treatment; and a special *honorarium* was also awarded to Mr. John Crown Agnis, F.R.C.S., Surgeon to the Royal Horse Guards, as the author of the next best essay on the same subject. The other Jacksonian Prize was awarded to Mr. Thomas Annandale, formerly of Newcastle-on-Tyne, but now of Edinburgh, for his essay on the Malformations, Diseases, and Injuries of the Fingers and Toes, with their Surgical Treatment. There were no competitors for the Collegial Triennial Prize on the Structural Anatomy and Physiology of the Lymphatic Glands and Vessels; nor for the other Jacksonian Prize, on the Diseases of the Ankle-joint, and of the Joints and Bones of the Tarsus, requiring Surgical Treatment.

TESTIMONIAL TO DR. COOKWORTHY. A very handsome library chair has been presented to Dr. Cookworthy by some of the patients of the Plymouth Public Dispensary, as a mark of their estimate of his kind attention, during more than half a century, to the afflicted poor of that town. At the head of the chair, amid carved oak-leaves, is placed a silver-gilt shield bearing the following inscription:—"Presented to Dr. Cookworthy by the patients of the Plymouth Public Dispensary, as a token of gratitude for the valuable services rendered for a period of fifty years. February 7th, 1865." In the year 1848, the governors of the dispensary commemorated the fiftieth anniversary of the institution, by placing Dr. Cookworthy's portrait in the physician's room, and by giving him a valuable tea service; and again on his retirement, after fifty years' tenure of office, presented him with an elegant and costly table centre-piece.

THE PRITCHARD CASE. From all we can learn amid the close secrecy preserved it would appear that the quantitative analysis in the case of Mrs. Pritchard is nearly, if not quite, completed, with the result, we hear, of showing that exceptionally large quantities of tartar emetic or tartarised antimony were lodged in the tissues, especially of the stomach. The extent to which the body appears saturated with the drug would seem to indicate that its administration had extended over a long period. In explanation of the erroneous rumour regarding the deceased lady, to the effect that she was in the habit of using wine, we may mention that it may not impossibly be shown that during her fatal illness, the delirium of an apparent fever was induced by the administration of sparkling wines and anaesthetics. At the first there would appear to have been, among scientific men, a suspicion that monkshood had been an agent in the death of Mrs. Pritchard; but it is understood that this suspicion has not been supported by the analysis. On Friday Professor Penny of the Andersonian University, Glasgow, visited Edinburgh, having been called in by the authorities to aid in the investigation, with the view, if required, to corroborate evidence. With regard to the inquiry into the causes of the death of Mrs. Taylor, the authorities in Glasgow have received a communication from Edinburgh, to the effect, we believe, that the appearances presented in the body of the deceased lady were not of the nature that might have been expected had

death resulted from paralysis or apoplexy, as certified by Dr. Pritchard when he registered death. This report, however, of course, has no application to the chemical analysis of the organs of the late Mrs. Taylor, which is now only in process. (*Scotsman*.)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Pathological Society of London, 8 P.M.—Statistical.—Anthropological, 8 P.M.
WEDNESDAY. Meteorological.
THURSDAY. Harveian Society of London, 8 P.M.—Royal.—Zoological.—Linnean.—Chemical.
FRIDAY. Royal Institute.

TO CORRESPONDENTS.

. All letters and communications for the JOURNAL, to be addressed to the Editor, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ERRATUM.—In Dr. Noble's letter on Medical Evidence, at p. 361, it is printed: "No assumption either of 'undoubted importance' on the one side, or of 'disastrous mischief' on the other." For importance read imposture.

MEDICAL SOCIETY OF LONDON.—The meeting of this Society, which was fixed for Monday, April 17th, is postponed until Monday, April 24th.

MR. JAMES DOWIE, whose name is doubtless known to some of our readers as one who has long earnestly attempted to get mankind to wear rational shoes, has just published a little pamphlet to enforce his views. It is called "On the Motions of the Human Feet, and the Means of Preserving them Unimpaired, being the Philosophy of Shoemaking."

MEDICAL LATINITY.—At a late examination at a College of Physicians, one of the candidates, who had to translate a passage from Celsus, in which were the words *cubare moliter*, wrote them down as "smoke slightly". No doubt, the gentleman must have been under the influence of a Cuba at the time. We are surprised that he did not render the preceding words in a like fashion. *Oportet conquiescere* might just as fairly have been turned into "go to bed on a bottle of port". If our readers will turn to the Reports of Examinations by Army and Navy Directors, in to-day's JOURNAL, they will probably come to the conclusion, that primary education amongst medical students is in a retrograde state of development. Does the fact of the College of Physicians giving up its Latin oration, illustrate this condition of the modern medical mind?

THE ENDOSCOPE.—Dr. Dick has referred to the Endoscope of M. Desormaux, in his Monograph on Gleet; and also in the *Transactions of the Pathological Society* for 1863, p. 136.

TYPHUS OR PLAGUE.—T. W. writes: "Our best pathologists regard typhus fever and plague as similar diseases—the latter being only an intensified form of typhus. Your correspondent Dr. Barclay seems to have overlooked this in his argument, that the disappearance of plague from this country is a proof of change of type in diseases. Dr. Murchison, in his work on Fevers, points out the similarity between the two diseases, and expresses his opinion that 'plague is probably the typhus of warm climates'. At the present moment, when the public mind is excited by plaguey telegrams, it may be well to notice this fact. I have heard also, that Clot Bey (the French doctor naturalised in Egypt), when he once visited the Fever Hospital of London, remarked upon a case of typhus which he saw there: That if it had occurred in Egypt, he should have called it a case of plague."

GOVERNMENT INSURANCE FEES.—SIR: Could not the example of the Metropolitan Counties Branch be followed up by a memorial, signed by our President and by Sir Charles Hastings, on behalf of the Association? Is it not also a question for the Colleges? The money loss to the profession is a small part of the business. By quietly submitting to this proposal, we confess that a detailed medical report (involving sometimes an hour's labour, sometimes more) is worth from 2s. 6d. to 5s. If this be so, how can I consistently decline "taking less than a guinea". I have done this hitherto, and done it effectually, feeling that if my report was not worth a guinea, it ought to be; but there must be some mistake, if the seven hundred and the *Lancet* are right. Who am I, that I should say my opinion is eight, or even four times as good, as that of my neighbour, Dr. Smith? But, whatever is done, let us avoid the mistake of making it a doctor's grievance; it is a public question. Let it be plainly seen that we wish to help the Government; that we admit the difficulty; but, at the same time, we feel it due to our profession to protest against a tariff which will infallibly issue in obtaining and encouraging inferior service. We wish the work to be well done, that is all.

I am sorry to see the *Medical Times* and *Gazette* countenancing the indignity.
 Derby, April 3rd, 1865. I am, etc.,
 WILLIAM OGLE, M.D.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—Richard Grimby, Esq. (Banbury), £1; Richard Mallam, Esq. (Banbury), per Mr. Grimby, 5s.; Jeremiah McGreal, Esq. (Banbury), per Mr. Grimby, 5s.; Thomas Elkington, Esq. (Southam), per Mr. Grimby, 10s.

Amount previously announced, £120 3s 6d.
 I am, etc., ROBERT FOWLER, M.D.,
 Treasurer and Hon. Sec.
 145, Bishopsgate Street Without, April 12th, 1865.

COMMUNICATIONS have been received from:—Mr. WILLIAM COPNEY; Dr. DURRANT; THE HONORARY SECRETARIES OF THE BATH AND BRISTOL BRANCH; Dr. F. J. BROWN; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Dr. B. W. RICHARDSON; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Dr. RADFORD; Mr. GAMAGE; Dr. NOBLE; Mr. JOHN CLAY; Dr. T. J. WALKER; Mr. STEELE; Rev. J. INGLE; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. BEREND; Dr. R. FOWLER; and Mr. T. M. STONE.

BOOKS RECEIVED.

1. Report of the Northampton Lunatic Asylum for 1864.
2. Workhouse Hospitals. By J. H. Stallard, M.D. Lond. London: 1865.
3. A Dictionary of Science, Literature, and Art. Edited by W. T. Brande, D.C.L., and the Rev. G. W. Cox, M.A. Part I. London: 1865.
4. Report of the Northampton General Lunatic Asylum for 1864. Northampton: 1865.
5. Statistical Tables of St. Bartholomew's Hospital during 1864. By G. N. Edwards, M.D., and A. Wille, F.R.C.S. London: 1865.
6. Hospital Nursing. A Crusade for Sisterhoods in Hospitals. By A Knight Templar.
7. The Ward Manual. By T. W. Nunn. London: 1865.
8. Richmond District Lunatic Asylum, Dublin. Report for 1864. Dublin: 1865.
9. On the Method of the Study of the Mind. By H. Maudsley, M.D. London: 1865.
10. Observations on Medical Education. By Richard Quain, F.R.S. London: 1865.
11. Recherches sur la Syphilis, appuyées de Tableaux de Statistique tirés des Archives des Hôpitaux de Christiania. Par W. Boeck. Christiania: 1862.
12. The Surgeon's Vade Mecum. By Robert Pruitt. Ninth edition. London: 1865.
13. Report of the Visitors and Medical Superintendent of the Devon County Lunatic Asylum. Exeter: 1865.

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St. George's Hospital Medical
SCHOOL.—The SUMMER SESSION commences on MONDAY, MAY 1.

LECTURES.
Midwifery—Dr. Robert Lee, F.R.S.
Materia Medica—Dr. Barclay.
Practical Chemistry—Dr. Noad, F.R.S.
Botany—Dr. Maxwell Masters.
Medical Jurisprudence—Dr. Fuller.
Pathology—Mr. Henry Lee.
Dental Surgery—Mr. Vasey.

On the payment of a compensating fee of £100, a pupil becomes perpetual to the Practice of the Physicians and Surgeons and to all Lectures, may compete for all Prizes, Exhibitions, and for the Office of House-Surgeon, Medical and Surgical Registrar, and may become Clinical Clerk and Dresser for two periods of three months each.

On the payment of £30—one half, £15, to be paid at the commencement of the First Summer Session, and the other half, £15, at the commencement of the Second Summer Session—a pupil will be admitted to the Hospital Practice and Lectures required for Examination by the various Examining Bodies.

Gentlemen can enter to the Hospital Practice and Lectures separately, or to any one Course of Lectures.

The Hospital contains 350 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week.

A MATERNITY DEPARTMENT, for the delivery of married lying-in women at their own homes, is established at the Hospital; and a Ward is devoted to the reception of women suffering under diseases peculiar to the sex.

The following Prizes will be awarded at the termination of the Session:—

Sir Charles Clarke's Prize for Good Conduct.
The Thompson Medal.
Sir Benjamin Brodie's Clinical Prize in Surgery.
The Lewis Powell Clinical Prize in Medicine.
The Henry Charles Johnson Memorial Prize in Anatomy.

A General Examination will be held at the end of the Session, and a Certificate of Proficiency given to each Pupil who passes to the satisfaction of the Examiners, and the following Prizes to the most distinguished, viz.:—

A Prize of Ten Guineas to Pupils in their First Year.
A Prize of Ten Guineas to Pupils in their Second Year.
A Prize of Ten Guineas to Pupils in their Third Year.

Further information may be obtained from Dr. Barclay, the Treasurer of the School, from any of the Lecturers, or from Mr. Hammerton, at the Hospital.

St. Bartholomew's Hospital and
MEDICAL COLLEGE.—LECTURES.

SUMMER SESSION, commencing MAY 1, 1865.

Materia Medica—Dr. Farre. Botany—Dr. Harris.
Forensic Medicine—Dr. Martin. Midwifery—Dr. Greenhalgh.
Compar. Anatomy—Mr. Callender. Practical Chemistry—Dr. Odling.
The Hospital contains 650 Beds, and Clinical Lectures are delivered—on the Medical Cases by Dr. FARRE, Dr. BLACK, and Dr. MARTIN; on the Surgical Cases by Mr. LAWRENCE, Mr. PAGET, and Mr. COOTE; and on Diseases of Women by Dr. GREENHALGH.

COLLEGIATE ESTABLISHMENT.—Students can reside within the Hospital walls subject to the Collegiate regulations. Some of the teachers connected with the Hospital also receive Students to reside with them.

Seven Scholarships, varying in value from £20 to £50, are awarded annually. Further information respecting these and other details may be obtained from Dr. Edwards, Mr. Callender, or any of the Medical or Surgical Officers or Lecturers: or at the Anatomical Museum or Library.

St. Mary's Hospital Medical
SCHOOL.—The SUMMER SESSION will commence on MONDAY, MAY 1.

LECTURES.

Clinical Medicine—Dr. Alderson, F.R.S., Dr. Sibson, F.R.S., and Dr. Handfield Jones, F.R.S.
Clinical Surgery—Mr. Lane, Mr. Ure, and Mr. Spencer Smith.
Midwifery—Dr. Tyler Smith and Dr. Graily Hewitt.
Practical Chemistry—Dr. Matthiessen, F.R.S.
Botany—Dr. Christopher Dresser.
Materia Medica—Dr. Sieveking.
Medical Jurisprudence—Dr. Randall.
Ophthalmic Surgery—Mr. Ernest Hart.
Comparative Anatomy and Zoology—Mr. Mivart, F.L.S.
Natural Philosophy—Mr. Balmanno Squire, M.B., F.L.S.

A Maternity Department is attached to the Hospital, from which Pupils can attend cases; and Ophthalmic, Aurial, and Dental Departments. Courses of Surgical Operations on the dead subject for Army, Navy, &c.

Students can receive Private Instruction in Practical Pharmacy in the Dispensary of the Hospital—Fee for Three Months, £3 3s.

Class Examinations are held during the Courses, and Prizes are awarded at the end of each Session.

Further information may be obtained on application to ERNEST HART, Dean of the School.

St. Mary's Hospital, April, 1865.

Guy's Hospital—Medical and
SURGICAL SCHOOL.—The Summer Session will commence on Monday, May 1st. For prospectus apply to Mr. Stocker, Apothecary.—Guy's Hospital, April 6th, 1865.

Midwifery and Diseases of
WOMEN & CHILDREN.—Dr. MATTHEWS DUNCAN, F.R.C.P.E., will commence his Course of Lectures on the above Subjects, on the 3rd May, at 10 a.m., in the Medical School, No. 4, High School Yards. This Course qualifies for all the Academic, Collegiate, and other Boards.

Fee for First Course £3 5 0
Fee for Second Course 1 3 0

Dr. D. will also continue to give Instructions in Practical Midwifery, at the Royal Dispensary, on Tuesdays and Fridays, at 1 p.m. A Class for Females will be commenced in November. Intending Pupils are requested to apply at 30, Charlotte Square, at Two p.m.

Hospital for Sick Children,
49, GREAT ORMOND STREET, W.C.

Notice is hereby given, that a vacancy has occurred for an ASSISTANT PHYSICIAN to this Hospital. Candidates, who must be Fellows or Members of the Royal College of Physicians of London, are invited to send in their applications and testimonials on or before Wednesday, April 19th.

By order of the Committee of Management.
SAMUEL WHITFORD, Secretary.

Pepsine and Pepsine Wine.—

M. BOUDAULT begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, Her Majesty's Chemist, 277, Oxford Street, London, to whom all applications respecting it must be addressed.

Third Edition of Boudault on "Pepsine", with further Remarks by Dr. Corvisart, Physician in Ordinary to the Emperor of the French; edited by W. S. SQUIRE, Ph.D. Published by J. Churchill, London. May also be had of the Author, 277, Oxford St. Price 6d.

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Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

HULL GENERAL INFIRMARY.

LITHOTOMY FOR THE SECOND TIME: RECOVERY.

Under the care of W. J. LUNN, M.D.

[Reported by Mr. T. M. EVANS, House-Surgeon.]

WM. WINTER, aged 35, admitted on November 8th. His health had been pretty good, but his urine contained a deposit of pus; and micturition was frequent, and followed by much pain. A stone was readily detected with the sound, having a rough, but not very irregular surface, and apparently not of large size. He had been lithotomised seven years before by Dr. Lunn, and made a good recovery; the stone weighed an ounce and three-quarters, and was most remarkably nodulated and irregular—a fine specimen of the mulberry calculus. Since that time, he remained well till a year ago, when he first felt a return of his former symptoms; but he continued at work till the last few days.

Nov. 26th. Under chloroform, the lateral operation was performed; the incision being made close to the cicatrix. But there was some difficulty in removing the stone, which broke up into a great many fragments; these were removed with forceps, and the bladder then washed out till nothing further could be felt. The stone consisted of phosphates laminated.

After the operation, he did well for a time, except that he had a rather sharp attack of bronchitis; but on January 11th, as there was still pain in the bladder, a purulent deposit in the urine, and the wound unhealed, a sound was introduced, and a stone distinctly felt. The next day, a lithotrite was passed, and the stone partly broken, though there was much trouble in seizing it, apparently from its being adherent or sacculated. Several small fragments passed with the urine during the following days, and the operation was repeated twice with the same result.

On February 27th, a small fragment became lodged in the urethra, and was removed with urethral forceps. This appeared to be the last of the stone, for none could afterwards be detected; and he was discharged on March 10th, quite well, except for an occasional deposit of pus in the urine, to which he had been subject ever since the first operation.

EXCISION OF OS UTERI FOR CARCINOMA: DEATH FROM PERITONITIS.

Under the care of W. J. LUNN, M.D.

Harriet Cook, aged 37, married, without any family, regular in menstruation, but having suffered from pain at the lower part of the body, and a constant offensive discharge during the last twelve months, was admitted on February 17th. On examination, the os was felt low down, patulous, and hardened, slightly ulcerated, and bleeding readily; the cervix elongated, and freely moveable. Her sister died of cancer of the tongue.

March 10th. The patient having been put fully

under chloroform, the os was well drawn down with hooked forceps, and then excised with scissors. There being free hæmorrhage, lint dipped in perchloride of iron and glycerine was applied, and the vagina then stuffed with dry lint. After recovering from the operation, she suffered much pain. She was ordered to take half a drachm of tincture of opium immediately.

8 P.M. There had been considerable further hæmorrhage. The lint was therefore removed, and the vagina replugged with the aid of a speculum; a catheter having been first passed. Twenty minims of tincture of opium were given.

March 11th. She had a pretty quiet night, but seemed very weak this morning. There was no further bleeding. Pulse 150, and feeble; tongue inclined to be dry. She had no vomiting, but great thirst. She was ordered to take twenty minims of laudanum immediately, and an effervescing draught every three hours; and to have four ounces of brandy.

March 12th. She was weaker to-day, and the pulse had risen to 160; but in other respects she was much the same.

March 13th. She had slept very little, and vomited frequently a green bilious fluid. The tongue was coated; there was no action of the bowels; pulse 160, and extremely feeble; abdomen tympanitic, with much pain and tenderness at the lower part. The mucous membrane of the vagina was sore, hard, and coated with coagulated blood. The vagina was thoroughly washed out with warm water, and an enema administered. She was ordered to take every three hours an effervescing draught, with five minims of laudanum and ten minims of chloric ether. The vomiting continuing unrelieved, she was ordered a grain of opium (in pill) every three hours, and a mustard poultice to the epigastrium; but she sank, and died after a few hours. No *post mortem* examination was allowed.

ABSCESS OF THE KIDNEY: DEATH FROM PERITONITIS.

Under the care of Sir HENRY COOPER, M.D.

Ben. Olssen, aged 24, a Norwegian sailor, was admitted December 6th, 1864. In the right hypochondriac region, low down, was a prominent swelling, of three or four inches diameter, rather firm, but distinctly elastic to the feel, though there was no sense of fluctuation, and apparently connected with the liver, which was to be felt reaching down to the lower border of the tumour. It was very painful, but not tender.

The patient was feverish and thirsty, with an sanguine but not jaundiced complexion. He had been ill only twelve days, the first appearance of the tumour dating from the same time. He had had neither rigors nor dysentery. He was ordered to have half an ounce of castor-oil, and milk diet.

Dec. 8th. The swelling had somewhat increased in size. The motions were rather pale. He was ordered ten grains of nitrate of potash three times a day, and ten grains of Dover's powder every night.

Dec. 10th. He was slightly jaundiced, and the urine was tinged with bile. The bowels were confined. Two calomel and jalap pills were given at bedtime.

Dec. 12th. The jaundice was less marked, bilious stools having been passed. The urine still contained bile. There was not so much fever, but the swelling was larger and more elastic.

Dec. 13th, 9 A.M. The swelling had entirely disappeared; and there was now acute tenderness all over the abdomen, with much pain. His expression

was anxious; pulse 116; and tongue furred. A little bile had been vomited. One-sixth of a grain of hydrochlorate of morphia was given every four hours.

7 P.M. He had vomited a great quantity of greenish fluid; and lay with his knees drawn up, suffering much pain. The abdomen was very resonant and tender.

Dec. 14th. His expression was haggard; pulse very feeble and irregular. He had great thirst, and constant vomiting of green fluid, amounting to four pints in the twenty-four hours; no action of the bowels; abdomen very resonant; respiration entirely thoracic. He had passed a restless night. A pill, containing a grain of calomel and one-sixth of a grain of morphia, was given every four hours.

Dec. 15th. The vomiting and constipation continued. The abdomen was less resonant at the upper part, and quite dull, with distinct fluctuation below the umbilicus. He was ordered to have an enema of beef-tea, with half a drachm of tincture of opium.

Dec. 16th. He was somewhat improved; pulse 112, and of fair volume; tongue cleaning. He was still vomiting large quantities of fluid, which was now of a yellow tint. There was no action of the bowels; the injections of beef-tea had been retained. The abdomen was less tender, resonant on the left side, dull on the right, and fluctuating in the right iliac region. The enema was repeated.

Dec. 18th. He was much emaciated, and his eyes sunken. The vomiting and constipation continued. Percussion of the abdomen yielded the same results. A blister was applied to the epigastrium; and he was ordered to take every three hours an effervescing soda draught, with one minim of hydrocyanic acid (Scheele's).

Dec. 20th. The abdomen was now resonant all over. There was still the same vomiting and constipation; and two large injections, containing castor-oil, had been retained. Pulse 100, very feeble. At night, a profuse sweating came on; and he died at nine the next morning.

AUTOPSY. There was much general peritonitis, the intestines being glued together with recent lymph. The ascending colon was pushed over towards the left side; and occupying its place was a cyst containing fluid, which would hold about three pints, extending as high as the under surface of the liver (which was much displaced upwards), and backwards to the psoas muscles, in which it lay. It consisted of the kidney, or its pelvis, enormously distended, and filled with pus; all trace of kidney-structure having disappeared, except one small portion and three much dilated calices. It was every where adherent by lymph; and, in separating it from the liver, an escape of pus took place through a rent in the sac. The liver itself was healthy. The left kidney was of three times the natural size, but sound in structure.

THE LANCET AND THE AMERICANS. The *London Lancet*, in a notice of the defence of the late Surgeon-General of the United States Armies, makes it the occasion of very undignified and uncalled for vituperative and sneering remarks about the Government and people of the United States. As ardent as is the hatred of a majority of certain classes of the English of our country and its institutions, we think that a medical journal is scarcely the place in which to make exhibition of it. That surely is not the legitimate work of a medical journal. (*Philadelphia Med. and Surg. Reporter.*)

Original Communications.

ON THE PHYSICS OF DISEASE, AND THE PHYSICAL PATHOLOGY OF THE BLOOD.

By BENJAMIN W. RICHARDSON, M.A., M.D., Senior
Physician to the Royal Infirmary for Diseases
of the Chest.

CHAPTER III. (continued from p. 167.)

The Oxidation of Blood. Effects of Ozonised Air.

IN the first part of this chapter, published in the *JOURNAL* of Feb. 18th, I demonstrated the influence of active or ozonised pure oxygen. I proceed now to show the effects produced by the respiration of ozonised atmospheric air. In this series of inquiries, the chamber delineated at page 84 was employed, and the air was ozonised by means of Siemen's instrument, also described on page 84 of the *JOURNAL*. In all cases, the animals were well fed previously to the inhalation, and the air introduced was at first feebly ozonised; moreover, they were placed in the chamber for some little time before the ozone was driven into it, in order that every sign of excitement might subside. Lastly, in the experiments, the temperature of the air was sustained at 60° Fahr., and was allowed to rise above that degree according as was desired. It is important to remember, in respect to the influence of temperature in experiments with ozonised air, that marked physiological effects are not elicited at a temperature below 60°. At 50°, the influence is almost nil.

Inhalation of Air Saturated with Ozone. Synthesis of Congestive Bronchitis.

Air ozonised to the fullest possible degree, and at a mean temperature of 63° Fahr., was passed through a chamber containing a guinea-pig and a rabbit. Both animals were in good condition; the rabbit had been fed mainly on green vegetables and bran, the guinea-pig on bread and milk with a little vegetable. The current of air, passing from the ozone-tube to the chamber, was very brisk, and the escape from the chamber was most free; so that there was no possibility of accumulation of carbonic acid. I myself inhaled the air issuing from the escape-tube of the chamber several times; it was always powerfully strong of ozone, and irritating to the nostrils and throat. After inhaling it for a time, it conveyed the idea of being heavy to breathe, and it produced some headache, which quickly passed away.

In a few seconds after the commencement of the inhalation, the animals began to show signs of irritation. The breathing soon afterwards was quick, laborious, and deep. At the end of an hour, the guinea-pig was breathing four to one, as compared with the rabbit. At the close of an hour and a quarter, the rabbit was breathing hoarsely, with the head thrown back and without movement as though it were comatose; the guinea-pig showed no sign of coma, but was breathing at the rate of 120 per minute.

The inhalation was continued for two hours, when the animals were removed from the chamber. The chest of each was now carefully examined with the stethoscope. Both animals were breathing quickly,

and in both there was the hoarse, dry, cooing murmur of respiration, which is so definitely characteristic of the first stage of bronchitis. The heart-beat was quick and embarrassed, and the skin was hot and dry. The guinea-pig was in every sense the most affected. After ten minutes, both animals were placed in their ordinary hutch. Very soon afterwards, the guinea-pig began to sink, and died. The rabbit continued to breathe quickly, and for some hours was indifferent to food and feverish. The mucous membrane of the nose and mouth was also dry and injected. On the following day, the respiration was still quickened; but the dryness of respiration had given place to a moist *râle*. On the third day, the animal may be considered as having recovered.

Immediately after death had taken place, the body of the guinea-pig was quickly opened. The right side of the heart was found congested with blood; and the kidneys and all the vascular organs were greatly congested. The lungs were ecchymosed; in parts, their structure was as white as milk; in other parts, there were deep congested spots of the size of a pea, into which blood was effused. The bronchial surface was not congested; but was covered with a frothy tenacious mucus, which exuded from the lungs in all parts where they were incised. The blood underwent moderately quick coagulation, but its colour was not materially modified; the venous blood was, perhaps, more than usually dark; and the arterial, by contrast, was markedly red. These were the natural conditions of the blood of the animal, in a degree peculiarly well developed.

In this experiment, we gather very important and useful information. We see, in a word, an induced bronchitis—a true synthesis of disease. If a man had been exposed out of doors to ozonised air, and had returned home with similar symptoms of disease, quick pulse, hot skin, rapid breathing, and dry coarse respiratory murmur, we should not hesitate for a moment in our diagnosis. If he died rapidly, and we found the morbid conditions presented by the guinea-pig, we should undoubtedly return the disorder that killed as congestive bronchitis. If he recovered with free secretion on the bronchial surface, as the rabbit did, we should style the affection acute bronchitis terminating by resolution. It does not seem to me that the formulæ of the artificial and of the natural disease admit of distinction or difference.

It is worthy of note that, in the experiment thus recited, the air was saturated with ozone. It may be asked on this, whether the same train of symptoms would follow if less activity of oxygen had been produced. I have an answer to that inquiry at hand. Fourteen days previously to the performance of the last experiment, the very same animals were exposed to a current of ozonised air for the same period of time. On that occasion, the air was ozonised to not quite half the same degree as before, and the temperature of the air was five degrees lower. Then both animals manifested symptoms of the same character precisely as on the later occasion; but the symptoms were not so intense. Both animals had rapid breathing, hurried circulation, and coarse respiratory murmur; but on being removed from the active air, they recovered without a bad sign.

Lastly, the rabbit had, with another rabbit, been made to breathe air partly charged with ozone at a temperature of 56° Fahr., one month previously to the second experiment. It and its fellow then exhibited similar symptoms; but, after two hours' inhalation, it recovered on removal into the open air. I was aided in all these inquiries by my friend Dr. Wood; and no element, as far as we could see, was wanting to make the research complete and free from

objection. The apparatus was most simple, the working easy, and the proceedings of each successive step were conducted carefully and without haste. The same care was taken in the experiments related in my previous paper, where oxygen itself was employed.

Taking the whole series of experiments into consideration, I do not think there can be a doubt that ozonised oxygen, on being inhaled, produces, as its first degree of action, catarrhal irritation of the mucous membrane of the mouth, throat, and nostrils; as its second degree, extension of irritation to the bronchial surface, and bronchitis; and, as its third, exudation into the structure of the lung, molecular change in the blood, with separation of fibrine, a form of general inflammatory fever and death.

And now the great and vital question to be considered is:—Whether we, as occupants of this earth and enclosed in a vast chamber of atmospheric air, are ever exposed to oxygen in such active condition that it shall light up in us the same symptoms as can be artificially induced in the inferior animals. The question would seem to admit of easy solution, and all the elements for its solution may, in truth, be present; but it is surrounded with difficulties nevertheless. The great difficulty lies in this, that we have no correct and ready means of measuring, or I had better say of estimating, the extent to which air is charged with ozone. All the rules on this point, as at present supplied, turn out, in practical work, to be fallacious tests. They may show presence; but they do not show quantity beyond a certain degree. The ozone-papers discolour up to a given depth; then they cease to act, and not only so, but on exposure they are apt to become discoloured by other agents, and it seems now that they may lose colour in the air, so that the maximum they have registered may be lost. We have, therefore, as yet, but an imperfect guide as to the presence of ozone and no guide as to the intensity of its action. Further, the determination of the actual presence of ozone may be obscured by other substances which do not probably interfere with its action upon the organism.

Something may be taken into account here in respect to common sensation. I know that, during easterly and north-easterly winds, I have breathed air which to sensation is as much like ozonised air as can well be compared; and I have experienced from such air the same effects as come from ozone—viz., irritation of the throat and nose, and catarrh. In some instances of this kind, the ozone-paper has demonstrated ozone; in others, it has not. Is the test here at fault? I think so. Any way, of this we may be convinced—that ozone cannot possibly be present in the air for many hours, at a temperature above 55° Fahr., without producing in those subjected to its influence some shade of effect. It would not affect all with the same degree of intensity; it does not do so in the course of actual experiment, but in many it would of necessity give rise to catarrh, to bronchitis, to pneumonia, or even to croup.

THE ADMINISTRATION OF OPIUM IN OBSTRUCTION OF THE BOWELS.

By THOMAS JAMES WALKER, M.D., Surgeon to the Peterborough Infirmary and Dispensary, etc.

SEVERAL communications have recently appeared in the pages of this JOURNAL advocating the use of opium in strangulated hernia and in ileus; and although this treatment has no claims to novelty, examples of the mistaken practice of administering

purgatives in these cases are too frequent to render the advocacy of opium superfluous.

Always bearing in mind, then, the evils of delay in cases of strangulated hernia, and the danger of dallying too long with medicines, we may assume that the use of opium in this class of affections is of great importance; and this being granted—what is the best mode of administering it? We require its full sedative effect, and this, as rapidly as possible; and we have usually to contend with a condition of the stomach which causes it to eject everything received into it, before time for absorption has elapsed.

Two years since, when I saw a case of femoral hernia about twelve hours after it had become strangulated, it struck me that, by the subcutaneous injection of morphia, we might obtain the result which the surgeon who had previously seen the case had sought for by the administration of an opiate draught. Instead, therefore, of proceeding to the operation for the division of the stricture, which we were about to perform, so soon as we should have administered chloroform and tried the taxis, we injected almost a grain of muriate of morphia (liq. morph. muriat. π L. P.L., 1851), and left our patient quiet for a few hours.

On our return, we found her free from pain and sickness, the tumour no longer tense; and without any difficulty we succeeded in returning the now reducible hernia. Although we cannot, of course, expect such a happy result in all cases where the full effect of an opiate is obtained, it is something to be able to obtain this effect; and I would, therefore, strongly urge the adoption of this mode of administering opium at once, in cases of strangulated hernia, instead of wasting time in futile efforts to obtain the effect of the remedy by administering it by the mouth. I have used this method now in several cases, where I have seen the patients early, and of course have never failed to induce the physiological effects of the drug, although with one or two only of the cases of strangulated hernia has the result been to render the operation unnecessary.

The method of exhibiting remedies by subcutaneous injection is now pretty generally practised, and the plan which I am in the habit of adopting and which I here recommend, has probably occurred to others of our associates; but in my hands it has so manifestly saved patients from the danger of an operation, that I would impress upon all the duty, when administering opium for obstructed bowels, of adopting this simple and efficacious improvement in practice.

MEDICAL QUALIFICATIONS. The governors of the Stockport Infirmary have adopted the following resolution: "That a degree in medicine of a British university, or the licentiatehip of the Royal College of Physicians of London, or the license of the Apothecaries' Company of London, be accepted by the committee as proof of medical qualification in all cases where the licence of the Apothecaries' Company, London, alone is now required by the rules.

MEDICAL CHARITIES. The magnificent medical charities of our land, established and supported by individual benevolence, are usurping the duties of society at large. Their object is frustrated, and their utility impaired, by the increasing number of paupers who crowd their doors. These come, not less for the food they sometimes obtain, than for the medicines they require, but they come chiefly because they have no confidence in the medical relief provided by the Poor-law, and, least of all, in the treatment received in the workhouse hospital. (*Dr. Stallard.*)

The Medical Council.

REPORT OF PROCEEDINGS, APRIL 1865.

TUESDAY, APRIL 11TH.

G. BURROWS, M.D., President, in the Chair.

Medical Education. The Council resolved itself into a Committee on Education; the President in the chair.

Age for Licence to Practise. Dr. ANDREW WOOD said that the recommendation of last year was—

"That the age of twenty-one be the earliest age at which any professional licence shall be obtained; and that the age shall in all instances be duly certified."

Dr. A. SMITH asked whether there were any means of enforcing the recommendation, as it was sometimes notoriously disregarded.

Dr. ANDREW WOOD said that students were sometimes admitted to final examination before the age of twenty-one. Applications to do this were occasionally made to the Royal College of Surgeons in Edinburgh; but without success. Other boards, however, admitted candidates to examination before being of full age.

Dr. A. SMITH. Some not only do this, but give the diploma.

Mr. SYME moved that the recommendation stand as follows—

"That the age of twenty-one be the earliest age at which a candidate for any professional licence shall be admitted to his final examination; and that the age shall in all instances be duly certified."

Dr. PAGET seconded the motion.

Dr. APJOHN thought it unnecessary to legislate on the subject. The University of Dublin was opposed to the proposal.

Dr. QUAIN said that if a student were admitted to pass an examination at any age, he might do so before his judgment was properly matured.

Mr. SYME remarked that the Council must decide what was useful and necessary, without reference to the licensing bodies.

Dr. STOKES agreed that the Council must do what was useful and necessary; but much injustice might be done by refusing to admit students to examination before the age of twenty-one. There were many who might desire to improve their professional knowledge, after having been set free from the care attending an impending examination.

Dr. ALLEN THOMSON said that there was a great difference in young men, as to their advancement in the studies by which they were prepared for examination and in their practical knowledge. He would allow them the opportunity of being examined at an earlier period, and of then improving themselves in practical knowledge. In the University of Glasgow, the men who passed the examination at the age of twenty were the best prepared. The Council had already determined that the earliest age at which a diploma could be granted should be twenty-one. This was a kind of contract with the public; but the age at which a student should be allowed to pass his final examination was a different matter. He was quite sure that the resolution proposed by Mr. Syme would have an injurious effect.

Mr. ARNOTT supported Mr. Syme's motion. If students complete their curriculum before the age specified, let them follow out the pursuit of professional knowledge at home or abroad before presenting themselves for examination. The age for examination should be fixed at twenty-one; and if any of

the Universities admit candidates at an earlier age, let them do this at their risk.

Dr. PAGET believed it would be for the advantage of students to keep them at their studies if they were ready to pass before the age of twenty-one. It would also be for the good of the public.

Dr. APJOHN moved, as an amendment, the recommendation in the form in which it originally stood in the report of the Committee.

Dr. CORRIGAN seconded the amendment. He looked on Mr. Syme's proposal as likely to become a *casus belli* between the Council and the licensing bodies. The Queen's University in Ireland would not comply with it. He referred to the hardship that would be inflicted in some cases where the examinations took place only at long periods, on candidates who were within a few weeks only of the required age.

Dr. AQUILLA SMITH said that in the King and Queen's College of Physicians the admission of students before the age of twenty-one had proved beneficial in relieving the students from examination. He did not see what harm was done by such admission. Very few availed themselves of the opportunity; and those were the most diligent students.

Dr. ANDREW WOOD suggested as an addition to Mr. Syme's resolution, that exceptional cases might be allowed.

Mr. SYME consented to make the addition suggested; which was accordingly appended to the resolution as follows—

"And that a return of any exceptions to this recommendation allowed by the licensing bodies, together with the reasons for such exceptions, be transmitted to the Branch Council of that part of the United Kingdom in which they have been granted."

Dr. SHARPEY approved of the resolution with the addition suggested.

After some further discussion, in which Dr. STOKES, Dr. A. THOMSON, Dr. ACLAND, Dr. QUAIN, and Dr. CORRIGAN, took part,

The PRESIDENT said that, as he should vote on the question, he would explain his reasons for doing so. Having been for thirty years an examiner and teacher in a medical school, he could quite admit the existence of young men of uncommon talent and great industry, capable of mastering the subjects of examination at an early age. But were the Council to legislate for such exceptional cases, or for students in general? Whatever rules might be laid down, there were some cases in which they would press heavily? If there were to be a time allowed between the examination and the granting of the licence, that time should be fixed. The objection of the incubus of examination had been met by some remarks made by Dr. Paget and Dr. Sharpey. The elementary subjects were removed from the student's mind at an early period; the final examination was practical; and the time remaining to the student who completed his course of study before coming of age would be well spent in the hospital or in studying pathology.

The amendment was then put to the vote and lost; 8 voting for and 14 against it. Mr. Syme's proposal was then carried, by a majority of 14 against 6, in the following form—

"That the age of twenty-one be the earliest age at which a candidate for any professional licence shall be admitted to his final examination; and that the age shall, in all instances, be duly certified; and that a return of any exceptions to this recommendation allowed by the licensing bodies, together with the reasons for such exceptions, be transmitted to the Branch Council of that part of the United Kingdom in which they have been granted."

Professional Study. Dr. ANDREW WOOD moved, and Dr. FLEMING seconded—

"That the first Clause of Section III be adopted; viz., 'That no licence be obtained at an earlier period than after the close of the last winter session of the fourth year of study, after the registration of the candidate as a medical student.'"

Dr. ANDREW WOOD moved as an amendment, and Mr. ARNOTT seconded—

"That no licence be obtained at an earlier period than after the expiration of forty-eight months subsequent to the registration of the candidate as a medical student."

After a discussion in which several members took part, the amendment was carried; and, being put as a substantive motion, was also carried.

Dr. ANDREW WOOD required that the names of the majority and minority be taken down. *Majority*, 12—The President, Dr. Alderson, Mr. Arnott, Mr. Cooper, Dr. Paget, Dr. Embleton, Dr. Storrar, Dr. Smith, Mr. Hargrave, Dr. Leet, Dr. Sharpey, Mr. Rumsey. *Minority*, 8—Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. Apjohn, Dr. Parkes, Dr. Christison, Dr. Stokes.

Mr. HARGRAVE moved, and Dr. PAGET seconded—

"That Clause 2 of Section III be adopted; viz., 'That the course of study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a recognised medical school; and that evidence shall be produced that the remaining period of the four years has been passed in the acquisition of professional knowledge.'"

Dr. CORRIGAN said that the Council ought to define what was the meaning of the term "medical school."

Dr. PARKES suggested that the expression should be "at a medical school recognised by the body granting the licence."

Dr. ANDREW WOOD was of the opinion that the words "medical school" should be defined. Some licensing bodies recognised schools which others did not. The Council was not prepared to pass the resolution until the question as to the meaning of a medical school was decided.

Mr. SYME thought a medical school might be defined as an institution in which two or more courses of instruction on medical subjects were given.

Dr. EMBLETON proposed as an amendment, and Dr. ANDREW WOOD seconded—

"That the Committee, before proceeding further, determine what are the requisites for constituting a medical school under their recommendations."

Dr. PARKES did not think it absolutely necessary that a hospital should be attached to a school. He referred to the condition of University College before the erection of its hospital.

The PRESIDENT observed that both University and King's Colleges had large medical schools for several years before hospitals were attached to them.

Dr. ANDREW WOOD said that the medical school of the College of Surgeons in Edinburgh had no hospital attached.

Dr. ACLAND said that a definition had been proposed last year which the observation of Dr. Parkes and the President showed to be improper. In Oxford, during the last fifteen years, great exertions had been made to encourage the study of medical science, for two purposes: first, to improve general education; and secondly, to induce persons to enter the medical profession through the Universities. If the Council adopted a definition of a medical school which should exclude Oxford, it would be of no consequence to the University, but it would be injurious to the medical profession.

Dr. SHARPEY considered that it would be injudicious to attempt to define a medical school.

The PRESIDENT asked whether the Council would

be prepared not to recognise a course of instruction in chemistry given in an institution which was not a medical school.

Dr. ANDREW WOOD thought it an important part of the duties of the Council to define what was meant by a medical school.

After some remarks from Dr. CHRISTISON, Dr. EMBLETON, Dr. AQUILLA SMITH, and Mr. COOPER, the amendment was put to the vote and lost; 3 voting for and 12 against it.

Dr. CHRISTISON then proposed as a second amendment—

"That the course of professional study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a school recognised by any of the licensing bodies mentioned in Schedule (A) to the Medical Act."

Dr. PARKES seconded the amendment; which, on being put to the vote, was carried by a majority of 15 to 1, and was then carried *nem. con.* as a substantive motion.

On the motion of Dr. PARKES, seconded by Dr. STORRAR, the next clause of the report—proposing that "the regulation of the duration of sessions, and the extent and duration of courses of lectures and instruction, be left for the present to the several licensing bodies"—was omitted.

Mr. SYME proposed, Dr. STORRAR seconded, and it was resolved—

"That Clause 4 of Section III be adopted; viz., 'That it be recommended to the several licensing bodies that the courses of instruction required by them should be framed in such a manner as to secure a due share of attention, both to preparatory branches and to those more strictly connected with the practice of medicine and surgery; and that it be suggested accordingly to these bodies, that their regulations should be such as to prevent attendance upon lectures from interfering with hospital and clinical study.'"

Dr. ALLEN THOMSON moved—

"That Clause 5 of Section III be omitted" (viz., "That, while avoiding for the present all other details by which this object may be attained, it be recommended that no subject of lectures be enforced by regulation to be attended more than once.")

Mr. SYME moved as an amendment that the clause be adopted.

Dr. AQUILLA SMITH seconded the amendment. Compulsory attendance on lectures had been very much complained of.

Dr. EMBLETON and Dr. CORRIGAN supported the original motion.

Dr. APJOHN asked whether practical and general chemistry were to be considered as one course or as distinct.

Mr. HARGRAVE opposed the resolution.

Mr. ARNOTT thought that a single course of some subjects—such as surgery—was not enough.

The amendment was then put to the vote and lost; 6 voting for and 14 against it. The original motion was carried by a majority of 15 to 5.

Dr. STORRAR moved, and Dr. EMBLETON seconded, the adoption of the sixth clause; viz.—

"That the Council will view with approbation any encouragement held out by the licensing bodies to students to prosecute the study of the natural sciences before they engage in studies of a strictly professional character."

Dr. APJOHN moved as an amendment, and Dr. CORRIGAN seconded—

"That Clause 6 of the recommendations relating to professional examination be omitted."

Dr. ANDREW WOOD said that the natural sciences

afforded a good mental training for those intending to engage in professional studies. The College of Surgeons of Edinburgh had made them optional in the preliminary examinations, so far as regarded natural history. He would not, however, have chemistry as part of a preliminary examination, lest the students should lose sight of its value in regard to medicine.

Dr. AQUILLA SMITH supported the motion. Students should be encouraged to obtain a knowledge of natural science at an early period.

Dr. CHRISTISON said that students would gain by being allowed to be examined in chemistry before beginning their professional studies. In fact, they would have thus another year of study.

After some further discussion, the amendment was put and lost; the votes being, for 5, against 15.

Dr. ACLAND then proposed as a second amendment, and Mr. RUMSEY seconded—

"That the various licensing bodies be requested to take into their consideration what portions of natural science shall be comprised in the course of general education, prior to the period of strictly professional study."

The amendment was also negatived. The original motion was then put to the vote, and carried.

The Council then resumed.

Erasure of a Name from the Register. A document, declared by the solicitor to be a regular certificate of the conviction, at Castlebar, County Mayo, of John Carter Barrett, of felony, was submitted to the Council.

Dr. A. SMITH moved, Dr. STOKES seconded, and it was resolved—

"That the name of John Carter Barrett be erased from the *Medical Register*."

WEDNESDAY, APRIL 12TH.

G. BURROWS, M.D., President, in the Chair.

The Council, on the motion of Dr. ANDREW WOOD, resolved itself into a General Committee on Education, the President in the chair; and proceeded with the consideration of the Report of the Select Committee.

Professional Education. Dr. STOKES moved—

"That Clause 7 of Section III be omitted; viz., 'That the several licensing bodies be requested to furnish a short statement of the mode in which their examinations are now conducted, whether by written, oral, or practical examination, and of the length of time a candidate is under examination in each or all of these ways.'"

He considered that it was unnecessary to be constantly worrying the examining bodies.

Mr. SYME seconded the resolution. The clause was quite unnecessary after the resolution of the Council on the subject of visitation of examinations.

Dr. PARKES moved as an amendment—

"That those licensing bodies which have not already done so, be requested to furnish a statement of the dates of their examinations, and of the modes in which such examinations are conducted, whether by written, oral, or practical examination, and of the length of time a candidate is under examination in each or all of these ways; and that the Registrar transmit these reports to the members of the Council, in order that they may be taken into consideration at the next meeting of the several Branch Councils."

Although the clause in the report did not actually receive the sanction of the Council last year, several of the examining bodies, such as the Royal College of Physicians of London, had already complied with it, and others had stated they would have no objec-

tion to do so. It was extraordinary that the Council had not before required this information from the licensing bodies, which it had the power to do; and, if advisable before, it was necessary now for the purpose of supervision. If the Council had not the statements, the visitors of examinations must either wait for information until they entered the examination-rooms, or derive it from the members of the Council representing the several bodies. Either of these methods would be inefficient, because the Council could not form a judgment on the examinations until the statements regarding each board were before every member. No opposition, he thought, could be logically offered to the proposal, except by the minority who opposed the supervision of examinations; and he could not do these gentlemen the injustice to suppose that they would act in a factious spirit.

Dr. ANDREW WOOD seconded the amendment. He believed Mr. Syme would see that it was right to call for the statements. If there was any function of the Council distinctly marked out in the Medical Act, it was this. Visitation did not supersede the necessity for having the statements referred to, but rendered them even more necessary than before. It was very desirable that each examining body should be acquainted through its representative with the regulations of all others, so that it might amend its own defects or suggest amendments to others.

Mr. SYME said that, if it was considered necessary to have the returns for the purpose of carrying out visitation, he would not oppose the desire of the Council, and withdrew his name as seconder of Dr. Stokes's motion.

Dr. AQUILLA SMITH seconded the original motion.

Dr. APJOHN said that Dr. Parkes's resolution did not oblige the licensing bodies to send in returns each year.

Dr. CORRIGAN said that Dr. Parkes had founded his resolution on the fact that the Council would undertake the visitation of examinations. He would not undertake the task of visitation, which he considered impracticable. All that was required might be done by making the examinations public.

Mr. HARGRAVE said it was absurd to place the superintendence of the examinations in the hands of the Branch Councils. He questioned the impartiality with which the visitations would be conducted; and said that no independent body would submit to them.

Dr. EMBLETON said that, if there was any point on which the examining bodies ought to be "worried", it was that referred to in Clause 7. The Council would be in fault if they did not require the information. The licensing bodies would not refuse it; and the Council should be unanimous in asking for it.

Dr. Parkes's amendment was then put to the vote, and carried; 14 voting for and 4 against it. It was then put as a substantive motion, and carried *nem. con.*

Examinations. Mr. SYME moved—

"That Clause 1 of Section IV be adopted; viz., 'That the licensing boards be advised to encourage the periodical examination of students at the several classes.'"

Dr. PAGER thought the subject one of mere detail.

Dr. ANDREW WOOD seconded the motion. The matter was one of fundamental importance and not of trivial detail. When he was a student, there were no means of instruction but listening to lectures; there were no regular class-examinations. Hence many neglected their studies at first, and were at last obliged to cram for the final examinations. It would be very beneficial if the licensing bodies would demand certificates of attendance on

the class-examinations; a great stimulus would be given to attention on the part of the students, and the lecturers would be enabled to see how far their pupils were profiting by their instruction. By placing its *imprimatur* on class-examinations, the Council would be raising the profession more than any other way.

Dr. AQUILLA SMITH considered that the system of class-examination was carried too far. He did not know how an exact system of carrying out periodical examination could be prescribed.

Dr. SHARPEY said that the resolution implied merely that the Council would encourage class-examinations. Nothing was said as to the periods or the manner in which they should be conducted. He could speak from experience in favour of such examinations. It was difficult to carry out oral examinations thoroughly; but since last year he had tried simple written examinations of about an hour each, to be voluntarily attended; and these he believed to have been very useful.

Mr. COOPER said that the question was one between the teachers and students, and had nothing to do with the Medical Act.

Dr. PAGER explained that he recognised the high value of class-examinations, but that he objected to unnecessary interference with freedom of action.

Dr. CORRIGAN thought that the question should be left to be decided between the lecturers and students. He would vote for the motion if the words "educational bodies" were substituted for "licensing boards."

The PRESIDENT considered the matter an important one; but that it would better be left to the licensing bodies. If the Council laid down certain principles this year, such as registration of students, visitation of examinations, period of study, etc., much would be accomplished. But, if they entered into all details, however important, they would not do several things which ought to be done; and, at the present rate of progress of business, there was work enough on the programme for another fortnight.

Dr. PAGER moved as an amendment, and Dr. ALLEN THOMSON seconded—

"That, while acknowledging the great educational value of the periodical class-examinations of students, the Council decline to issue advice or instructions on the subject."

The amendment was negatived; 6 voting for and 12 against it. The original motion was also lost; 7 voting for and 12 against it.

Dr. ANDREW WOOD required that the names and numbers of the majority and minority and of those who did not vote be taken down. *Majority*, 12—Dr. Alderson, Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Paget, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Dr. Stokes. *Minority*, 7—Dr. Embleton, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Sharpey, Dr. Parkes, Dr. Christison. *Did not Vote*, 3—The President, Dr. Storrar, and Dr. Quain.

Mr. HARGRAVE moved, and Dr. STORRAR seconded—

"That Clause 2 of Section IV be omitted."

Dr. ANDREW WOOD moved as an amendment, and Dr. PARKES seconded—

"That Clause 2 stand as at present; viz., 'That the final examinations of the licensing boards be so carried on as to be an efficient test of the practical acquaintance of candidates with the several branches of medical knowledge, and especially with the practice of medicine and surgery.'"

The amendment was negatived; 7 voting for and 11 against it. The original motion was then put to the vote and carried.

Dr. ANDREW WOOD required that the names and

numbers of the majority and minority be taken down. *Majority*, 12—Dr. Acland, Dr. Embleton, Dr. Storrar, Mr. Syme, Dr. Thomson, Dr. A. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Dr. Sharpey, Dr. Stokes. *Minority*, 7—Dr. Alderson, Mr. Arnott, Mr. Cooper, Dr. Paget, Dr. Andrew Wood, Dr. Fleming, Dr. Parkes.

Dr. FLEMING moved, Mr. ARNOTT seconded, and it was resolved—

“That Clause 3 of the Report be adopted as thus amended: ‘That the professional examination for any licence be divided into two parts; the first embracing the primary or fundamental branches of medicine; and the second the branches directly connected with the practice of medicine and surgery; that the former be not undergone till after the close of the winter session of the second year of professional study; and the latter, or final examination, not till after the close of the prescribed period of professional study.’”

Dr. STORRAR moved, and Dr. SHARPEY seconded—

“That Clause 4 be adopted as thus amended: ‘That examination in physics, chemistry, botany, and natural history may be undergone at an earlier period than the first professional examination.’”

Dr. APJOHN said that a knowledge of chemistry could not be acquired under two years. He suggested the omission of the word chemistry. If students were allowed to pass the examination in chemistry before entering on their studies, they would be liable to neglect it afterwards.

Dr. SHARPEY said that the University of London had a preliminary scientific examination in inorganic chemistry, and also required a further knowledge of chemistry at the first M.B. examination.

Mr. SYME said that students should be examined in chemistry before entering on their regular course of study. But they should not be allowed to neglect it afterwards.

Dr. ANDREW WOOD moved as an amendment the resolution with the omission of the word “chemistry.”

Dr. APJOHN seconded the amendment.

Dr. SHARPEY thought that there should be nothing to prevent an examination in elementary chemistry at an earlier period than the first professional examination.

Dr. PAGET said that the amendment was calculated to discourage the reception of chemistry into general education. Chemistry was now becoming taught in schools; and the number of candidates who presented themselves for examination in chemistry at the Cambridge local examinations was increasing yearly.

Dr. ALLEN THOMSON said that the ordinary courses of chemical lectures which medical students were required to attend contained much which had no direct bearing on their professional studies; hence he would desire to have the elementary parts of chemistry taught before the commencement of medical study.

Dr. CHRISTISON denied that the examination of students in chemistry at an early period involved the subsequent neglect of this science. Examiners in *materia medica*, medical jurisprudence, and medicine, could all examine candidates in medical chemistry. This was done in Edinburgh.

Dr. ACLAND would object to preventing students from passing an early examination in elementary chemistry if they had the requisite knowledge.

After some remarks from Dr. ANDREW WOOD, Mr. COOPER, and Dr. CORRIGAN, Dr. Andrew Wood's amendment was carried by a majority of 11 to 7. It was then put as a substantive motion: whereon

Dr. THOMSON moved as a second amendment and Dr. PAGET seconded—

“That Clause 4 be amended as follows: ‘That

examination in physics, the elements of chemistry, and in botany and natural history, may be undergone at an earlier period than the first professional examination.’”

This amendment was negatived.

Dr. A. Wood's amendment was then, as a substantive motion, put to the vote, and carried.

The Council now resumed.

Report of the Committee on the Subjects of General Education. Dr. STOKES presented the following

REPORT.

The Committee on the Subjects of General Education having duly considered the subject remitted to them, resolve to recommend to the Council—

That after the year 1867, the examinations in subjects of general education be left entirely to the national educational bodies recognised by the Medical Council—the Council confining its regulations on general education to publishing a list of the examinations which may from time to time be approved of by them, it being understood that no certificate which does not affirm the proficiency of the candidate in Latin, and also his knowledge of the elements of geometry, and of the elements of mechanics and hydrostatics, be accepted.

W. STOKES, *Chairman*.

On the motion of Dr. PARKES, seconded by Dr. PAGET, the Report was ordered to be received, and entered on the Minutes. (See page 405.)

Report of the Committee on Amendment of the Medical Acts. Dr. ANDREW WOOD brought up the following

REPORT.

The Committee beg to report that they have not only carefully considered the proposed amendments of Clauses in the Medical Act, which were specially referred to them by the Council, but have also deemed it their duty to take into consideration all the important Clauses of that Act. They have had during their sittings the advantage of the presence and advice of the solicitor of the Council, Mr. Onvry, who has prepared, in accordance with the resolutions of the Committee, the Draft of an Amended Bill, which the Committee now beg to bring before the Council.

Draft of Bill to Amend the Medical Act of 1858.

Whereas the Medical Act 1858 has been found ineffectual to enable persons requiring medical aid to ascertain who are qualified practitioners, and it is desirable to amend the said Act in several respects.

Be it therefore enacted by the Queen's Most Excellent Majesty by and with the advice and consent of the Lords Spiritual and Temporal and Commons in the present Parliament assembled and by the authority of the same as follows:—

1. This Act may for all purposes be cited as “The Medical Acts Amendment Act, 1865.”

2. This Act shall take effect from the passing thereof.

3. The following sections of the Medical Act 1858, shall be and the same are hereby repealed, viz.: Section xiv and Section xl, but without prejudice to any proceedings which may be pending under such sections or any of them.

In lieu of Section xiv. 4. It shall be the duty of the Registrars to keep their respective registers correct, in accordance with the provisions of this Act, and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, or who, having ceased to practise, shall desire to have their names removed from the register, and from time to time to register all alterations in the addresses or qualifications of the persons registered under the Medical Act, 1858.

The Registrars, in these respects, may act upon such evidence as may appear to them sufficient, subject to any rules or regulations which the General Council may make thereon. [And for the purposes aforesaid, the Registrar may write a letter to any registered medical practitioner, addressed to him according to his registered address, to inquire whether he has ceased to practise, or has changed his residence; and if the answer to such letter be that the person has ceased to practise and desires his name to be removed from the register, or if no answer be returned to such letter within the period of six months from the sending of the letter, it shall be lawful to erase the name of such person from the register.] (For this paragraph the following was substituted when the report was discussed by the Council.) [And for the purposes aforesaid the Registrar may write a letter to any registered medical practitioner, addressed to him according to his registered address, to inquire whether he has ceased to practise, or has changed his residence; and if the answer to such letter be that the person has ceased to practise and desires his name to be removed from the register, it shall be lawful to erase the name of such person from the register; but if no answer be returned to such letter within three months, the Registrar shall then write a second letter, making similar inquiries; and if no answer be returned to such letter within three months thereafter, it shall be lawful to erase the name of such person from the register.] Provided always that any name which may be erased by the Registrars may be restored by the direction of the General Council. No person whose name has been erased from the register by order of the General Council, or any Branch Council, shall be re-registered, either on the original or any new qualification, except by the direction of the General Council or Branch Council, as the case may be.

In lieu of Section XL. 5. Any person practising medicine or surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule (A) to this Act, or that of physician, surgeon, doctor, professor of medicine, professor of surgery, or any other title, name or designation used by or used to distinguish duly qualified practitioners in medicine or surgery, shall upon a summary conviction, be liable to a penalty not exceeding £20 for each offence.

6. The words "qualified to be" in the seventh section of the Medical Act, 1858, shall be and the same are hereby repealed.

[In lieu of Section XLVIII.] 7. It shall, notwithstanding anything in the Medical Act, 1858, contained, be lawful for Her Majesty, by Charter, to grant to the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons in Ireland, and the Faculty of Physicians and Surgeons of Glasgow, or any or either of them power to institute and hold examinations for the purpose of testing the fitness of persons to practise as Dentists who may be desirous of being so examined, and to grant certificates of such fitness.*]

The Committee call attention to the changes in the present Medical Act, which are proposed in the Draft Amended Bill:

1. *The Preamble.* The preamble to the Act as it at present stands, says:

"Whereas, it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners."

The proposed preamble of the amended Bill is to this effect:

"Whereas, the Medical Act of 1858 has been found ineffectual to enable persons requiring medical aid to ascertain who are qualified practitioners."

2. SECTION VII. This section as it at present stands is this:

"Members of the General Council representing the Medical Corporations must be qualified to be registered under this Act."

It is proposed that they shall be henceforth not "qualified to register," but actually "registered." This alteration is in consonance with the clause proposed to supersede Clause 40, which amended clause makes registration compulsory on all qualified practitioners engaged in the practice of their profession.

3. SECTION XIV. This section as it at present stands is as follows:

"It shall be the duty of the Registrars to keep their respective Registers correct in accordance with the provisions of this Act, and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter, it shall be lawful to erase the name of such person from the Register; provided always, that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

The amended clause stands thus (see preceding Draft, Section 4).

The object of the amendment of this clause is to facilitate the duty of the Registrars in keeping their Registers correct; to enable persons who, having ceased to practise, may desire it; to have their names erased from the Register; to render it imperative on the Registrar to address to any Registered Medical Practitioner (instead of one letter within six months, as in the Act as at present) two letters within six months, at an interval of three months, inquiring as to change of residence before erasing his name from the Register;* and to prevent any person who has been once erased from the Register from being re-registered without the instructions of the General or Branch Councils.

3. SECTION XL. As it at present stands is as follows:

"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law, as a Physician or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds."

The clause proposed to replace this section, as agreed upon by the Medical Council, is as follows (see preceding Draft, Section 5).

In reference to this subject, it may be remarked that the object of the Medical Act was to enable "persons requiring medical aid to distinguish qualified from unqualified practitioners." But the offence for which a penalty was instituted under Section XL of that Act was the falsely pretending to be regis-

* This clause was not adopted by the Council.

* These words were introduced in Council.

tered under the Act. In the working of that section it has been found that it has failed to enable the public to distinguish qualified from unqualified practitioners, seeing that it has not proved efficient to prevent persons from practising medicine and surgery under titles falsely assumed, and thus the public have been deceived and imposed upon, to the injury of their health and danger to their lives.

[4. SECTION XLVIII stands at present thus:

"It shall, notwithstanding anything herein contained, be lawful for Her Majesty, by Charter, to grant to the Royal College of Surgeons of England power to institute and hold examinations for the purpose of testing the fitness of persons to practise as Dentists who may be desirous of being so examined, and to grant certificates of such fitness."

The proposed clause stands thus (see Draft, Section 7).

The Committee have thought it right to extend the operation of Section XLVIII of the Medical Act, so as to enable Her Majesty to grant charters to the Scotch and Irish Surgical Bodies, authorising them to grant certificates to Dentists.*]

In reference to the various questions specially referred to them by the Council, the Committee have to report:

1. In reference to the amending of Sections xv and xxxi, with the view of securing that all persons to be placed on the Register should have been duly educated, tested and qualified in all branches of the profession, whether medical or surgical, the Committee are of opinion that it is highly desirable that every medical practitioner should have a complete or double qualification. They see difficulties, however, in the way, for the present, of framing compulsory clauses which would secure that important object. They would, however, point out that by Section xix of the Medical Act, which is a permissory section, powers have been provided by which any two or more of the licensing bodies may unite and co-operate in conducting examinations required for qualifications to be registered under the Act. [Were this course carried out in London and in Dublin as it has already been successfully carried out in Scotland, the Committee believe that in this way, without the necessity of compulsory legislation, the great object would be effected of combining and concentrating the licensing bodies, to the relief of the student, and the advantage of the profession and the public.†]

2. SECTION XVIII at present stands thus:

"The several colleges and bodies in the United Kingdom, mentioned in Schedule (A) to this Act, shall, from time to time, when required by the General Council, furnish such Council with such information as they may require, as to the course of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally, as to the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any Branch Council, may attend and be present at such examinations."

It has been proposed to amend the section by adding to it the following word or words to the same effect, viz.:

"And may also inspect the written answers of the candidates, and report concerning the examinations

and answers to the General Council; and to the persons deputed by the General Council as aforesaid, in such number as may be determined by the General Council, with the approval of one of Her Majesty's principal Secretaries of State, there shall be paid such fees for services and such reasonable travelling expenses as shall from time to time be allowed by the General Council and approved by the Commissioners of Her Majesty's Treasury; and the said payments shall be made out of the residue of the monies annually received for carrying this Act into execution, after defraying the expenses of the General Council and the Branch Councils, and, if necessary, out of further monies to be provided for the said purpose by vote of Parliament."

The Committee do not consider this amendment either necessary or expedient. The Branch Councils have the power under the Act as at present to visit the examinations of the licensing bodies, or to depute any person or persons to do so; they have also the power, as the Committee are advised by Mr. Ouvry, to remunerate the visitors of the examinations from the funds contributed under the Act. The Committee consider that it would be inexpedient to go to Parliament to ask a supplementary money grant for the purpose. They trust that ere long the expense of the meetings of the Council will be diminished, and that there will be sufficient funds to meet the expenses of visitation in any form that may be deemed necessary.

3. The Committee, after considering the penal sections of the Act, do not recommend that application should be made to Parliament for stronger powers to be given to magistrates administering the Act, or for higher penalties. The Committee believe that, if the clause proposed in lieu of Section xl prove effective, the present powers and penalties will be found adequate.

4. In regard to the question of the Registration of Licentiates in Dental Surgery, the Committee having given that consideration to the memorial of the dental surgeons to which it is justly entitled, are of opinion that it is inexpedient to place upon the *Medical Register* dental practitioners not otherwise qualified; holding as they do that that would constitute a further obstacle, in addition to those at present existing, to the securing that all persons whose names shall be inserted in the *Medical Register* shall be fully qualified to practise all branches of their profession.

The Committee have, in conclusion, to suggest the following form of memorial, to be addressed by the President, in the name of the Council, to the Secretary of State for the Home Department; viz.:

General Medical Council, April 1865.

SIR,—I am requested by the General Medical Council respectfully to solicit your attention to certain points on which it has been found, by experience, that the working of the Medical Act, 1858, has not been satisfactory; and to ask you to introduce a Bill in the present session for the amendment of that Act.

In order to place the matter before you in a practical form, the Council has caused a draft Bill to amend the Medical Act to be prepared, and such draft is transmitted herewith.

The only amendment to which I need direct your special attention, as involving an important change, is that which affects the fortieth section of the Act of 1858. It has been found, in practice, almost impossible to establish the false pretence, which is the offence punishable under that section; and accordingly ignorant pretenders, possessing no legal qualification to practise, and, assuming falsely medical and surgical

* The paragraphs here enclosed within brackets were not adopted by the Council.

† This sentence was not adopted by the Council.

titles, with impunity deceive the public, prey upon their credulity, and endanger their lives.

The most effectual remedy for this state of things would be the absolute prohibition of practice by persons not possessing the qualifications mentioned in the Act of 1858; but, as the Council considers that there might be difficulty in inducing Parliament to adopt so stringent a rule, the Council has framed a clause which it is hoped may meet the evil which the present existing Act has been found inadequate to suppress.

The other suggested amendments do not require separate remark; but I am to ask that you will be good enough to receive a deputation from the Council, when the reasons on which the proposed amendments rest will be fully stated to you.

As it is earnestly wished that the proposed Act should pass this session, I am to urge that you will be pleased to appoint a time for receiving the proposed deputation at your earliest convenience.

I have the honour to be, sir,

Your most obedient servant,

GEORGE BURROWS, M.D., *President.*

The Right Hon. Sir Geo. Grey, Bart., G.C.B., M.P.,

Secretary of State for the Home Department.

ANDREW WOOD, *Chairman.*

Dr. ANDREW WOOD moved, Mr. HARGRAVE seconded, and it was resolved—

“That the Report of the Committee on Amendment of the Medical Acts be received, and entered on the Minutes.”

The Council again resolved itself into a General Committee on Education, the President in the Chair; and resumed the consideration of the Report of the Select Committee.

Professional Examinations. Dr. CORRIGAN moved, and Dr. SHARPEY seconded—

“That Clause 5 of Section iv be adopted: viz.: ‘That the professional examinations be conducted both in writing and orally; and that they be practical in all branches in which they admit of being so.’”

Dr. STORRAR moved as an amendment, and Dr. A. SMITH seconded—

“That Clause 5 be adopted, with the addition of the following words; viz., ‘and that, with the view of promoting the adequacy of professional examinations, the final *viva voce* examinations be public, so far as admitting the graduates or licentiates of the examining body.’”

The amendment was negatived. The original motion was then put to the vote, and carried.

Dr. STORRAR moved, Dr. PARKES seconded, and it was agreed—

“That Clause 6 be adopted; viz.: ‘That the professional examinations be held by the several licensing bodies, except in special cases, at stated periods, to be publicly notified.’”

Dr. STORRAR moved, Dr. SHARPEY seconded, and it was resolved—

“That Clause 7 be adopted; viz.: ‘That returns from the licensing bodies in Schedule (A) be made annually, on the 1st of January, and in the subjoined form, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examinations, and the number of those who have been rejected at the first and second examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice for their being returned, in due time.’”

(A form of return was appended to this resolution.)

The Council now resumed, and adjourned.

THURSDAY, APRIL 13TH.

GEORGE BURROWS, M.D., President, in the Chair.

Amendment of the Medical Acts. Dr. ANDREW WOOD moved—

“That the Report of the Medical Acts Amendment Committee be adopted.”

The Council had already decided against making any changes in Sections xx and xxxi of the Act; and, on Section xl, the Council had agreed on an alteration, which was engrafted into the Report. He proceeded to explain the action of the Committee in reference to several questions referred to them. As to Sections xv and xxxi, the Council might remember that in Mr. Headlam's Bill it was made compulsory on the licensing bodies to combine in the examination of candidates for admission as general practitioners. He regretted that this proposal did not become law. At present, practitioners were entitled to practise according to their qualification or qualifications; and hence, by Section xxxiv, many were placed on the *Register* who had qualification in medicine only, or in surgery only. The Council had expressed an opinion that it was desirable that no one should be registered unless doubly qualified. It was, however, difficult to introduce a clause which should effect this, unless by disfranchising the Colleges of Surgeons and the Apothecaries' Company; and such an attempt would raise the powerful and most probably successful opposition of these bodies. It was thought, therefore, that the Council should express a very strong opinion in favour of the co-operation of the licensing bodies for the purpose of examination. If this course were followed, the necessity for compulsory legislation would be removed. With regard to the proposed addition to Section xviii, the Committee had found, on consultation with Mr. Ouvry, that the Council had already full power of visiting the examinations personally or by deputy, and of remunerating the visitors. He believed that Dr. Sharpey, who proposed the addition, had become convinced of this. Moreover, an application to Parliament for a money grant would be an obstacle to the passing of a Bill; and it was also unnecessary, as the funds of the Council were sufficient for carrying out its objects. The expenditure which had hitherto been unavoidable would be diminished as the work to be done at the meetings of the Council was reduced. The Committee did not think it advisable to apply for increased powers to be given to magistrates, or for higher penalties. The adoption of the amendment of Section xl would be sufficient. As to the registration of the licentiates in dental surgery, the memorial from these gentlemen was expressed in respectful terms, their claims were ably argued, and their case was fairly set forward from their point of view. But it was an objection to their requirement, that the introduction of mere dental licentiates into the *Register* would render them liable to be regarded as medical practitioners. It would be worth the consideration of the dental surgeons whether they should not have a register of their own. Dr. Andrew Wood then explained briefly the amendments proposed in the Draft Bill.

Dr. EMBLETON seconded the motion.

Dr. CORRIGAN proposed as an amendment—

“That the consideration of the Report on the proposed Amendments of the Medical Acts be postponed to the next meeting of this Council, inasmuch as the resolution of this Council of May 4, 1864, directed the attention of the Branch Councils only to Clauses xx, xxxi, and xl, while in the amended Bill now proposed for adoption amendments are introduced which have never previously come under the consideration of this Council, and no opportunity is af-

forded to the several licensing bodies to take these amendments into consideration."

He believed that there never was a greater delusion than to suppose it possible to pass the Bill in this session of Parliament. Many of the licensing bodies would apply for amendments; and the opposition of one alone would stop the progress of the Bill. He referred to the proceedings which took place in the Council last year in regard to the question; and said that, although he had been an indefatigable labourer in the cause, he could not support the present resolution. It was agreed last year that the amendments of the Acts should be confined to three clauses, and that an early meeting of the Council should be held for the purpose of considering them. He objected especially to the proposal to allow the Colleges of Surgeons in Scotland and Ireland to admit licentiates in dental surgery, unless the same privilege were granted to the Colleges of Physicians and to the Universities.

Dr. A. SMITH seconded the amendment, which, on being put to the vote, was lost; 3 voting for and 13 against it.

Dr. QUAIN then moved as a second amendment, and Dr. APJOHN seconded—

"That the Report of the Committee on the Medical Acts Amendment be considered clause by clause, except such clauses as have been already decided on by the Council."

The amendment was carried.

The preamble of the Draft Bill, and Clauses 1, 2, and 3, were put to the vote, and adopted without discussion.

When Clause 4 was put to the vote, the PRESIDENT called attention to the hardship which might be inflicted on a practitioner prevented by illness or other causes from replying to the Registrar. He thought it would be very arbitrary to erase a name in consequence of an answer not being returned to a single letter.

Dr. QUAIN proposed, and Mr. HARGRAVE seconded, an amendment to the effect that the Registrar should write twice, at intervals of three months. (See Clause 4, page 399, col. 1.) The Council agreed to the amendment.

Clause 5, having been already agreed on by the Council, was not discussed. Clause 6 was adopted; and Clause 7 was withdrawn.

The remaining portion of the Report was adopted, with the omissions and amendments already referred to.

Dr. CORRIGAN moved—

"That it would be desirable to have a clause inserted in the amended Bill, or in any Pharmacy Bill introduced to the legislature, rendering it imperative on the apothecaries and compounding chemists of the United Kingdom to follow, in compounding prescriptions, the formularies of the *British Pharmacopœia*, unless otherwise specially directed by the prescriber, inasmuch as compounding indifferently from the formularies of four different Pharmacopœias is dangerous to the lives of the community."

He believed that some of the leading members of the College of Physicians in London had recommended that the old *Pharmacopœia* should be followed; and his impression was that the public had hence been led to regard the *British Pharmacopœia* as of no importance. At present, in each division of the kingdom, both the new *Pharmacopœia* and the old ones of the respective Colleges were in operation; and the preparations bearing the same name in the different works were of such various strength that the minimum dose according to one *Pharmacopœia* would be poisonous according to another. He cited

tincture of aconite as an example. If a case of poisoning occurred, there was no obligation on druggists to follow the formulæ of the *British Pharmacopœia*. The Council should clear themselves from any charge of neglect or carelessness of the lives of the public; but he would not press for a penalty against druggists for not dispensing according to the new *Pharmacopœia*, since the not following the directions of an Act of Parliament in itself constituted a misdemeanour.

Dr. APJOHN seconded the motion.

Dr. LEET said that many of the apothecaries of Ireland, though very particular, followed the old formularies.

Dr. A. SMITH said that, from inquiries he had made in Dublin, he had reason to believe that not more than a thousand copies of the *British Pharmacopœia* had been sold in Ireland.

Dr. CHRISTISON did not think it necessary to ask for fresh powers to enforce the use of the *Pharmacopœia*. In Scotland, he believed that all the druggists understood that they were bound to use the *British Pharmacopœia*; and, as far as he had been able to learn, the practice was very similar in London. Those practitioners who did not follow the *British Pharmacopœia* marked their prescriptions to be dispensed according to the *London Pharmacopœia*. He thought that the *British Pharmacopœia* was gaining ground. It was adopted by practitioners, except by those few whose inclination was to resist.

After some remarks from Dr. ALDERSON, Dr. QUAIN, Mr. COOPER, and Dr. CORRIGAN, the motion was put to the vote, and carried *nem. con.*

Dr. CORRIGAN moved, Dr. ANDREW WOOD seconded, and it was resolved—

"That a copy of the foregoing resolution be forwarded to the Secretary of State for the Home Department."

Dr. ANDREW WOOD moved, Dr. ACLAND seconded, and it was resolved—

"That the memorial contained in the Report of the Medical Acts Amendment Committee to be addressed by the President to the Home Secretary be adopted, and transmitted without delay."

Dr. ANDREW WOOD moved, Dr. FLEMING seconded, and it was agreed—

"That the Report of the Medical Acts Amendment Committee, as now adjusted by the Council, be printed and inserted on the minutes."

It was moved by Dr. QUAIN, seconded by Mr. HARGRAVE, and agreed to—

"That a deputation be appointed to wait on Mr. Waddington, the Under Secretary of State for the Home Department, on Saturday, 15th inst., at one o'clock, according to appointment; the deputation to consist of the President, Mr. Arnott, Dr. Andrew Wood, and Dr. Stokes."

Practice by Chemists and Druggists. Dr. STOKES moved, Dr. ACLAND seconded, and it was resolved—

"That the Report of the Committee on Medical and Surgical Practice by Chemists and Druggists, and on the Pharmacy Bills, be accepted as read, and entered on the minutes."

[We will give the Report in the form in which it was finally adopted. See page 406.]

Report of the Finance Committee. Dr. SHARPEY moved, Dr. A. SMITH seconded, and it was resolved—

"That the Report of the Finance Committee be received and entered on the minutes."

REPORT.

The Finance Committee beg leave to present, in the table subjoined, a Statement of the Estimated

expresses the number of those who passed a preliminary examination before commencing professional study.

ENGLAND.

Royal College of Physicians, London, 142. One exempted by special commission of the College, having being examined at Bedford School in 1859. Total, 143.

Royal College of Surgeons of England, 366. 56 exempted, as they had begun professional study before October 1, 1861. Total, 422.

Apothecaries' Society of London, 331. 37 exempted, having begun professional study before January 1, 1860; 10 ditto, having begun apprenticeship before Jan. 1, 1860 (2 of these passed preliminary examination in January 1865). Total, 378.

University of Oxford. No return.

University of Cambridge, 12.

University of Durham, 55.

University of London, 50.

SCOTLAND.

No returns received from any of the Universities or licensing bodies in this division of the kingdom.

IRELAND.

King and Queen's College of Physicians, Ireland; Royal College of Surgeons, Ireland; Apothecaries' Hall, Ireland; University of Dublin; and Queen's University, Ireland. Total number who had passed preliminary examination, 254. One exempted, having been placed on the Register by special resolution of the Royal College of Surgeons, Ireland. Total, 255.

The Recommendations on Education. Dr. EMBLETON proposed, Mr. COOPER seconded, and it was resolved—

“That a Committee be appointed to arrange and digest the Recommendations on Education of the Council as to the preliminary and professional education and examination, agreed to during the past and present session; and that the Committee consist of Dr. Embleton (chairman), Mr. Cooper, Dr. Leet, Dr. Apjohn, Dr. Stokes, and Dr. Alderson.”

The following day being Good Friday, the Council adjourned to Saturday.

SATURDAY, APRIL 15TH.

G. BURROWS, M.D., President, in the Chair.

The Deputation on the Medical Acts Amendment Bill. The President informed the Council that the deputation appointed at the last meeting of the Council had waited upon the Under Secretary of State for the Home Department, and found that he had given his close attention to the report adopted by the Council on the amendment of the Medical Acts, including the Draft Bill; and, after some further explanations, he promised to forward immediately the report, with the memorial signed by the President, to the Secretary of State, Sir George Grey.

Degrees in Surgery. Dr. STORRAR moved—

“That Section x in Schedule (A) of the Medical Act, be amended by the introduction of the words ‘or Bachelor,’ after the word ‘Master,’ in the first line.”

He explained that, on the passing of the Medical Act, it was found that, in Section xxxi the qualification to practise medicine was understood in its limited sense: and hence several Universities have instituted degrees in Surgery, so as to give their graduates a double qualification. The University of London had thus instituted two degrees, those of Master and of Bachelor of Surgery, to correspond with the degrees of M.D. and M.B. This was not done for the sake of competition with the College of Surgeons, but because it was felt that, so long as the University could

not give academic distinctions in Surgery, the surgical claims of its graduates were not fairly represented. He did not include the University of London alone in his proposal, but was desirous that all the Universities which gave degrees in Surgery should have the privilege of registering them.

Mr. SYME seconded the motion. He had always considered that the degree of Doctor of Medicine should confer the right of practising surgery as well as medicine: and he regretted that a different decision had been arrived at. But this being the case, the recognition of the surgical degree was absolutely necessary.

Mr. ARNOTT objected to the extension of the privilege to all the Universities, on the ground of the difference of constitution between the University of London and the Scotch Universities: the former being an examining body only, the latter both teaching and examining bodies. It would be discouraging to the great medical schools in London to give the Scotch Universities the privilege of granting degrees in Surgery: it would encourage students to desert the London schools and go to Scotland. If the University of London wished for a recognition of their degree in Surgery, let them obtain it by a special charter or Act; but do not let the privilege be extended to institutions which are medical schools. It had been said that the Royal College of Surgeons did not give a medical qualification; but he argued that their examination was medical as well as surgical. Candidates were examined on fever arising from surgical injuries, on inflammation of the brain, lungs, peritoneum, etc. He believed that the College of Surgeons would resist the proposal to recognise the surgical degrees of the Universities, if the motion were carried.

Mr. HARGRAVE considered the requirements of the University of London as to surgery very superficial and meagre.

Dr. QUAIN said that, from its institution, the University of London had examined candidates for the M.B. degree in Surgery as well as in Medicine. But, as a graduate, he had felt it hard that his surgical qualification was not recognised. When the Medical Act was passed, the University Convocation decided in favour of the recognition of degrees in surgery. The Senate also was willing to agree to this, but it was found that the degree of Master of Surgery was alone recognised by the Medical Act. The University had instituted two degrees in Surgery, those of Master and Bachelor; and all that they asked was, that their graduates should be allowed to register these titles. It was desired in instituting the degrees, that all candidates should be required to take the M.B. degree, and after this proceed either to the M.D. degree or to a degree in Surgery according to their inclination.

Dr. A. SMITH said that the Council should decline to give any opinion on the subject. The University of London, if it wanted its surgical degrees to be recognised, should apply to Parliament.

Dr. CHRISTISON said that it was a mistake to suppose that the resolution was intended to confer the power of granting degrees in Surgery on Universities which did not already possess it. Such a power could only be granted by charter to each University. The University of London had this right by charter; and all that was to be decided was, whether its graduates should be allowed to register their surgical degrees. Mr. Arnott was right in saying that the Scotch Universities did not now grant degrees in Surgery; but he was wrong in supposing that they did not possess the power to do so. Their old charters, still in force, entitled them to grant degrees in Medicine, etc., “aut in quavis aliâ licitâ facultate.” He was,

however, by no means desirous that they should exercise this privilege.

Mr. COOPER said that the Society of Apothecaries had done its duty in endeavouring to render practitioners duly qualified. If the College of Surgeons and the Hall were efficient for the licensing of general practitioners, he did not see the necessity for the Council taking measures to form a higher class of these.

Dr. PAGET said that Dr. Storrar's proposal was that the privilege of registering a lower degree in Surgery should be granted to bodies which already could register a higher degree. He feared that if many took the degree of Bachelor in Surgery, a competition would be instituted between that degree and the membership of the College of Surgeons; and competition between licensing bodies was not beneficial to the public.

Dr. CORRIGAN regarded the question as a battle between shops. The Council had set out with the desire of diminishing the number of professional licenses; and now a proposal was made to increase them. The Colleges of Surgeons had obtained their powers on the supposition that the Universities neglected Surgery.

Dr. ACLAND objected to the opening remarks of Dr. Corrigan. As to the University of Oxford, there were no fewer than fifty-two different titles which the University could grant; among these was a license in Surgery, which, in his opinion, was well left in abeyance at least for a time. The question of the recognition of the surgical degrees had not been raised in Oxford because he did not think it expedient to add another to their degrees; but if another University was inclined to act differently, it was unfair and unbecoming to represent the question as a mere battle of petty interests.

Dr. STORRAR having replied, the motion was put to the vote and lost.

Dr. CORRIGAN required that the names and numbers of the majority and minority, and of those who did not vote, should be taken down. *Majority*, 9—Mr. Arnott, Mr. Cooper, Dr. Paget, Dr. Andrew Wood, Dr. Fleming, Dr. A. Smith, Mr. Hargrave, Dr. Apjohn, Dr. Corrigan. *Minority*, 6—Dr. Storrar, Mr. Syme, Dr. Sharpey, Dr. Quain, Dr. Christison, Dr. Stokes. *Did not Vote*, 5—The President, Dr. Alderson, Dr. Acland, Dr. Embleton, Dr. Leet.

The British Pharmacopæia. The Report of the *Pharmacopæia* Committee was taken into consideration. (See page 376.)

Dr. QUAIN moved—

"That the Report of the *Pharmacopæia* Committee be adopted."

The principal changes in the second edition would be that the chemical processes for the preparation of medicines would be omitted; and that the work would be printed in one size only.

Dr. APJOHN seconded the motion.

In answer to a question from Dr. ANDREW WOOD,

Dr. QUAIN said that it was intended to publish the new edition as soon as possible after the next meeting of the Council. There would not be a posological table, but the doses would be mentioned under each medicine; and all alterations from the nomenclature of the other *Pharmacopæias* would be entered.

Dr. CHRISTISON, in the course of the discussion which followed, said that no article would be omitted that was known to be used by medical men; and new preparations used by practitioners in extensive practice would be introduced. The *Pharmacopæia* Committee had thought it better rather to add superfluous matter than to strike out.

The motion was carried.

Dr. CORRIGAN moved, Dr. ANDREW WOOD seconded, and it was resolved—

"That it is desirable to have a proof copy of the new *Pharmacopæia* in the hands of the members of the General Medical Council at least one month before the meeting of the General Medical Council, at which the opinion of the Medical Council is to be given relative to its being published, in order to afford to each member of Council the opportunity of making such suggestions to the Committee as may appear desirable."

Dr. QUAIN moved, Mr. HARGRAVE seconded, and it was agreed—

"That the Executive Committee be authorised to obtain estimates, and make contracts for printing and binding the new edition of the *Pharmacopæia*, when the same is ready for the press."

Dr. QUAIN moved, Mr. COOPER seconded, and it was resolved—

"That the sum ordered to be placed at the disposal of the *Pharmacopæia* Committee, by resolution of May 7th, 1864, be extended from £100 to £300."

Subjects of General Education. Dr. STOKES moved—

"That the first part of the Report of the Committee on the Subjects of General Education, extending to the words, 'approved by them,' be adopted." (See page 395.)

He said that the examination in the subjects of general education was most efficiently conducted by those who were also the teachers of these subjects. In examining by the professional bodies, great abuses had prevailed. He had heard of an instance in which the Registrar of an institution had informed the candidates in what parts of certain works they would be examined; and of another in which one passage was so constantly used, that the book if thrown up would always fall open at that one page. It was true that these events occurred many years ago, and great credit was due to the Colleges of Physicians and Surgeons for instituting a better state of things; but still there was room for improvement. He considered that the want of a good general education was the cause of the low social position of the medical profession. The public should understand that the Council would not be satisfied with a low standard, and that it was their opinion that students should continue to cultivate general studies even after having passed their examinations. He cited the late Sir Benjamin Brodie as supporting this opinion. The Council should insist on a few subjects and take care that they were well known.

Dr. PAGER seconded the resolution. All that was desired was, that medical students should have a fair general examination.

Dr. ANDREW WOOD was not prepared to discuss so important a subject at so late a period of the session. He believed the examination in arts of the College of Surgeons was as good as that of the universities; and the incorporations were not at present in a condition to part with their right of holding the preliminary examinations. The College of Surgeons of Edinburgh had their examination in mathematics conducted by Professor Kelland; but in Latin they found a member of their own profession quite competent. He did not think that the Council would be content with the standard laid down in the report. He moved as an amendment—

"That, as at this late period of the session it is impossible duly to consider the important questions brought forward in the Report of the Committee on General Education, the consideration of that report be delayed till next session."

Dr. FLEMING seconded the amendment.

After a discussion, in which Dr. CORRIGAN, Mr. HARGRAVE, Dr. STORRAR, Dr. APJOHN, Mr. COOPER,

and Dr. STOKES took part, the amendment was put to the vote and carried; the numbers being, for, 11, against, 8. It was then also carried as a substantive motion.

A proposal for the suspension of the standing orders, so as to allow the Council to sit for an additional hour, was negatived by a majority of 12 to 6.

Professional Education and Examination. Dr. EMBLETON moved, Dr. LEET seconded, and it was resolved—

“That the Report of the Committee appointed to arrange and digest the recommendations as to education and examination agreed on during the present session by the General Committee on Education be received, and entered on the Minutes.”

Executive Committee. A ballot was taken for the election of four members to form, with the President, the Executive Committee; and Dr. Acland, Mr. Arnott, Dr. Paget, and Dr. Sharpey, were declared elected.

MONDAY, APRIL 17TH.

GEORGE BURROWS, M.D., President, in the Chair.

The Pharmacy Bill. The Report of the Committee on Medical and Surgical Practice by Chemists and Druggists and on the Pharmacy Bills, was discussed, clause by clause, and finally adopted in the following form.

REPORT.

The Committee appointed on April 7th, 1865, to report whether the Medical Council is charged under the Medical Act with any duty in relation to medical and surgical practice by chemists and druggists, and also to consider and report on the two Bills relating to Pharmacy now before Parliament, report as follows:

In 1864, the General Medical Council represented to Her Majesty's Government the necessity of regulating by statute the practice of pharmacy by chemists and druggists throughout the kingdom. The Committee are of opinion that this necessity continues as cogent as ever; and that the Council ought to encourage and support any approved measure for effecting such legislation.

Two Bills for the purpose have been introduced into the House of Commons during the present session, one promoted by the Pharmaceutical Society, the other by chemists and druggists not belonging to that body. The Bill of the latter is confined to England and Wales, that of the former to Great Britain.

After carefully considering both Bills, the Committee are of opinion that the preferable mode of legislation is that which adopts the Pharmaceutical Society, with the Pharmacy Act of 1852, as a basis. They think the Bill promoted by the Society well fitted to attain various important objects, and reasonable in its demands for powers and privileges.

The main objects of the Bill are to form a register of legally qualified pharmaceutical chemists; to prohibit the use of certain pharmaceutical titles by persons not on the Register; to confine to those registered the privilege of executing the prescriptions of medical practitioners, subject to the provisions hereinafter named; but not to restrict the sale of medicines asked for in any other manner.

The Committee desire to bring before the Council certain defects which it appears to them necessary to correct before the Bill becomes law.

1. The Bill should be altered so as to apply to Ireland, as well as to England and Scotland. They are not aware that any state of things exists in Ireland to render the regulation of pharmacy by the State less necessary there than in Britain.

2. The Committee are of opinion that a clause should be inserted in any Pharmacy Bill, rendering it imperative on chemists and druggists to follow, in compounding prescriptions, the formularies of the *British Pharmacopœia*, unless otherwise directed by the prescriber.

3. The Committee consider that the promoters of the Bill, probably from a desire to disarm opposition, propose to admit, on too easy terms, into their Society practising chemists and druggists not now belonging to it. The proposal is to admit all who offer themselves for examination, or who produce a certificate from a qualified medical practitioner that they have been in the practice of dispensing medicines from the prescriptions of medical men before January 1, 1866. The latter alternative implies a facility of entrance which will be apt to lead to abuse. The Committee are of opinion that more satisfactory evidence of qualification should be required.

4. The last important defect in the Bill which the Committee have to notice is, that no adequate provision has been made towards preventing registered pharmaceutical chemists from converting themselves into unqualified medical practitioners.

Looking to the history of medical practice in this country, the Committee see great danger to the interests of the public and of the medical profession from the body which will be constituted by the Bill, should it become an Act in its present shape. The General Medical Council, in carrying out the objects of the Medical Act, have raised, and, it is hoped, may further raise, the qualifications of legally qualified medical practitioners. But their labours will be in vain, should the creation of a new race of unqualified practitioners be inadvertently encouraged by an Act of Parliament. It is well known that many existing chemists and druggists, both members of the Pharmaceutical Society and others, practise medicine, although unqualified by law and not competent by education. To a limited extent, this practice may be inevitable, and, at all events, cannot be prevented. But the existence of it gives peculiar facilities and temptations to the pharmaceutical chemist to embark largely in irregular medical practice as an unqualified practitioner.

The Committee have considered whether the danger here indicated might not be averted by extending the jurisdiction of the General Medical Council, so as to include control over pharmaceutical chemists as well as over practitioners in medicine. But they believe that such a plan is at present attended with difficulties.

By Clause 55 of the Medical Act, chemists and druggists are expressly exempted from the provisions of the Act, so far as the “selling, compounding, and dispensing medicines” is concerned. Nor is there any provision in the Act which gives the Medical Council any greater power to prevent chemists and druggists from practising medicine also, than the Act enables the Council to exercise over all other unqualified medical practitioners. It is plain, therefore, that the Act did not contemplate the exercise by the Medical Council of any control over chemists and druggists; and the Committee consider that it would be unwise to seek to alter the existing relations between the Medical Council and chemists and druggists.

The Committee have further considered whether the danger they have pointed out might be averted by some simple provision in the Pharmacy Bill. By Section xvii of the Bill of the Pharmaceutical Society, it is declared that—

“Nothing in this Act contained shall extend, or be construed to extend, to lessen or prejudice, or in any wise to interfere with, any of the rights, privileges, and immunities heretofore vested in, and exercised,

and enjoyed by any duly qualified medical practitioner."

This clause sufficiently protects medical practitioners in such right of practising pharmacy as they have hitherto enjoyed; but it does not attempt to prevent pharmaceutical chemists from practising medicine. Considering their peculiar temptations to practise it, however, some check seems desirable. The Committee suggest that this object may be attained, in some measure, were the following clause to be added to Section XVII; viz.—

"Or to entitle any person registered under this Act to practise medicine or surgery, or any branch of medicine or surgery."

The members of the pharmaceutic body would thus have constantly before them the sentiments of the legislature as to the principles on which the Pharmacy Act was founded.

The Committee have reason to believe that the Council of the present Pharmaceutical Society have every desire to discourage the practice of medicine by its members. They, therefore, apprehend that no opposition would be made to the addition of such a clause.

The Committee call attention to the fact that the Bill proposes to confer on the whole body of chemists and druggists the right of dispensing and selling medicines without any control on the part of the Government, except such as is exercised under the Pharmacy Act over registered pharmaceutical chemists. The medical profession has not been so dealt with in the Medical Act. The Medical Council is properly restricted in its action by the Medical Corporation and Universities, and is also controlled by the Privy Council. They submit that the whole profession of pharmacy ought to be subjected to some control.

The Committee recommend that the above observations should be laid by the President before the Secretary of State for the Home Department, and the Chairman of the Select Committee on the two Bills.

Signed on behalf of the Committee,
HENRY W. ACLAND, *Chairman*.

Returns from the Licensing Bodies. Dr. EMBLETON moved, Mr. HARGRAVE seconded, and it was resolved—

"That the Report of the Committee on Returns received from the Bodies in Schedule (A), and the Registers of Medical Students be adopted." (See p. 403-4.)

Finance. Dr. SHARPEY moved, Dr. STORRAR seconded, and it was resolved—

"That the Report of the Finance Committee be adopted." (See page 402.)

Dr. SHARPEY remarked that the balance due on account of the *Pharmacopœia* was now reduced to £674.

Dr. SHARPEY moved, Dr. STORRAR seconded, and it was resolved—

"That the Resolution adopted on the 7th of May, 1864, directing that two members of the Executive Committee be annually appointed to audit the accounts of the Council, be rescinded, and that the Standing Order, Sect. VI, No. 14, founded thereon, be repealed."

The Registrar. Dr. PAGET moved, Mr. ARNOTT seconded, and it was resolved—

"That it be delegated to the Executive Committee, in case of the death or incapacity from illness of the Registrar, when the General Council is not in Session, to appoint a person to perform temporarily the duties of Registrar."

The King and Queen's College of Physicians. Dr. CORRIGAN moved, Dr. APJOHN seconded, and it was agreed to—

"That the correspondence, as now submitted, between the Director-General of the Army Medical Department, the Secretary of State for War, the General Medical Council, and the King and Queen's College of Physicians in Ireland, be inserted in the minutes, and that the Registrar be requested to write to the Secretary of State for War, enclosing a printed copy of the above, and explaining to his Lordship that the General Medical Council are of opinion, for the reasons stated in the correspondence mentioned above, that initials, indicating the several medical qualifications which army surgeons possess, should be inserted after their names without distinction or preference to one degree or license over another, each surgeon, when he possesses more than one medical qualification, having, however, only one medical qualification appended to his name."

The standing orders were here suspended so as to enable the Committee to sit until seven o'clock.

The Army and Navy Returns. Dr. CORRIGAN moved, Dr. APJOHN seconded, and it was resolved—

"That a letter be addressed to the Director-General of the Army Medical Department, requesting that he would direct the future returns from the Army Service to have columns attached similar to those in the Navy return, specifying in similar detail the number of Candidates and the heads under which the Candidate failed to answer."

Business of the Council. It was moved by Dr. ACLAND, and seconded by Dr. STOKES—

"That a Committee of not more than five, and the President, be appointed to consider and report to the Council what are the means best calculated to expedite the business of the General Council; and, what are the several objects on which the funds of the Council may, consistently with the spirit of the Medical Act, be expended."

After some discussion, the motion was negatived; 4 voting for and 9 against it.

Recommendations on Medical Education, etc. Dr. EMBLETON moved, Dr. LEET seconded, and it was resolved—

"That the Report of the Committee appointed to arrange and digest the recommendations as to education and examination agreed to during the present session by the General Committee on Education to be considered, be adopted, and that the recommendations therein embodied be printed, under the direction of the Executive Committee, in a separate form, circulated among the members of the Council, and sent to each of the licensing bodies."

Visitation of Examinations. Dr. CORRIGAN moved, Dr. APJOHN seconded, and it was agreed by a majority of 7 to 4—

"That this Council, in recommending in their resolution of April 6th, 1865, the visitation of examinations by the Branch Councils, or members of such Councils deputed by them, did not contemplate payment for such duties."

The Executive Committee. It was moved by Dr. ANDREW WOOD, and seconded by Dr. EMBLETON—

"That the powers and duties delegated to the Executive Committee, in accordance with Section IX of the Medical Act (See Standing Orders, Section VI), shall be vested in the Committee until the next meeting of the General Medical Council; and that, in addition, it be delegated to them to communicate with the government in order to carry out the views of the Council in regard to the Bill for amending the Medical Acts."

Dr. APJOHN moved as an amendment, and Dr. CORRIGAN seconded—

"That the words 'in order to carry out the views of the Council,' be omitted, and the following sen-

tence added to the foregoing resolution: "it being understood, however, that no concession shall be made by the Committee inconsistent with the Amended Bill proposed by the amended Council."

The amendment was carried by a majority of 7 to 4, and, having been put as a substantive motion, was also carried.

Publication of Proceedings. It was moved by Dr. CORRIGAN, seconded by Dr. ARJOHN, and agreed to—

"That a third volume be published, without delay, of the proceedings of the past and present meetings of the General Medical Council, with full index attached."

Votes of Thanks, etc. The following resolutions, moved by Dr. ANDREW WOOD, and seconded by Dr. AQUILLA SMITH, were unanimously agreed to.

"That the thanks of the Council are due, and are hereby tendered, to the Treasurers, Dr. Sharpey and Dr. Quain, for their important services.

"That the thanks of this Council are eminently due, and are hereby offered, to the Royal College of Physicians, London, for their obliging and courteous accommodation during the present session of the Medical Council.

"That a gratuity of twenty guineas be given to the resident officials of the College of Physicians, for services rendered to the Council.

"That a gratuity of ten guineas be given to Mr. Bell, and the same to Mr. Roope, the clerks, in consideration of their extra services during the present lengthened session of the General Medical Council."

Dr. EMBLETON moved, Dr. STOKES seconded, and it was agreed to—

"That the cordial thanks of this Council are due, and are hereby tendered, to Dr. Andrew Wood, for his unwearied exertions and invaluable services as Chairman of the Business Committee during the past and present session of the Council."

It was finally moved by Dr. ANDREW WOOD, seconded by Dr. CORRIGAN, and unanimously agreed to—

"That the thanks of the Council are cordially tendered to the President for his kind, courteous, and efficient services during the present session of the General Medical Council."

The minutes of the day's meeting were then read and confirmed; and the eighth session of the Medical Council was brought to a close after a sitting of eleven days.

In concluding this report, we would express our thanks to the Council and the College of Physicians for the accommodation afforded us; and also to the clerks, Mr. Bell and Mr. Roope, for the obliging manner in which they placed copies of the minutes and other available documents in our hands at the earliest possible opportunity, and furnished us with all other necessary information.

THE NEW HOSPITAL AT CAMBRIDGE will probably be completed in the course of three or four months.

HEALTH OF SCOTLAND. The Scottish Registrar-General's monthly return for the eight principal towns—containing an aggregate population of probably above 922,000—shows a mortality of 2,593 for the month of March. This is 147 above the average mortality of the month, but it is 322 less than the month of March 1864. Epidemic diseases, however, still prevail; the zymotic class of diseases caused one in every four of the deaths of the month, one in every three in Paisley, and nearly half of all the deaths in Perth. Above 11 per cent. of the mortality of the month was from typhus, which in Greenock caused nearly 20 per cent. of the entire mortality.

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, APRIL 22ND, 1865.

THE MEDICAL COUNCIL.

THE members of the General Council of Medical Education and Registration have again met, have deliberated during a session of eleven days, and have departed. The Council has had before it several important subjects, among which the most prominent were Medical Education, the Amendment of the Medical Act, and the Pharmacy Bills. What has been the result of its labours?

The first subject to which the Council directed its attention was the amendment of the Medical Act. Last year, it was determined that the consideration of the subject should be deferred for the time; that the Branch Councils should be requested to consider how Sections XX, XXXI, and XL of the Act could be best amended; and that the Council should appoint an early day at their meeting in the next session (that which has just been held) for the examination of the whole subject. Accordingly, on the first day of the session, the Council, after disposing of some formal business, proceeded to deliberate on the Act; and the several recommendations of the Branch Councils were read and placed on the minutes. The Council first debated on the sections above mentioned, and subsequently entrusted the Medical Act to a Committee, with the view of a more extended examination.

On Section XX, which gives the Medical Council the power of representing to the Privy Council the conduct of those licensing bodies whose requirements do not come up to a proper standard, various proposals were made by Dr. Andrew Wood, Mr. Syme, and Dr. Parkes. (See JOURNAL, April 8, p. 352.) Neither of these, however, met with sufficient favour to carry them; and it was ultimately decided to leave the section as it at present stands. The Council was, we believe, led to this decision by the very valid argument that it would be absurd to ask for an increase or modification of its powers under this section until it has ascertained by experiment—which it has not yet done—that these powers are not sufficient. The Council, in fact, adopted the resolution of the Branch Council for England:

"That, consistently with the existing provisions of the Medical Act, the Medical Council may make

known what they consider to be requisite as a sufficient course of education and examination, and may, if needful, represent cases of deficiency to the Privy Council, for correction; and that the Medical Council has, further, the power of supervising examinations, with a view to their efficiency;—that hitherto these provisions of the Act have not been proved by actual trial to have failed of their purpose, and that it would be impolitic to apply to the legislature for other powers until those already conferred shall have been practically shown to be insufficient.”

For Section XL—the penal clause of the Medical Act—the Council resolved to substitute a clause to which we have already directed attention as being objectionable. Notwithstanding the arguments adduced by several members in favour of compulsory registration, we still regret that the Council decided on omitting the words “nor being able to give evidence of being qualified to be registered under this Act”.

The Council having thus come to a decision with reference to Sections XX and XL, on a subsequent day referred the whole of the Act to a Committee, together with suggestions from certain members of the profession and an important memorial from the Dental Licentiates of the Royal College of Surgeons. The Report of this Committee, and the decision at which the Council arrived in regard to it, will be found at pages 398-402 of the present number.

The Committee laid before the Council the draft of an amended Bill, which, with some modifications, was adopted. By it, Sections XIV and XL of the present Act are proposed to be repealed, such repeal not having a retrospective effect. For Section XL, the clause to which we have already referred is substituted. Section XIV of the present Act defines the manner in which the *Register* is to be kept. Of this section the spirit has been preserved; but it is proposed to amend it by directing the Registrar, in cases of doubt, to apply twice, at intervals of three months, to practitioners before erasing their names from the *Register*; and also by enabling the Registrar to remove the name of any one who has ceased to practise and wishes his name to be erased. No name which has been once struck off is to be restored to the *Register* without the authority of the General Council or Branch Council.

In the seventh section of the Medical Act, the representatives of the corporate bodies in the Council are required to be “qualified to be registered”. This wording was obviously necessary when the Act first came into operation; but now the Council propose that the representatives of the corporations shall absolutely be registered.

The Committee further recommended that the privilege of granting licenses in Dental Surgery, already possessed by the Royal College of Surgeons of England, should be further conferred on Scotch and Irish surgical corporations. This proposal was, however, objected to on the ground that it would not be fair to

exclude the Universities and the Colleges of Physicians from a similar privilege; and the clause was accordingly withdrawn without much discussion.

Several other questions, arising out of suggestions made by various practitioners and by members of the Council, were also taken into consideration by the Committee; viz., the introduction of a clause to compel practitioners to obtain both a medical and surgical qualification before registration; the application to Parliament for a grant of money to defray the expenses of visitation of examinations; and an application for increased powers to be given to magistrates administering the Act, and for increased penalties. On these points, the Committee recommended that no action should be taken; and the Council endorsed their recommendation. The Council, however, considered it highly desirable that all registered practitioners should have a double qualification; and again expressed an opinion in favour of combined action on the part of the Colleges of Physicians and Surgeons in each division of the kingdom. In reply to the memorial of the dental surgeons, the Council resolved, on the recommendation of the Committee, that it is not expedient to open the *Register* to dental practitioners having no other qualification than their licence to practise dentistry; because such admission would further frustrate the desire of the Council to secure a full qualification for all registered practitioners.

The Council completed its proceedings in regard to the amendment of the Medical Act by authorising the President to address a memorial on the subject to Sir George Grey, and by sending a deputation to the Under Secretary for the Home Department. This deputation was received by Mr. Waddington on Saturday last, and met with what was considered to be an encouraging reception. Whether, however, it will be possible to obtain the passing of a Bill during the present session, is somewhat doubtful. Some members, Dr. Corrigan especially, regard the attempt as useless; and there is, we fear, much reason in their arguments. We shall, however, soon see how far they are right.

The two Pharmacy Bills, now before Parliament, also received the attention of the Council. A Committee appointed for the purpose brought up a report on them which, with some modifications, was adopted. The Council prefers the Bill of the Pharmaceutical Society—that introduced by Sir Fitzroy Kelly; but proposes that the Bill should be made applicable to Ireland as well as to England and Scotland; that a clause should be introduced rendering it compulsory on druggists to follow the *British Pharmacopæia* in compounding prescriptions, unless otherwise directed by the prescriber; that more satisfactory evidence of qualification than that mentioned in the Bill should be required from druggists seeking admission into the Pharmaceutical Society; and that some provi-

sions should be made to prevent chemists and druggists, registered under the proposed Act, from acting as medical practitioners. The Pharmacy Bill, it is observed, proposes to protect the rights, as to pharmacy, of duly qualified medical practitioners; and it is further proposed to add a clause to the effect that no registered pharmaceutical chemists shall be entitled to practise medicine or surgery. Illegal practice by druggists to some extent, the Council acknowledged, cannot be prevented; but it desires that the Bill should contain an expression of discouragement of such practice. The Council further urges that the profession of pharmacy should be placed under some control analogous to that which is exercised over the Medical Council by the Universities and corporations, and by the Privy Council.

Medical Education occupied a considerable share of the time of the recent session. The proceedings were at first carried on in a rather desultory manner; various members bringing forward resolutions without any definite order, until Dr. Quain very opportunely recalled to the memory of the Council a fact which seemed to have been overlooked; viz., that the report of a Committee on Education, which had been partly discussed and decided on last year, still remained for the consideration of the Council. Accordingly, discussion on this report was resumed and completed; the decisions arrived at in 1864 being also reconsidered and in several instances modified. We shall give in an early number the complete code of recommendations agreed on by the Council; and will here only point out the leading features.

All medical students are to be registered by the Branch Registrars at the commencement of their professional study; a preliminary examination in general education having been first passed. The licensing bodies are to be requested not to examine after October 1869 any candidates whose names are not on the Students' Register or on the general *Medical Register*. Special exceptions, however, may be admitted by the Branch Councils, if sufficient reason be given. No license is to be obtainable until after the expiration of forty-eight months from the time of the student's registration; and within this period he must have attended a medical school recognised by any of the bodies in Schedule A, during not less than four winter sessions, or three winter and two summer sessions. The Council still declines to lay down any special course of study to be followed; but advises that lectures should be so arranged as not to interfere with hospital and clinical study. As to examination, the Council have resolved to ask the licensing bodies for particulars regarding the manner in which their examinations are carried on. This information, although only suggested by a recommendation of last year's Committee not then formally adopted, has already been

furnished by some of the licensing bodies. The examination is to consist of two parts: the first not to be undergone until the close of the winter session of the second year of study; and the second part not before the close of forty-eight months after the registration of the student. Candidates may, however, be examined in physics, botany, and natural history, at an earlier period than the first professional examination. The examinations are to be held, except in special cases, at stated periods; and the professional examinations are to be practical in all branches in which they admit of being so. No candidate is to be admitted to his final examination until he is 21 years of age; but special exceptions may be made, and the reasons for the same must be transmitted to the Branch Council.

One very important decision at which the Council arrived was, to organise the visitations of examinations.

"Each of the Branch Councils, or such of their members as may be deputed by such Councils, shall from time to time visit the examinations, preliminary as well as professional, conducted by the qualifying bodies in their respective divisions of the United Kingdom, and report the results of their observations to the General Council."

We are glad to see that the Council have at last recognised the necessity of exercising some supervision over the examining bodies. Whether they have adopted the most efficient scheme, remains yet to be proved; but we cannot but think that the expression of their determination at least will have a beneficial effect. A proposal of Dr. Corrigan, who disapproves of visitation, that the examinations of each licensing body should be public to the graduates, members, and licentiates of that body, was rejected.

In the course of the proceedings, two very important documents, having a bearing on medical education, were laid before the Council; viz., the Returns from the Directors-General of the Army and Navy Medical Departments of the number of candidates admitted to examination during 1864. These returns, which are given at p. 372 of last week's JOURNAL, apparently had an influence on the deliberations of the Council, especially in demonstrating the necessity of supervising examinations. They showed that, in the Army Medical Department, out of 151 candidates who presented themselves, each of whom had been already declared by two licensing bodies fit to practise medicine, 30 were rejected; while, in the Navy, no fewer than 21 out of 49 were rejected. The Naval Board of Examiners appended to their return a letter, in which they observed that "in a very large number of cases, the candidates displayed a lamentable ignorance of Latin"; and that they regretted the general want of instruction in operative surgery in the dead body.

The Returns received from the Licensing Bodies shewed a considerable decrease in the number of stu-

dents who passed the first examination, as compared with last year's return; while there was an increase of those who presented themselves at the second examination.

Year of Return.	Passed.		Rejected.	
	1st Exam.	2nd Exam.	1st Exam.	2nd Ex.
1864	1708	1687	375	224
1865	1493	1738	309	227

The percentages of rejections at the two examinations respectively have been nearly the same in the two returns; viz., for the first examination, 17 last year and 18 this year; and for the second, 11.5 in each of the two years.

This year, a Register of Students has been laid before the Council. This return gives the total number as 1315, of whom 1210 had passed a preliminary examination before commencing professional study, and 105 were exempted for various reasons. It is observed, that the number of exemptions is considerably less than in previous years.

On the subject of General Education, Dr. Stokes, as Chairman of a Committee, brought up a report in which it was recommended that the preliminary general examination should, after 1867, be left to the national educational bodies recognised by the Medical Council; and that no certificate should be accepted which did not show the candidate to have a knowledge of Latin, and of the elements of geometry, mechanics, and hydrostatics. The consideration of this report was, however, deferred, for want of time, until next session.

From the *Pharmacopæia* Committee, we learn that a new edition of the *British Pharmacopæia* is in course of preparation, and that certain improvements are to be made in it. It is not, however, to appear before the next session of Council. From the financial statement, it appears that 722 copies of the large and 1300 of the small edition were sold between May 1864 and January 5, 1865; and that the stock on hand of the large edition is 103 out of 13000 copies, and of the small 10,917 out of 15,000. The balance due on account of publishing has been reduced from £1206 to £723.

The Balance-sheet of the Council for 1864 shews a deficit of £59:11:6½, although the receipts were greater than in 1863 by above £130, and there was in 1863 a balance in favour of the Council amounting to £917. The contrary balance is chiefly due to the increased expenditure on behalf of the General Council, which in 1863 amounted to £3338, and in 1864 to £4317. The expenses of the Branch Councils have also, but in a less degree, been increased, having been £1210 in 1863, and £1339 in 1864.

We have thus given the principal points brought forward in the recent session. Other matters there were, for an account of which we must refer to the reports of each day's proceedings. On reviewing the proceedings, we are disposed, without pledging ourselves to an approval of all that the Council has

done, to give it credit for less of eloquence and more of work than on previous occasions. At all events, the members seem to have endeavoured to act under the conviction that the profession expects something from them more than they have already done. One day, indeed, may be regarded as having been spent altogether unprofitably. On Saturday, April 8th, the Council were occupied for an hour in discussing an opinion of counsel on their duties as to voting, which, however, was so obscure, that the President declared himself unable to learn from it what he ought to do, and Dr. Andrew Wood compared it to the celebrated oracular answer, "Aio te, Æacida", etc.; and after this, nearly three hours of precious time were taken up with that apparently interminable question, the privileges of the Irish Apothecaries—the result being, to leave matters precisely as they were. But, with this exception, something was done, or some important matter discussed, at each day's sitting.

The Council has this year, we repeat, improved in its shew of work. And this must be admitted: that, whatever may be their shortcomings, credit is due to the members of the Council for their assiduity in attending to their duties. During the recent session, one member only, Dr. Alexander Wood, has been absent—we regret to learn, from illness. It seems, in fact, a point of honour with them, at least by their attendance to fulfil the trust placed in their hands by the licensing bodies which they represent. And this many of them must do at a pecuniary loss to themselves; for it cannot be supposed that the five guineas *per diem* with the allowances for hotel and travelling expenses which each member receives constitute an adequate return for his absence from practice. It would be an improvement, however, if some means of remunerating the members could be devised which should press less heavily on the funds of the Council. Dr. Acland, indeed, made an unsuccessful attempt to obtain a Committee to consider how the business might be abridged; but the Council thought that in time the business will, without any aid from Committees, naturally and necessarily contract itself within more reasonable limits than those to which, in the last two sessions, it has extended.

THE opinion which this JOURNAL was the first of the medical journals to give—viz., that the so-called new disease said to have been raging in St. Petersburg was "evidently neither plague nor any new disease, but the plain old-fashioned famine-fever, typhus, with its companion, relapsing fever"—has turned out to be strictly accurate. There have evidently been gross exaggerations made by the papers and telegrams in reference to the destructive character of the disease. It seems to us that the duty of medical journals in cases of this kind is not

to feed and foster the popular craving after excitement, by giving heed to the popular, though ignorant, and the marvellous side of such reports; but to calmly survey, and philosophically estimate, their real meaning. It surely is not the business of medical journals to square their medical knowledge according to the capacity of the ignorant multitude. Our duty should be to try and elevate ignorance up to a level with scientific teachings. An official document issued by the Russian Minister of the Interior gives us, no doubt, something like an accurate statement of facts. From this we learn that the epidemic in the Russian capital is neither Black Death nor Oriental Plague. "The epidemic," says the Minister, "does not offer any new features of note, nothing unknown to science, no special form but the typhoid class, with various known modifications," among which "buboes" are not mentioned. Typhus and typhoid fever visit St. Petersburg in the autumn of almost every year, diminishing about November, when a great number of workmen quit the city for the provinces, and increasing again in the spring, when these workmen return and the ice breaks up. This year, the customary spring outbreak has been more severe than usual, and attended with "bilious typhoid fever" and "relapsing fever". The last appears to be new in St. Petersburg. The relapsing fever is contagious. Only two deaths had been reported among the doctors, and a few more among the nurses. Infection has been most virulent in the poorest dwelling-houses, where the ventilation is bad, and infected clothing rarely destroyed. The Russian physicians express no doubt as to the origin of the malady. "It may be attributed to bad hygienic arrangements; to the consumption of bad food; to an unusual agglomeration of workmen in the capital." Nothing is said about the "horned rye", on which so much stress had been laid. Of the pathology of the disease, no doubt the medical men who have been sent by the English Government to the seat of the fever will give us a more accurate and satisfactory account than that contained in the report of the Russian Minister. Information, moreover, has been received from Dr. Whitley.

"He arrived," says Mr. Simon, "at St. Petersburg on Saturday night last, and his telegram informs me in positive terms that 'nothing resembling plague has been observed'. As regards the disease which is prevailing in parts of North Germany, the case is very widely different. That disease is one of which hitherto England has had no general experience. Even in foreign medical literature, mention of it is but comparatively recent, and the knowledge which relates to it is incomplete. It is a febrile nervous affection of a very painful and very dangerous kind. By us, for practical purposes, it may be regarded as a new disease; but, in truth, it has for the last twenty-eight years been prevailing very extensively in successive small epidemics, both in Europe and in America, throughout the entire breadth of the north temperate zone. Both on account of the alarming rumours which are connected with the present epi-

emics in North Germany, and also with a view to collect the latest and fullest information concerning the habits of so important a disease, your lordship (as in the case of the St. Petersburg fevers) deemed it right that an English physician should be sent to observe and report; and, under your lordship's orders, I instructed Dr. Sanderson to proceed for this purpose to those places about the Lower Vistula where the disease was chiefly prevailing. From him during the last few days I have received telegrams and letters which leave no doubt as to the identity of the prevailing disease, and establish, as I have already stated, that it has no dependence on the fevers of St. Petersburg."

THE profession, who approve of fair play, will be glad to learn that the treasurer of St. Thomas's Hospital has not succeeded in his attempt to deprive Mr. Solly of the privileges of his hospital appointment. So far from this, the treasurer, on the 18th inst., received a very considerable defeat; for it was decided, by a majority of forty-five against eighteen governors, that Mr. Solly should be allowed to hold his appointment of surgeon to the hospital for the full term of twenty years. We believe that Mr. Solly has still eight of the twenty years of office to run.

THE Vaccination Committee of Lyons have just published their Annual Report. Every year, they tell us, adds something new to a subject which has been long ago thought exhausted. M. Palasciano of Naples had supplied matter from the cow, and with this some children and animals at Lyons had been vaccinated. In its use, it appears that certain precautions are requisite. Professor Chauveau states that the matter from the cow never fails when the rules laid down by M. Palasciano are duly attended to; and that it produces finer pustules than the ordinary ones, and is absolutely harmless. One of the most essential rules is, that the matter must be taken from a pustule which is not more than seven days old; and that it must be taken from the very bottom of the pustule. The liquid matter, which may be obtained in abundance from the surface of the pustule at the eighth or ninth day, appears to have only very feeble inoculating powers. Thus eleven inoculations, made with matter taken from the bottom of young pustules, all succeeded perfectly; whilst five inoculations, made with matter taken from the surface of the pustule on the eighth day, all gave negative results. M. Chauveau thinks that we should employ animal vaccination as a means of avoiding syphilitic contagion. But the head surgeon of l'Antiquaille—M. Gailleton—gives a much more moderate view of the question. In his opinion, vaccination from the cow is a method which can only be very rarely employed, and is not required as a preventive against syphilis, if only due precaution be taken by the vaccinator. M. Berne, also head surgeon of

the Lyons La Charité, affirms that vaccine matter has in no way degenerated, and is still as effective a preventive against small-pox as ever it was. Altogether, it would appear that the experiments made at Lyons with vaccine matter taken from the cow do not correspond precisely with the account given by M. Palasciano at the Lyons Congress. The Lyons Hôtel-Dieu is, we are told, a permanent focus of variolous infection, both of patients and of visitors; so that the vaccination of every patient on admission has been recommended.

THE bromide of potassium, as a remedy for epilepsy, has been tried by M. Moreau, in the Salpêtrière. Of the 300 or 400 epileptics in that hospital, the youngest patients, and those most recently affected, were chosen for the trial. The treatment was continued for three months, and the dose gradually increased from the first to the sixth week, from half a *centigramme* to three *grammes* in the twenty-four hours. After the sixth week, the three *grammes* were continued up to the end of the treatment. The result of the treatment in fifteen patients was, that in the first category of patients the bromide-salt produced neither good nor harm, the epileptic fits continuing as before. In the second category, the fits were more numerous after than they were before the treatment. The conclusion, therefore, is that the bromide is completely inefficacious in confirmed epilepsy.

HOMŒOPATHY appears to be in the ascendant in Spain. Recently, there has been established a Chair and *Clinique* of Homœopathy at Madrid. There is also a Homœopathic Academy, whose President, José Nanez, is a Marquis and Grand Cross. The Minister of State has determined that a fair trial should be given to homœopathy, in order to ascertain whether it will or not be right to alter, for the future, the course of medical instruction. All medical Spain is in commotion at the proposal. The Academy of Medicine has sent a protest to the Senate. "When Spain moves, instead of advancing, it progresses backwards," says the critic.

The Medical Congress at Madrid begins on next September 24th; it lasts six days. Any one, on showing his medical diploma, can gain admittance. The chief subjects proposed for discussion are: Hospital Reforms; Histological, Chemical, and Clinical Analysis of Purulent Infection; Nature and Treatment of Typhoid Fever; etc. The papers and discussions may be carried on in the French language.

The administration of nitrate of silver in ataxia of locomotion, and other paralytic disorders, is highly spoken of by certain French practitioners. The nitrate of silver should be made into a pill with nitrate of potash or silica, and not with bread, which decomposes it.

"No one can give an opinion concerning the acts of lunatics brought before the courts of justice," says M. Legrand du Saulle, "who has not had large experience of patients in lunatic asylums. He who does so speaks of that of which he has no knowledge—of what he has not seen; and the consequence is, that his incompetent evidence may lead the judge or the jury to the most unfortunate conclusions."

M. Guibout, of St. Louis, in lead-poisoning, speaks highly of flour of sulphur given in honey. Half an ounce of the sulphur is given during the day. It purges gently, and also directly neutralises the lead, says M. Guibout.

Dr. Chabraud states that cretinism has been for the last twenty years on the decrease in the Briançon district, and attributes the fact, in great part, to the use of coffee, which has there become very general.

M. Musse recommends a creasote lotion as a specific for mentagra.

M. Chenu, army physician, has just published a full exposition of questions, hygienic, medical, and surgical, relating to the Crimean war, founded on official documents. His work contains eight hundred pages in quarto, and is illustrated with one hundred engravings. He gives therein an account of the "courageous victims which were gathered by death from amongst the ranks of medical military service during the Crimean campaign." The number of officers of all ranks who died from wounds was 779, or 17 per cent.; of medical officers who died of different diseases, was 82, or 18.22 per cent.; of officers of all ranks who died of typhus, was 26, or 0.17 per cent.; of medical officers who died of typhus, the number was 58, or 12.88 per cent. Speaking of the position of the military medical officer, M. Chenu says:

"What is the position of the military surgeon? In the eyes of the soldier, he has the reproach of being a non-combatant. His real value, however, is only felt on the field of battle, in the ambulance, in the hospital, and in the midst of contagious diseases. In the hour of danger, every one praises him. The medical man who dies in the fulfilment of his sacred duty, says *Moniteur de l'Armée*, deserves as well of the army, of his country, and of his sovereign, as the soldier who dies on the field of battle. But when the danger is passed, then kindly thoughts vanish. But, in truth, in what particular does he differ from the combatant? He marches with the ambulance on to the field of battle. He is neither protected from death nor from wounds. The only difference which there is between him and the combatant is, that he does not return the wounds which he receives. In the hospital, his position is still more dangerous; there he strives with invisible enemies, against whom he has no defence, unsustained by the ardour of battle, the excitement, and the sound of the trumpet."

ODONTOGRAPHIC SOCIETY OF PENNSYLVANIA. On February 7th, Professor Thomas H. Huxley, F.R.S., F.L.S., was elected an honorary member, and Charles James Fox, M.R.C.S., L.D.S., a corresponding member of this Society.

Association Intelligence.

CHEMISTS AND DRUGGISTS BILL.

THE following amendments have been proposed to be inserted in the No. 1 Bill (Sir F. Kelly's) by the Parliamentary Bills Committee of the Metropolitan Counties Branch of the British Medical Association. To Clause 17, which saves the rights of medical practitioners, it is proposed to add: "And it shall not be lawful for any person registered under this Act, to prescribe for any patient, or undertake the treatment of disease, or in any way assume to act as a medical practitioner, and every chemist and druggist so offending, shall, upon a summary conviction, forfeit or pay a sum not exceeding £10." As Clause 19, it is proposed to insert the following: "No patent, quack, or other medicine shall be sold, unless a sworn certificate of its composition be lodged with the Registrar appointed under this Act, and a copy thereof be open for inspection in the shop or place in which such medicine is sold; and any person or proprietor of a shop, selling any secret remedy, shall, on summary conviction for each such offence, be liable to a penalty not exceeding £20."

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting will be held at the Committee Room of the Dartford Union House, on Friday, April 28th, at 4 P.M.

Dinner will be ordered at the Bull Hotel, at 5.15.

Tickets 5s. each, exclusive of wine.

Flaxman Spurrell, Esq., F.R.C.S., will preside; and a paper is promised by John Grantham, Esq., on Fibrous Disorganisation of the Stomach and Pylorus.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, April 19th, 1865.

WEST SOMERSET BRANCH: QUARTERLY MEETING.

A QUARTERLY meeting was held at Clarke's Castle Hotel, Taunton, on Wednesday, April 12th, at 7 P.M. HAMILTON KINGLAKE, M.D., President, in the Chair. Eight members were present.

Annual Meeting. It was resolved that the annual meeting be held at Taunton, on Tuesday, July 4th.

Communications. The following communications were read:—

1. On the Value of Perchloride of Iron in Obstetrics: with Cases. By Hugh Norris, Esq. After a full discussion, and thanks to Mr. Norris for his useful hints, he was requested to send the paper to the JOURNAL for publication, as it was calculated to make better known so valuable a remedy.

2. A Case of Phlegmasia Dolens in a Boy aged 11. By H. J. Alford, Esq. Copious notes of this unusual disease occurring in so young a subject were read by Mr. Alford, and commented upon.

The meeting separated at ten o'clock.

UNIVERSITY OF LONDON. The Senate of the University of London have determined to establish a degree of Bachelor of Surgery, which may be granted at the same time as the degree of Bachelor of Medicine.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

MARCH 9TH, 1865.

HENRY LOWNDES, Esq., Vice-President, in the Chair.

Acupressure. Mr. HIGGINSON gave an explanation of an instrument he had invented for the application of acupressure in external wounds.

Abnormal Arrangement of the Peritoneum. Mr. RAWSON showed a specimen of abnormal distribution of the peritoneum, the whole of the small intestines with the exception of the duodenum being contained in a sac formed by reflection of the peritoneum.

Ovariectomy. Dr. GRIMSDALE read four cases of ovariectomy. His previous successful cases had all continued to enjoy good health. One (Mary A. Smith) who was operated on in September 1863, was safely delivered of a child by Mr. Cavanagh, and has since with the child continued to do well.

CASE I. Margaret Robinson, aged 28, unmarried, a sempstress, was a thin delicate woman. Menstruation had continued regular, lasting usually four days. On examination a tumour was found, as large as the uterus at the eighth month, occupying the abdominal cavity; it was globular, uniformly fluctuating, and moveable most freely from the left side. The diagnosis at this time was unilocular tumour of the right ovary. On examining the chest, the percussion-sounds under the clavicle were not very clear; in the right subclavian region the respiratory murmur was harsh; on the left side it was weaker and interrupted. As there was no idea of performing ovariectomy at this time, no vaginal examination was made. She increased in size; and on January 8th, 1864, twenty-seven pints of ovarian fluid were withdrawn, followed by a total disappearance of the tumour. She rallied quickly and soon refilled. On May 14th she was again tapped, and thirty-two pints were withdrawn. On the 21st, a vaginal examination was made. The uterus was small and situated in front of the tumour. The tumour was somewhat fixed towards the left, and some pelvic adhesions were diagnosed. Ovariectomy was performed on June 14th. Several adhesions were met with. The peduncle was hard and fleshy, of good length, and a medium-sized clamp embraced it. The wound was closed by five deep and two superficial sutures. There was very little shock from the operation, and a remarkable freedom from pain; but one opiate was given, and that three hours after her return to bed. Sixty-eight hours after the operation all the sutures were removed, the wound having appeared to heal by first intention. She progressed satisfactorily, and left the hospital on July 9th. After leaving the hospital she suffered from abscess in the iliac region of the abdominal parietes, and though for some time in great danger, she made a good recovery.

CASE II. Annie Dowdale, single, aged 18; first commenced to enlarge in the abdomen during February 1862. She was a small delicate-looking woman, with enlarged submaxillary glands. She had slight cough. There was a loud rasping bellows-murmur with the second sound of the heart, heard at the base. In the early part of the year 1862, she was in the Royal Infirmary for acute rheumatism with heart-complications. The respiratory murmurs beneath the clavicle were clear, but rather harsh. Her abdomen, which contained a globular uniformly fluctuating tumour, measured at the umbilicus thirty-four inches, and from the scrobiculus cordis to the pubes sixteen

inches. The tumour was moveable chiefly from the left side, and was diagnosed as a tumour probably of the right ovary. There was no solid matter to be felt, and no evidence of any adhesions. On January 27th, she was tapped to sixteen pints of pale clear fluid. On October 7th, she was tapped to twenty-two pints. On November 21st, she was tapped to twenty-three pints. On June 9th, 1864, she was tapped to twenty pints. The condition of the girl for undergoing so formidable an operation was such as to make it a most difficult question whether it would be justifiable to perform ovariectomy. At her urgent desire, however, her request was complied with. The operation was performed on July 5th, 1864. The peritoneum was found very closely adherent to the tumour, causing delay in the early stage of the operation. There were no pelvic or any adhesions posteriorly. A large apron of omentum was found closely adherent to the upper and anterior surface of the tumour; this when carefully stripped off bled pretty freely, and from so many oozing points that it was considered advisable to tie it in one mass, and to bring the ligatured part into the wound at its upper edge. The peduncle was long and very thin. There had been no escape of ovarian fluid into the peritoneal cavity; but from the torn adhesions and the omentum so much blood had been poured out, that it was necessary to sponge out the pelvic cavity freely. The wound was brought together by five deep and three superficial silk sutures. For some time after the operation she remained in a very weak condition. Dyspnoea came on apparently from a collection of mucus in the bronchial tubes, which considerably increased the danger of her condition. To remedy this, after other measures had failed, the whole of the front of the chest was painted with blistering fluid, followed by the application of a hot poultice. This had the desired effect, and she now gradually commenced to recover from her most dangerous condition. One deep suture was removed in forty-eight hours, and the remaining four in sixty-eight. She was discharged from the hospital on August 2nd perfectly well, and returned to service. One curious fact remains to be recorded, viz.: that the enlarged submaxillary glands of four years duration, disappeared within three weeks of the operation.

CASE III. Ellen Seddon, unmarried, aged 25, came to the Lying-in Hospital on May 13th, 1864, suffering from an abdominal enlargement. She first noticed the swelling in the summer of 1862. On examination, the tumour was as large as the uterus at the eighth month of pregnancy. The tumour fluctuated, and there were no indications of any solid mass; no adhesions could be detected. On examination *per vaginam*, the uterus was found lying centrally behind the tumour. There was a harsh respiratory murmur beneath both clavicles. She was ordered a tonic, and to remain under observation. She improved in general health, the tumour in the meantime increasing in size. A note was made that the tumour was probably of the right side. The operation was performed on September 24th, 1864. There were no adhesions except a small omental one. The tumour was chiefly bilocular. Twelve pints of thick portery fluid were drawn off; the pedicle was of fair length. Five deep sutures served to close the wound; these were removed, and nine hours after the operation the incision healing by first intention. She made an excellent recovery, and left the hospital quite well on October 29th, 1864. This patient called to see Dr. Grimsdale last week, and was in robust health.

CASE IV. Martha Budds, aged 32, married, was admitted into the Lying-in Hospital on September 12th, 1864. She had been suffering for three years from an abdominal tumour. She was tapped in May

1863, and three quarts of thick fluid withdrawn. There had been a watery discharge from the umbilicus which was very prominent. The abdomen presented a remarkably prominent appearance, caused by an egg-shaped tumour of large size. There was little if any fluctuation to be detected anywhere, and no evidence of ascitic fluid. The uterine cavity was found of normal length, directed towards the left side. The diagnosis being: "Large semi-solid and multilocular tumour of left ovary, generally adherent in front, and passing with some pelvic adhesions posteriorly." Her condition was fully explained; but after due consideration she determined to undergo any risk for the hope of getting rid of the disease.

Operation, Oct. 8th, 1 P.M. In consequence of the semi-solid nature of the tumour, an incision was made two inches above the umbilicus to the pubes. The tumour was very adherent in front; but down within the pelvis most formidable adhesions presented themselves, and when these were overcome, the tumour had a peduncle so broad and so thick, that it was hopeless to think of embracing it in the largest size clamp; it was therefore transfixed and tied in four separate portions, and the ligature cut short. For some two or three hours there was great tendency to collapse; but by 5 P.M. she was sick and complaining of pain. An opiate enema was given at 7.20, and at 7.45 she was asleep. She soon, however, commenced to sink, and in spite of all remedies, died twenty hours after the operation.

Dr. Grimsdale has now performed the operation ten times, seven cases having been quite successful.

The President, Mr. Higginson, and Mr. Steele took part in the discussion.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 28TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ON THE SOLVENT TREATMENT OF URINARY CALCULI: AN EXPERIMENTAL AND CLINICAL INQUIRY.

BY W. ROBERTS, M.D. (MANCHESTER).

[Communicated by Dr. BENGE JONES.]

THIS paper was divided into two parts. The first part was devoted to experiments and observations relating to the solvent treatment of uric-acid calculi by alkalis the urine by internal medicines. The inquiry started from two known data—namely: first, that uric acid is dissolved by solutions of the alkaline carbonates of a certain strength; and secondly, that alkaline carbonates can be introduced into the urine, so as to render it alkaline, by the administration of certain salts by the mouth. The practicability of dissolving renal and vesical calculi, composed of uric acid, by alkalis the urine, was inquired into under ten headings or sections.

1. Comparison of solutions of carbonate of potash and carbonate of soda shewed that solutions of carbonate of potash are better solvents for uric acid than solutions of carbonate of soda.

2. Comparison of solutions of different strength shewed that the greatest solvent power (for uric acid) lies in solutions containing from forty to sixty grains of carbonate to the imperial pint. Above this strength dissolution is soon prevented by the formation of a crust of biurate which invests the stone. Below this strength the solvent power gradually declines.

3. Comparison of the effects of varying volumes of solutions of constant strength shewed that the quantity of the solution permitted to pass over the stone,

between the limits necessarily imposed by the capacity of the kidneys to separate aqueous fluids, is of slight importance. A flow of three or six pints during twenty-four hours was found nearly as effective as a flow of eight or fifteen pints.

4. As to the absolute rate of dissolution of uric-acid calculi in solutions of the alkaline carbonates, it was shown that solutions of carbonate of potash, of the maximum solvent power, when passed at the rate of from three to eight pints in the twenty-four hours over uric calculi, at the temperature of the body, dissolve from ten to twenty per cent. of the weight of the stone each day.

5. The bicarbonate, acetate, and citrate of potash were found the most effective substances to alkalis the urine. Of the three the citrate was preferred. Forty grains of citrate of potash dissolved in five ounces of water, taken every two hours, alkalis the urine to a mean degree corresponding with the maximum solvent power of solutions of carbonate of potash.

6. The urine of a person taking full doses of citrate of potash, as recommended in Section 5, was passed over an uric-acid calculus at blood heat. The stone (weighing 180 grains) lost weight at the rate of twelve grains and a half in the twenty-four hours. In the performance of experiments on this point it came out that if the urine became ammoniacal (from decomposition of urea), it ceased to dissolve the uric acid, and the stone became invested with a crust of precipitated phosphates. Hence the deduction was drawn, that ammoniacal decomposition of the urine in cases of vesical calculi puts an absolute bar to the effectiveness of the solvent treatment by alkaline carbonates.

7. Two cases of complete dissolution of uric-acid calculi in the bladder were quoted from other authors. The author related three cases which occurred in his own practice. In none of the latter did complete dissolution occur. One of the cases proved to be an example of mulberry calculus; another, an alternating calculus of uric acid and oxalate of lime. This second specimen offered peculiarities of surface which indicated with certainty that dissolution of the uric acid had taken place; these peculiarities were explained by the aid of drawings of the stone after extraction. The third case proved abortive, apparently because the treatment was not carried on sufficiently long. In neither of the cases was the treatment carried out as effectively (as the later experience of the author showed) as it might have been. The principal instruction from the cases was the proof they offered that alkalis the urine does *not* cause the stone to be encrusted with a phosphatic deposit, so long as ammoniacal decomposition of the urine does not take place.

8. As to the cases in which the solvent treatment is and is not applicable, the conclusions were the following. The solvent treatment is inapplicable in all cases where the urine is ammoniacal. When the urine is acid (before treatment) the case is *primò facie* suitable for the alkaline solvent treatment; but exceptions must be made of cases where it is known or strongly suspected that the stone is composed of oxalate of lime, also where the stone is large. In cases where the urine is acid, and there is no indication of the nature of the stone, it may be either uric acid or oxalate of lime, or an alternating calculus composed of these two substances. Such cases deserve a trial of the solvent treatment for a limited period of a month or six weeks. The cases which are especially suitable for the solvent treatment are those in which (the urine being preliminarily acid) it is known or strongly suspected that the stone is com-

posed of uric acid, and has not yet reached any large size.

9. For carrying out the solvent treatment effectually, the urine must be kept *continuously* alkaline, and alkaline to a mean degree corresponding with the maximum solvent powers of solutions of carbonate of potash. The treatment must be given up immediately if the urine become ammoniacal.

10. The author examined some of the objections which have been urged against the principles of the solvent treatment.

The appendix to the first part contained some experiments showing that cystine is even more amenable to the alkaline solvent treatment than uric acid. The second part of the paper contains three sections. Section 1 contained experiments on the solvent treatment of uric-acid calculi by injections into the bladder. Solutions of the following substances were tried in a manner to imitate injections into the living bladder: bicarbonate and carbonate of potash, common phosphate of soda, basic phosphate of soda, borax, borax with liquor sodæ, potash soap, carbonate of lithia, liquor potassæ, and liquor sodæ. The results obtained demonstrated conclusively that their operation was so slow, that no practical advantage could be obtained from their use. Section 2 recorded some experiments on the effects of a solution of carbonate of potash and dilute nitric acid on oxalate of lime calculi: neither solvent promised any useful result. Section 3 showed the unsusceptibility of phosphatic calculi to solutions of the alkaline carbonates. Brodie's method of injecting dilute nitric acid into the bladder was imitated in one experiment, with results confirmatory of his statement respecting the use of this treatment in phosphatic concretions.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, MARCH 3RD, 1865.

G. POLLOCK, Esq., President, in the Chair.

On Melancholia. By G. F. BLANDFORD, M.B. The author first adverted to the theory of the pathology of insanity. No theory had yet been propounded fully accounting for the phenomena of diseased mind. Insanity had been thought due at times to inflammation, to irritation, and again to congestion. Some attributed it to altered nerve-force; others to a change in molecular substance. It was probable that each manifestation of nerve-force corresponded to a molecular change in the nerve-substance, and these changes bore a certain relation to the rhythmic nutrition of the nerve-substance, disease being a result of the loss or want of rhythm. No cases showed so plainly as these of melancholia, the important part which nutrition performs in the restoration of disordered mind.

The author chiefly brought forward the less severe and non-acute form of the disease, which recovered more than any other form of insanity when not complicated with serious bodily evil. The young are sometimes affected, but most frequently the patients are beyond middle age; it often happens at the change of life. Such cases illustrate well the emotional origin of insanity. Frequently simple depression is all that characterises them; beyond this the intellectual part of the brain may become involved, and delusions arise. At the commencement this disease is very insidious. The patient is out of spirits; he thinks everything is going wrong, or that he will be blamed for things altogether beyond his control. Every little matter worries him; the friends probably do not notice the complaint until these feelings be-

come ideas, and delusions take the place of emotional phenomena. The delusions usually assume one of two forms; a constant fear of some impending catastrophe, or a constant remorse for some fancied sin. These often run one into the other, and each may lead to suicide. The patient's health suffers; his nights are bad; he loses flesh. In nine cases out of ten there is disinclination to take a sufficient quantity of food. This refusal of food has been often attributed to dyspepsia; but in the author's opinion, dyspepsia did not occur here as a primary symptom. The state of the tongue and mucous membrane was due to the depressed nerve-force, and often to sheer starvation. Frequently the symptoms of dyspepsia vanish when food is given in large quantities. Sleep is generally deficient, and the patient wakes in a panic. The period of waking is generally that at which the greatest depression is felt; probably of the longest absence from food. Opium and its preparations agree with almost all these cases of depression. The opiate treatment of melancholia is now generally received as an established fact in therapeutics. Opium does not agree so well with women as with men. The bimeconate of morphia is the most useful preparation, and does not, like the acetate or hydrochlorate, produce nausea, loss of appetite, and constipation. Both food and stimulants must be given more freely than in health. Constipation must be met by gentle laxatives. The prognosis is generally favourable when no very acute symptoms are present.

These patients require change of air and removal from home. They must be stimulated by well chosen companions, and made to forget themselves by taking interest in the affairs of others. The medical, with the moral treatment, will usually produce a marked effect, and in a month or two the patient will often be well. When there is entire refusal to take food, and a determination to commit suicide, it will not be possible to treat the case safely except in an asylum.

Correspondence.

SYPHILISATION.

LETTER FROM HENRY LEE, ESQ.

SIR,—The second promised communication from Professor Boeck has now arrived, and the interest of the individual case which led to the present correspondence becomes in a great measure merged in the subject of syphilisation generally.

M. Ricord believed, as Boeck now believes, that all syphilitic sores may be artificially inoculated; and that they would all alike, when thus inoculated, produce a "specific pustule".

In 1855, M. Clerc announced the doctrine that the indurated chancre could not be inoculated upon a syphilitic person. In 1856, I published some cases illustrating the correctness of this view.

In 1858, M. Fournier published the results of 100 cases in which he had attempted to inoculate the secretion from an indurated sore. He succeeded in two instances only. Subsequently, M. Rollet published an account of 200 cases in which he succeeded in producing the specific pustule in six per cent.; and he accounts for these cases by supposing that they were instances of mixed chancres—i. e., cases in which there had been a twofold inoculation, and in which the poison of an indurated sore had become mixed with the secretion from a soft or suppurating sore.

In the forty-fourth volume of the *Medico-Chirurgi-*

cal Transactions, I have shown that both primary and secondary indurated sores, which usually yield no inoculable secretion, may, when artificially irritated, produce an inoculable pus; and that the secretion of an indurated sore, retained in the presence of an irritating fluid, may in like manner become inoculable upon a syphilitic person. (See Cases II and III.) The inoculations produced in this way differ, however, materially from those produced from the secretion of an ordinary suppurating sore. They are more superficial; they are not attended with any loss of substance; and they do not leave any cicatrices.

If, then, the secretion from an indurated sore cannot, as a rule, be inoculated, and the artificially or accidentally produced suppurative action can, is it not likely that it is this induced action, and not the original disease, which is reproduced? The seed should be known by its fruit. The indurated sore, when inoculated, should produce an indurated sore; the suppurating sore, a suppurating sore. But here we have an action produced which differs in some respects from both of these; and the important question at once suggests itself: Is this action the true syphilitic disease? or does it more resemble the phagedænic or the sloughing actions which may be induced on real syphilitic sores, and which may be communicated to other parts without themselves partaking of the nature of syphilis?

Now, we are informed that Professor Boeck finds it necessary, in order to obtain an inoculable pus from indurated chancres, to confine their secretions by means of dry lint. If this process be necessary in order to obtain an inoculable secretion, it is evident that it is not the natural action alone which is inoculated. It is the adventitious artificial action which is propagated; and we must inquire how far the original disease is modified or altered by this process.

When the secretion of a suppurating sore is placed on an indurated chancre, as has so often been done by Rollet, a fluid is obtained which may be inoculated again upon the patient; but the result is exactly the same as if the secretion of the suppurating sore alone had been used. A soft sore is produced; and the inoculated part takes no cognisance of the infecting action. Now, how fares it with the pus that has been subject to Professor Boeck's process? The professor himself tells us.

In the year 1856, Dr. Boeck syphilised a patient suffering from chronic eczema, and who had never had constitutional syphilis. Five years afterwards, M. Bidekap, at Dr. Boeck's request, inoculated this patient again with the secretion from a characteristic indurated chancre. Pustules were produced, which were followed by very superficial ulcerations; these very soon cicatrised, and were followed by no induration, and by no secondary symptoms.

How very different are the results of the direct inoculation of the secretion of an indurated sore in other hands, Dr. Boeck has, with characteristic honesty, also informed us. M. Danielssen syphilised a great number of lepers. No constitutional syphilis appeared in any of these, with one exception. In this case, two hundred and eighty-seven artificial inoculations had been performed with the secretion of soft sores from the 25th of April, 1857, to the middle of September following; when, on the 28th of September, he was inoculated by M. Danielssen, with a positive result, from an indurated sore. In the beginning of February 1858, the patient had distinct constitutional syphilitic symptoms.

In Professor Boeck's hands (*Recherches sur la Syphilis*, par W. Boeck; Christiania, 1862, pp. 68b, 68c), the secretion from an indurated sore produced only superficial ulcerations, without induration, and not followed by any secondary symptoms. In M.

Danielssen's hands, on the contrary, the same process was followed by large indurated ulcers, followed by constitutional syphilis.

From these facts it would appear that, by Professor Boeck's process, the action of the syphilitic poison is in some way modified or destroyed. Its sting is gone. For the much dreaded syphilitic inoculation, a very innocent and harmless treatment is substituted.

In the year 1861, I performed a considerable number of experiments with the secretion of indurated sores that had been made to suppurate either accidentally or artificially; and I found that the results produced were exactly similar to those which Professor Boeck now describes. Tolerably large, rather irregular pustules, were produced. Some of these are represented in the forty-fourth volume of the *Medico-Chirurgical Transactions* (Plate ix, Figs. 5, 6, and 7).

It thus appears that three very different actions have been included under the term syphilisation; and, until these actions are distinguished, the confusion which has hitherto reigned with regard to this subject will continue.

1. There is the inoculation of real syphilis in a constitution not previously affected.

2. The inoculation of the secretion of the soft or suppurating sore.

3. The inoculation of the accidental or artificial suppurative action induced upon an indurated sore.

The first of these (to which the name "syphilisation" ought, in my opinion, exclusively to belong) is so serious a matter, that, if likely to be at all generally practised, it would probably at once be prohibited by law.

2. Although a much less formidable proceeding, the repeated inoculation of the secretion of the soft or suppurating sore has led to many grave inconveniences. To this process apply the remarks of a writer in the *British and Foreign Medical Review* for January 1865. "Woe be to the wretch who falls into the hands of a believer in syphilisation! We had occasion to see several times, both in Paris and Vienna, patients who had been thus treated, and whose arms, back, chest, and legs were pitted with innumerable cicatrices; nor shall we easily forget one 'misérable,' who lay with an enormous phagedænic sore, involving the whole of one buttock and the upper part of the thigh—a consequence of inoculation. This syphilisation, or indefinite multiplication of simple sores by inoculation, and therefore no syphilisation at all, has been tried at Vienna, as elsewhere on the continent, and with the anticipated result—complete failure to cure syphilis, or to prevent its recurrence."

3. The inoculation of the artificially induced suppurative action from an indurated sore would appear, in Professor Boeck's hands, a very mild and innocent proceeding; and I have certainly, in my limited experience, never seen any evil results from this practice. If syphilisation by this method were confined to those who had acquired syphilis, there would, I apprehend, be no great objection to its use. But, even in Professor Boeck's hands, its results are far from encouraging, when used for the treatment of children hereditarily affected. Out of forty-two children treated in this way, twenty-two died! This is a rate of mortality to which we, fortunately, have no parallel in this country, under the ordinary mode of treatment. The fact remains to be explained, how it is that Professor Boeck's mode of syphilisation, which I believe to be accompanied by no danger when applied to persons who have acquired syphilis, should in his hands produce such insignificant results when applied to those who are not syphilitic.

In concluding this part of the subject, I may be

allowed to state that, however much some surgeons may have the misfortune to differ from Professor Boeck with regard to the conclusions at which he has arrived, there can, I apprehend, be no difference of opinion in the profession with regard to the accuracy of his records or the honesty of his intentions. His great work, published at the expense of the Government, bears upon it the impress of thorough truthfulness.

In reference to the case which originally called forth the present correspondence, I would observe, that I could readily conceive a mild form of syphilis in a person who paid no attention to the condition of his skin, or in one who was previously in some degree under the influence of the disease, or in a patient where some other action supervened so as to mask the symptoms; in which the secondary manifestations might for a time be overlooked; but I cannot conceive it possible that in the case in question, seen by so many eminent men, a disease could have been acquired which remained dormant, without giving any signs of its existence, during a period of six years, and then for the first time showed itself with such terrible severity. Such a case, if substantiated, would, I believe, be unique in the annals of medical science. When this patient was under my care, he had an enlargement of the left parietal bone extending over the space of several square inches. The bone appeared uniformly thickened, very hard, and without any soft or depressed portion such as usually exists in similar affections having a syphilitic origin. There was also a deep-seated persistent enlargement of some of the deep-seated tissues on the back and left side of the neck (perhaps connected with the vertebræ), giving the appearance, at first sight, of an unusual development of the muscles in this situation.

I am, etc., HENRY LEE.

9, Savile Row, April 11th, 1865.

OVARIOTOMY: CLAY'S ADHESION CLAM.

LETTER FROM JOHN CLAY, ESQ.

SIR,—In the abstract of Mr. Baker Brown's admirable paper "On a New Method of Securing the Pedicle in Ovariectomy," read before the Fellows of the Obstetric Society in February last, Mr. Brown is reported to have said: "Having repeatedly used the actual cautery of late, employing Dr. Clay's instruments, etc." In the same paper the name of Dr. Clay of Manchester is more than once mentioned in reference to the procedures of the operation; and the inference to be drawn from the above quotation is, that the instruments used by Mr. Brown were some devised by Dr. Clay of Manchester. As I was not aware at the time of reading the report that Dr. Clay had devised any instrument to be used as an actual cautery, or that he agreed with that mode of securing the pedicle or dividing the adhesions in the operation of ovariectomy, I addressed a note to Mr. Baker Brown, requesting to be informed whose the instruments were which he employed, and he kindly sent me a reply, of which the following is a copy. I regret to learn that my note was not answered earlier in consequence of Mr. Brown's indisposition.

"17, Connaught Square, Hyde Park, W.

"My dear Sir,—I have been prevented by illness from replying to your note before this. I certainly spoke of *your* clam as Mr. Clay's; the word 'Dr.' is a typical error entirely. Ever since you first introduced your clam to the profession I have used it, and seldom or ever use any ligatures; and as you see, I even use the clam, or rather an improvement on yours, to secure the pedicle.

"As you are fairly entitled to all the credit due to

the clam, you are perfectly at liberty to make any use of this note you choose.

"Ever yours sincerely, I. B. BROWN.
"To John Clay, Esq., Birmingham."

I may be allowed to add that I am the more anxious that this explanation should be publicly made, as the instruments have been considered by an eminent ovariotomist unfitted for the purpose for which they were invented. I may state, however, that the gentleman referred to heated the cauterising iron in boiling water, which was a perversion of the application of the instruments which I never contemplated. The instrument heated by the flame of a spirit lamp, has never failed in my hands in severing the adhesions and effectually preventing any hæmorrhage.

From experiments which I have recently made, I find that the cauterising iron requires to be heated to about 800° Fahr. To attain this uniform temperature with ease and accuracy, I find that this may be accomplished by immersing the iron in a metal bath composed of one part each of lead and zinc melted in a suitable iron ladle. The iron when immersed in the metal is apt to become coated with it, which is of little importance in the operation, having no injurious effects on the structures to be divided. This coating of metal, if desired, can be removed by subjecting the iron to a greater heat than that of the metal bath.

Mr. Brown merits every acknowledgment for the skill and courage he has evinced in employing the actual cautery for securing the pedicle in ovariotomy—a mode of procedure which has opened a new era in the performance of this important operation.

I am, etc., JOHN CLAY,
Professor of Midwifery, Queen's College, Birmingham.
April 1865.

POOR-LAW MEDICAL REFORM.

LETTER FROM WILLIAM DATE, ESQ.

SIR,—Will you allow me a small space in your JOURNAL to throw out a suggestion upon the subject of Poor-law Medical Reform.

Mr. Griffin in your issue of March 25th, says: "If, however, the Poor-law Board still continue obdurate, we must, like the lawyers, become politicians, and at the next general election refuse to give a vote without a promise that each member will aid in obtaining from Parliament an equitable adjustment of the claims of the Poor-law medical officers."

Now, sir, I beg leave respectfully to differ from Mr. Griffin; I think that the profession will not gain much in this respect by becoming politicians. It is not often that an election is so closely contested that a candidate would care to gain one—or half a dozen—votes by making such a promise. Even if he did, we know from experience that the M.P. generally finds it convenient to forget the promises made by the candidate.

I do not think, then, that we are likely to gain any assistance from Parliament. The fact is that M.P.s and the public generally look upon the subject in a very commercial spirit. The present value of a commodity is regulated by the relative proportions of supply and demand. The supply of medical officers far exceeds the demand, and therefore their services are cheap. It is not, perhaps, exactly this course of reasoning which is followed, but the same result is roughly obtained by the question—"If the appointments are underpaid and not worth having, why do you take them?" No later than last week, in the debate on the Superannuation Bill, we find members of Parliament asserting that medical men do not take Poor-law appointments for the sake of the salary, but for the prestige attaching to them.

It is certain that, as long as medical union officers can be found at the present salaries, Boards of Guardians are not likely to raise their rate of payment. The remedy, then, for the present state of things lies in our own hands, and in ours alone. Would the profession generally "strike," and each member refuse to accept a union appointment except under certain conditions previously agreed on, Boards of Guardians, Poor-law Board or Parliament would soon raise the present pitiable scale of payment. I would then, with all respect, suggest to Mr. Griffin that, instead of spending more money in memorials to Parliament or the Poor-law Board, he should take steps to obtain from the profession an unanimous agreement as to the minimum terms at which Poor-law appointments should be taken by medical practitioners. He might put the question to each member of the profession individually—"If all your brethren agree to do the same, will you decline a union appointment, except under such and such conditions?"

I am aware that the present holders of union appointments might fear that, after the object of the "strike" had been obtained, others than themselves might, in the scramble, obtain the appointments which they had previously given up. I think this objection might be obviated if every medical man not at present holding a union appointment, would promise not to oppose the present holder at the first election after the rise of salary had been obtained.

I cannot help thinking that, some such plan as the one which I have very roughly sketched is feasible, if only some energetic man like Mr. Griffin would start it and carry it out.

I am, etc., WILLIAM DATE.
Ilkestone, April 4th, 1865.

POOR-LAW MEDICAL RELIEF.

LETTER FROM R. GRIFFIN, ESQ.

SIR,—I shall feel obliged by your giving insertion to the annexed circular from the Poor-law Board to the Boards of Guardians, as it is a document of very considerable importance.

I should recommend the medical officers of each union to meet, and, if possible, come to some definite decision as to what should be considered "expensive medicines". Cod-liver oil and quinine are named, and, in addition to these, I should say leeches, opium, castor-oil, sarsaparilla, and perhaps a few other drugs might be added, but not too many, lest all should be rejected.

It may fairly be pointed out to the Guardians that the recommendation of the select Committee was made for the benefit of the poor, as it was considered, that in consequence of the expensive nature of many articles, and the very low salaries paid to the medical officers, they could not always afford to purchase them, and as a consequence, the poor have not had them to any very great extent; therefore, to attempt to reduce any of the salaries cannot be submitted to by the medical officers. Should any of the Boards of Guardians be disposed to find all the medicines for the poor, I should recommend the medical officers to second the proposal and submit to a general revision of their salaries.

I am, etc., RICHARD GRIFFIN.
12, Royal Terrace, Weymouth, 15th April, 1865.

The following circular letter on the above subject has been addressed by the Poor-law Board to Boards of Guardians:—

Poor-Law Board, Whitehall, S.W., 12th April, 1865.

SIR,—I am directed by the Poor-law Board to state that they are desirous of drawing the attention of the

Guardians to the question of the supply of medicines for the sick poor.

The Board transmitted to the Guardians a copy of the report of the Committee of the House of Commons on poor relief shortly after it was printed, with the view of informing them of the opinions and recommendations of the Committee on the several points to which their inquiries had been directed.

The Board think it right, however, now to bring more particularly under the notice of the Guardians the following resolution of the Committee relating to medical relief, viz.:—

"That there are no sufficient grounds for materially interfering with the present system of medical relief, which was made the subject of special and lengthened inquiries by select Committees of this house in the years 1844 and 1854.

"That the recommendations of those Committees were for the most part carried out by the orders of the Poor-law Board, and the system of medical relief appears to be administered with general advantage. Your Committee, however, recommend that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the orders and regulations of the Poor-law Board."

The Board have repeatedly considered the recommendation of the Committee relative to the supply of cod-liver oil, quinine, and other expensive medicines, with the view of determining what measure should be taken by them to carry it into effect.

It does not appear to the Board that they can, with advantage, issue any general and positive regulation on the subject; and the Board are of opinion that much difficulty and embarrassment might arise from a compulsory interference with the arrangements for medical relief, which are in force under the existing contracts. They request the Guardians, however, to be good enough to consider whether an alteration in those arrangements as regards the supply of the medicines referred to cannot be effected whenever a new appointment of a medical officer is made, or, with the consent of the present medical officers, during the continuance of their existing contracts.

With regard to the mode in which the proposed object can most conveniently be effected, the Board are of opinion:—

1. That it may be advisable to provide a store of cod-liver oil at the workhouse, or at some other convenient places of deposit in the union, and to supply it to the sick poor on the prescription of the medical officers, through the relieving officers, in the same way as wine or other extras recommended by the medical officers in the way of nourishment are now supplied.

2. That quinine and other expensive medicines may be supplied, either by an order of the medical officer on a chemist, the cost of the medicines so ordered being paid for by the Guardians to such chemist as goods or provisions supplied in relief; or by the medical officers themselves, who may send in an account quarterly to the Guardians of the cost of the medicines in question which they may have supplied to their pauper patients.

The former plan may probably be convenient in the town unions; the latter in the country unions.

Cod-liver oil and any other medicines intended to be so supplied should be specified and excepted from the provisions of the medical contract, which require generally that medical officers should themselves provide the requisite medicines and medical appliances for their pauper patients.

I am, etc.,

(Signed) ENFIELD, Secretary.

Medical News.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND. The following gentlemen have been elected Fellows of this College.

Cruise, Francis Richard, M.D.T.C.D.

Haughton, the Rev. Samuel, M.D.T.C.D.

APPOINTMENTS.

*ARMSTRONG, J. C., Esq., elected Surgeon to the Gravesend and Milton Infirmary and Dispensary, in the room of Dr. Sanders, resigned.

BENNETT, George J., Esq., appointed Honorary Surgeon to the Gateshead Dispensary.

*SOPER, William, Esq., appointed Surgeon to the Jews' Hospital, Lower Norwood.

ARMY.

BARRY, Surgeon D. P., Military Train, to be Staff-Surgeon, *vice* T. R. Williams, M.B.

FINEGAN, Staff-Assistant-Surgeon B. J., to be Assistant-Surgeon 2nd Foot, *vice* F. M. Chalk.

HEDLEY, Staff-Assistant-Surgeon W. S., M.D., to be Assistant-Surgeon 1st Foot, *vice* W. White.

Low, Staff-Assistant-Surgeon E. L., M.B., to be Assistant-Surgeon Military Train.

MACBETH, Surgeon A. M., Military Train, to be Staff-Surgeon, *vice* W. Y. Jeeves.

MACFADIN, Assistant-Surgeon F. H., 73rd Foot, to be Assistant-Surgeon Military Train.

MENZIES, Surgeon R., Military Train, to be Staff-Surgeon, *vice* D. Woods.

MILLER, Surgeon O. B., Military Train, to be Staff-Surgeon, *vice* J. Hannan.

OWEN, Staff-Assistant-Surgeon O., to be Assistant-Surgeon 50th Foot, *vice* G. F. Davis.

PRICE, Staff-Assistant-Surgeon W. S., M.D., to be Assistant-Surgeon 73rd Foot, *vice* F. H. Macfadin.

STOREY, Staff-Assistant-Surgeon R., to be Assistant-Surgeon Military Train.

WHITE, Assistant-Surgeon W., 1st Foot, to be Assistant-Surgeon Military Train.

To be Staff-Assistant-Surgeons:—

BACKHOUSE, C.

BLAKE, J. F., M.B.

BLAKE, W.

BOILEAU, J. P. H., M.B.

BOURKE, I., M.B.

BOURNS, D. C. G.

CAMPBELL, G. M'iver, M.B.

CANDY, J., M.D.

CANNY, D. J.

CARPENTER, W., M.D.

CORBAN, L., M.B.

COULTER, J. R. R., M.B.

DICKINSON, F. F., M.D.

DOAK, S., M.D.

DUFFY, G. F., M.B.

DURY, J.

DUNN, A.

EANES, W. L.

EUSTACE, E.

FARQUHARSON, R. A., M.B.

FLOOD, S.

FOSTER, J. F.

GILLESPIE, H. C., M.D.

GROSSE, D. C.

HALE, A. E.

HANDY, S. W.

HAWARD, E. P.

HEALY, C.

HECTOR, J., M.B.

HEDLEY, W. S., M.D.

HUGHES, J. H., M.D.

HUTCHINSON, C. F.

JAGOE, W. H.

JAMESON, W. H.

JOHNSTON, A., M.D.

JONES, J. W.

KEIR, W., M.D.

KELLY, J. B.

KEMP, R. D., M.B.

MACAW, K., M.D.

M'CONNELL, W., M.D.

M'CREEERY, J.

M'CULLY, J., M.D.

M'LEAN, J. M., M.D.

MATURIN, J.

MURRAY, J., M.B.

O'BRIEN, E. R., M.D.

O'DWYER, T. F., M.D.

O'SULLIVAN, E.

PEATFIELD, T. J.

POWER, P. G., M.D.

PRICE, W. S. M.

PURCELL, T. A.

RENTON, D., M.D.

RIORDAN, W. E.

ROBINSON, A. B.

RYAN, J. B.

SHAW, C. E. M.

SHEPHERD, P., M.B.

SMITH, C.

SMITH, P., M.D.

SPURWAY, C.

STONE, V.

TAYLOR, W., M.D.

THORBURN, D. A. S., M.D.

TOMLINSON, W. W.

TUTE, F., M.D.

VALANCE, E.

WALKER, S. E.

WARD, E.

WEST, G. B.

WHIPPLE, J. H. C., M.D.

WILSON, Assistant-Surgeon W. J., M.D., 23th Foot, *vice* O. Owen.

MILITIA.

WALTER, Assistant-Surg. J., Kent Artillery Militia, to be Surgeon.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

GAYE, H. S., Esq., to be Honorary Assistant-Surgeon 10th Devonshire R.V.

BIRTHS.

CLARKE. On April 9th, at Mold, Flintshire, the wife of *Edward G. Clarke, Esq., of a daughter.

CRISP. On April 6th, at Lacock, Wilts, the wife of *J. H. Crisp, Esq., of a son.

DEATH.

STEPHENSON. At Nottingham, aged 29, Annie, wife of *T. Appleby Stephenson, Esq.

THE ENDOSCOPE. At a meeting of the Surgical Society, held on the 7th inst., Dr. Fleming of the Richmond Hospital exhibited Desormeaux's endoscope, and detailed some experiments which he had made with it. The experiments had already been made familiar to the profession by Dr. Cruise.

SANITARY STATE OF BOURNEMOUTH. Mr. Hawkesley has been called in by the local commissioners at Bournemouth to investigate and report upon the sanitary state of the town in respect to drainage. This wise proceeding will probably lead to a settlement of the differences which have lately agitated the inhabitants of that naturally health-giving place.

TYPHUS IN AUSTRALIA. Several cases of typhus fever occurred at Melbourne in the month preceding the departure of the last mail for England. The *Melbourne Argus* states that all the cases are traceable to the ship *Golden Empire* and to the premature release of that vessel from quarantine. Several ships which reached Victoria in the month were placed in quarantine on their arrival.

SUPPRESSION OF QUACKERY. No quack is permitted to practise in France. When a man is about to commence the practice of medicine in any town there, he is obliged to present to the mayor, or other authority of the town, his diplomas, and if they are not *en règle*, he is not allowed to open his practice. Why cannot that which is done in France be done in England? (*Solicitors' Journal*.)

THE CASE OF DR. PRITCHARD. The completed report of the analysis by Dr. MacLagan of the stomach and viscera of the late Mrs. Pritchard and Mrs. Taylor was received by the Glasgow authorities on Saturday. The report is one of great length, describing the various processes gone through in the course of both the qualitative and the quantitative analysis. The result of the whole is an inference, well supported by the statements in the report, that not only Mrs. Pritchard but Mrs. Taylor were poisoned by antimony. With reference to Mrs. Taylor, although the poison has not been found in such large quantities as in the body of Mrs. Pritchard, yet distinct traces of it have been discovered in the blood and intestines, and in the stomach alone as much as a quarter of a grain has been found. It is supposed that the unfortunate lady had received minute doses several times, and that her final death-blow, so to speak, had been given in the administration of a large dose about three or four hours before her decease. (*North British Mail*.)

BIRTHS, DEATHS, AND MARRIAGES IN SCOTLAND. The seventh annual report of the Registrar-General has just been issued. The report is for the year 1861. The state of elementary education, the report says, continues satisfactory. Year after year it appears that as many women are able to sign their names in the marriage register in Scotland as men in England. Under the head of marriages it is stated, as the result of statistical investigation that the married women of Scotland are more prolific than those of England, seeing that, during the year 1861, every 314 wives at the child-bearing ages gave birth to 100 children in Scotland; whereas it required 355 wives

at the same ages for every 100 births in England. As like results appear year after year, it may be assumed as proved that the Scottish married female is more prolific than the English married female. The Registrar-General also directs attention to an inquiry made for the first time into the comparative mortality of the married and the unmarried women at each quinquennial period of life. The results arrived at, he says, are startling, and particularly merit the attention of those engaged in life assurance.

THE LLEWELLYN MEMORIAL. The memorial to the memory of David Herbert Llewellyn, late surgeon of the Confederate *Alabama*, was last week erected in the parish church, Easton, Wilts. It may be remembered that this gallant man refused to imperil the safety of the wounded when the *Alabama* was sinking by taking a seat in the boat with them, and went down with the ship amid the balls of the Federal *Kearsage*. The east window, of Gothic architecture, in the perpendicular style, is filled with stained glass, the centre compartment representing the birth of Christ, and the Crucifixion, with the Ascension in the quatrefoil. The side lights have figure subjects; the Good Samaritan, Christ walking on the water to save the sinking Apostle Peter, Christ healing the sick, the Apostles at the Beautiful Gate of the Temple, and Faith, Hope, and Charity in the tracery. The monument consists of a handsome black marble slab of pyramidal form, upon which is placed a Latin cross in white marble, of prominent size; at the foot rests a naval anchor and cable, with shot of varying sizes. Leaning against the side of the cross is the wand of Æsculapius, and beneath an entablature with the inscription. (*Wiltshire Independent*.)

VOLUNTEER HOSPITAL. The only serious casualty that occurred during the Brighton Review was from the wheels of a gun-carriage passing over the thigh of a gunner, not breaking, but bruising it very badly. The poor fellow was at once conveyed in one of the Netley ambulances from the field to the temporary hospital, where he was attended to by Brigade-Surgeon Burrows, of the 1st Sussex Artillery. This little hospital is very neat and airy. It contains four beds, an operating-table, and all the appliances necessary in surgical cases of emergency. In addition there were four accident beds provided at Bevendean Farm, and a ward to accommodate thirty or forty cases was secured in the Industrial Schools. Brigade-Surgeon Burrows had charge of these arrangements, which were altogether exclusive of those in the general hospital of the town. Two of the men of the Carbineers had falls from their horses. One soon recovered from the shock he received in falling, and was able to mount again. The horse trampled on the knee of the other soldier and hurt it, but even in this case the injury is believed not to be a serious one.

DR. JOHN STEARNE, FOUNDER AND FIRST PRESIDENT OF THE COLLEGE OF PHYSICIANS IN IRELAND. Dr. Stearne was born in 1624 at Ardbraccan, in the county of Meath. The family to which he belonged has numbered amongst its members many distinguished men, among whom were Archbishop Ussher and the author of *Tristram Shandy*. His career at Trinity College was interrupted by the rebellion, and to save his life he fled to England, where he completed his studies, first at Cambridge and afterwards at Oxford. His life at Cambridge he describes as one of peculiar quiet and felicity, and avows that he would not exchange it for the riches of the kings of the Persians. On his return to Ireland, he was, in 1656, elected Hebrew lecturer; but he resigned both it and all his college preferments. Stearne, besides being a man of extensive erudition and great mental

powers, was a time-server and a diplomatist, and his acute and sagacious mind foresaw the approaching downfall of the Cromwellian party, and the deprivation and ejection of all who had been appointed to offices of emolument during the Commonwealth. On the recall of Charles II in 1660, the entire of the fellowships conferred during the interregnum were pronounced illegal; but so skilfully had Stearne trimmed his course to the changing current, that he was appointed by King's letter to one of the vacant senior fellowships, with a special exemption from the statute of celibacy. He would appear at this time to have enjoyed extensive practice. An entry in the College books records the fact of the Board having passed a resolution permitting him to absent himself from the College at night "in consideration of his practice of physick." One grand effect of Stearne's exertions was the founding of a "hall for the sole and proper use of physicians". Stearne was its first President. He procured a charter for the new College in 1667. Stearne continued President until his death in 1669. On purely medical subjects he wrote little; but one of his works contains a code of sanitary rules in which he descants on the advantages of cold baths, air, exercise, etc., with "Aphorisms on Felicity", wherein he lays down regulations for the guidance of life—e.g., "That a man must be a time-server"; "A man who lendeth money to a friend oftentimes loseth both friend and money". He recommends his reader never to oppose himself to the *vox populi*; for it will in most cases overwhelm him who opposes it; but if it be yielded to, it will in a short time consume itself and burn out. He tells a curious story of "a case which came under his own observation." A young man had been successfully operated upon for stone in the bladder. The calculus was all in one piece, and weighed eleven ounces, yet the wound healed without suture or plasters. The patient's father, who was present at the operation, was so violently affected by the fear of his son's death, that within twenty-four hours every hair of his head fell off. He afterwards complained of great heat in his head, became for two hours deprived of vision, and lo! his hair began to bud forth again! It was not customary for physicians of the time to write medical treatises. They studied and observed much, but wrote little; and when they did write it was frequently on subjects unconnected with medicine, and addressed to literati rather than to physicians, who had not yet emancipated themselves from belief in the infallibility of Hippocrates. Moreover, the spirit of the age was intensely theological. Stearne was an Admirable Crichton in his way. He excelled as a scholar and as a physician, and equally so as a theologian in an intensely theological age. His character has been well summed up in these words, which form part of his epitaph outside the chapel of Trinity College, Dublin. "*Philosophus, medicus, summusque theologus idem.*" (Dr. Belcher in *Dublin Med. Press.*)

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- MONDAY. Medical Society of London, 8 P.M. Dr. Morell Mackenzie, "Dysphagia: its Varieties and Treatment"; Dr. Arthur Leared, "On Disguised Disease of the Heart."
- TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. T. Laycock, "On the Influence of Nerve-Centres on Dropsies and Dropsical Effusions."—Zoological.—Ethnological.
- WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Geological.
- THURSDAY. Royal Society.
- FRIDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Royal Institute.
- SATURDAY. Zoological (Anniversary).

OPERATION DAYS AT THE HOSPITALS.

- MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- TUESDAY.... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
- THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The length of Report of Proceedings of the Medical Council must be our apology with our correspondents, the publication of whose letters, etc., have been in consequence necessarily delayed.

THE RUSSIAN EPIDEMIC.—It was remarked last week in the French Academy of Medicine, that there had been evidently great exaggeration in the newspaper accounts of the epidemic in Russia. Several academicians said that they had just received letters from St. Petersburg, in which no reference whatever was made to the so-called "pestilence". Moreover, nothing had been received on the subject from French consular agents in Russia.

CHANGE OF TYPE IN DISEASE.—E. L. writes: "I have heard a physician of long standing in London say, that he could remember the time when there were as many as 90 per cent. of the patients in Westminster Hospital who had ague. A case is now rarely heard of in the hospital. According to Dr. Barclay, therefore, we should conclude that a change in the type of disease has taken place; but the profession generally will, I have no doubt, attribute the fact to its evident cause—viz., the drainage of the once marshy land on either side of the Thames about and above Westminster Bridge."

ANIMAL FOOD FOR INVALIDS.—SIR: In the JOURNAL for this week (No. 224), mention is made of the great waste caused by giving animal food to the sick in the form of beef-tea. The chief reason for the practice is, no doubt, that the sick can often take liquid food, and no other; but for more than two years, I have found the following formula very useful—convalescent patients enjoying the food so prepared, and deriving benefit from it.

Take chicken, or the lean of veal or beef; mince it as fine as sausage-meat; make a gravy with the bones; and, having added some finely grated bread, a little butter, salt, and pepper, flavour with an onion or sweet herbs.

Pour the mass thus prepared into tin cups, capable of containing two or three ounces, cover them with paper, and steam them for half an hour. I am, etc.,

April 14th, 1865. J. C. COOKWORTHY.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscription has been further received on behalf of the above Fund:—Richard Wilding, Esq. (Church Stretton), 5s. 3d.

Amount previously announced, £132:15:0.

I am, etc.,

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, April 20th, 1865.

Observations

ON THE

CÆSAREAN SECTION AND ON OTHER OBSTETRIC OPERATIONS.

BY

THOMAS RADFORD, M.D.,

F.R.C.P. EDIN. AND F.R.C.S. ENG., ETC.,
HONORARY CONSULTING PHYSICIAN TO ST. MARY'S HOSPITAL,
MANCHESTER.

CHAPTER X.

Considerations on the Cæsarean Section as an Operation of Election.

IN the preceding remarks, I have to my own mind most satisfactorily proved that the Cæsarean section is at least an operation of necessity, and that those measures which have been proposed as substitutes are totally inadequate to supersede it.

The (British) statistics of this operation are most certainly unfavourable; yet it has, I think, been shewn that the great cause of the maternal mortality is avoidable; and that most of the other alleged causes of this fatality have been pointed out to be subject to control, and that some of them are really preventable, whilst others are remediable.

Although the deaths of the women from this operation, as hitherto performed, are very numerous, yet objections ought not to be raised against it on data so unsatisfactory as those are which now influence the opinions of British practitioners. When I speak of unsatisfactory data, I mean that we should not take an abstract view of them, and attach to them more importance than they deserve. British obstetricians have been guided more from prejudice arising from preconceived opinions, than from an analysis of the real causes of death in these cases.

A comparative estimate of the mortality between this operation and craniotomy has never been fairly made. As regards the Cæsarean section, all the deaths are known, whereas those of craniotomy are only very partially known. This latter operation is not confined to any particular class of cases, but it is performed under very different circumstances and dangers—in some cases of accidents which occur in labours, such as hæmorrhage, convulsion, and other contingent mischief, which happen in women whose constitutional powers are unimpaired; whilst the greater part of the women who have undergone the Cæsarean section have laboured under incurable disease, and have had additional injury inflicted upon them by protraction, and in many cases by the practitioner in his ineffectual performance of craniotomy, etc.

Dr. Joseph Clarke reports 49 cases of craniotomy, in which 16 mothers died, or one in three. Dr. Collins performed craniotomy in 79 cases, in which 15 died, or one in five. Now, in Dr. Clarke's practice collectively, there are recorded 65 deaths;* in Dr. Collins's practice collectively, there are recorded 94 deaths.* Thus the statistics of craniotomy, which are indiscriminately made up of all kinds of cases in which it has been performed, show an unfavourable result.

Besides this, we have no account of the injuries

which are inflicted on the pelvic organs by the instrument used in this operation.

In 77 cases of Cæsarean section, there were collectively 98 deaths,* the greater portion of which were not due to the operation; but, on the contrary, very many lives might have been saved, if it had been timely and judiciously performed.

Notwithstanding all the preëxisting dangers in Cæsarean cases, several recoveries have taken place. These favourable terminations ought to encourage us to hope, and indeed ought to inspire us with confidence, that if the operation were earlier performed, and on a different class of subjects, it would be attended with infinitely more success.

These cases prove that, notwithstanding the serious nature of the constitutional disease which existed in these women, the vital powers were equal to the reparation of both the abdominal and uterine incisions; and also show the fallacy of the opinion that wounds of the uterus are necessarily mortal. The conservative vital powers were wonderfully apparent in the case of Mrs. Sankey, which is related in the *London Medical Gazette*, also in the *Provincial Medical and Surgical Journal*. The restorative powers in this individual were really so active as to impress my mind with the conviction that the chance of success would be as great in well conducted Cæsarean cases as that which attends other capital operations.

Another woman (Mrs. Haigh), in whom mollities ossium existed to a great extent, and whose pelvis was very much distorted, showed great restorative powers. She recovered, and lived several years afterwards. She died exhausted by the disease. *Post mortem* examination revealed no disease in the abdominal or pelvic viscera. The uterine tissue was uniform in appearance, there being no cicatrix to indicate the site of the incision. There was only a single band of lymph, not thicker than a thread, passing from this organ to the peritoneum; so that there existed no mechanical obstacle to the distension and ascent of the uterus, if she had unfortunately become pregnant again; but the moral rule of abstinence prevailed with both her and her husband.

Recoveries after rupture of the uterus afford further evidence that wounds of this organ are not always mortal. The lacerated tissue in these cases must be in a very different, and indeed in a much more unfavourable, condition for uniting, than in Cæsarean cases. In these accidents, the peritoneum, the abdominal and the pelvic viscera, must inevitably sustain very great injury by the escape of the infant, and also very frequently of the placenta, through the uterine rent; and also from the attempts which are made for the delivery of the woman. The same mischief cannot possibly be inflicted by a well conducted Cæsarean operation.

Two instances of recovery after rupture of the uterus have occurred in my practice. One of these women became pregnant several times afterwards. In one of these pregnancies, she went to her full time, and bore a child, which is still alive; and she also aborted several times. During her last labour, and also during the several abortive periods, she had the valuable aid and advice of my respected friend

[Continued on page 427.]

* These accounts contain the number of deaths of both women and infants.

TABLE OF RECORDED CASES OF CÆSAREAN SECTION IN GREAT BRITAIN AND IRELAND.

No.	Year.	Name and residence of the patient.	By whom and where the case is related.	Operator.	Cause of difficulty.	Duration of the labour.	Mother.		Child.		Mother survived.
							Pre-serv'd.	Died.	Pre-serv'd.	Died.	
1	Jan. 9, 1738.	Alice O'Neil, aged 33 years, near Charlemont, Ireland.	Mr. Duncan Stewart, <i>Edinburgh Essays</i> , vol. v, p. 439.	Mary Donnelly.	Not stated.	12 days.	P.			D.	
2	June, 1757.	Patterson, Cannon Gate, Edinburgh.	Smellie's <i>Midwifery</i> , vol. iii, coll. 39, No. 2, p. 373.	Mr. Smith.	Distorted pelvis, most likely from molities ossium.	7 days.		D.		D.	18 hrs.
3		Not named.	Manuscript Lectures.	Professor Young.	Distorted pelvis, from rickets.	No account.		D.	P.		
4		Not named.	Manuscript Lecture.	Professor Young.	Distorted pelvis, from moll. ossium.	No account.		D.	P.		3 days
5		Not named.	Mentioned in Dr. Hamilton's <i>Outlines of Midwifery</i> .	Mr. Alex. Wood, Edinburgh.	Not stated.	No account.		D.		D.	
6	Before 1740.	Not named, Rochdale, Lancash.	Dr. Hull's <i>Defence</i> , p. 67.	Dr. White, Manchester.	Not stated.	No account.		D.		D.	
7	Oct. 1769.	Martha Rhodes, London.	Dr. Cooper and Mr. Henry Thompson, <i>Lond. Med. Obs. and Inquiries</i> , vol. iv.	Mr. H. Thompson.	Distorted pelvis, from rickets.	Nearly 30 hours.		D.		D.	5 hours
8	1774.	Elizabeth Clerk, aged 30, Edinburgh.	Dr. Alex. Hamilton, <i>Outlines of Midwifery</i> , p. 293.	Mr. W. Chalmers, Edinburgh.	Distorted pelvis, most likely from molities ossium.	12 days.		D.	P.		26 hrs.
9	August, 1774.	Elizabeth Forster, London.	Dr. Cooper, <i>Lond. Med. Obs. and Inq.</i> , vol. v.	Mr. Hunter, London.	Distorted pelvis, from molities ossium.	60 hours.		D.	P.		25½ hrs.
10	1775.	Not named.	Dr. Hull's <i>Defence</i> , p. 66.	Mr. W. Whyte, Glasgow.	No account.	No account.		D.		D.	No account.
11	1777.	Elizabeth Hutchinson, aged 40, Leicester.	Dr. Vaughan, <i>Cases and Observations on Hydroph.</i>	Mr. Atkinson, Leicester.	Distorted pelvis, from molities ossium.	Nearly 3 days.		D.	P.		About 80 hrs.
12	Nov. 1793.	Janet Foster, aged 40, Blackrod, Lancashire.	Mr. Barlow, <i>Med. Records and Researches</i> , p. 154; also, his <i>Observations</i> , p. 355.	Mr. Barlow.	Distorted pelvis, from fracture.	5 days.	P.			D.	
13	Sept. 1794.	Isabel Redman, aged 33, Blackburn.	Dr. Hull's <i>Defence</i> , p. 172.	Dr. Hull.	Distorted pelvis, from molities ossium.	12 hours.		D.	P.		34 hrs.
14	June, 1795.	Jean Douglas, Edinburgh.	Dr. Alex. Hamilton, <i>Outlines of Midwifery</i> , p. 299.	Dr. James Hamilton, jun.	Distorted pelvis, from molities ossium.	54 hours. Spurious pains three nights previous.		D.		D.	33 hrs.
15	Sept. 1793.	Anne Lee, Manchester.	Dr. Hull's <i>Defence</i> , p. 162.	Dr. Hull.	Distorted pelvis, from rickets.	10 days.		D.		D.	6 hours
16	1798.	Janet Williamson, aged 38, Kirriemuir, Forfarshire.	Dr. Hull's <i>Defence</i> , p. 188.	Mr. Kay, Forfar.	Distorted pelvis, from molities ossium.	More than 3 days.		D.		D.	11 days
17	June, 1799.	Elizabeth Thompson, aged 32, Hazelhurst, near Ashton-under-Lyne, Lancashire.	Mr. Wm. Wood, <i>London Med. Memoirs</i> , vol. v.	Mr. Wood, Manchester.	Distorted pelvis, from molities ossium.	21 hours.		D.	P.		76 hrs.
18	March, 1800.	Not named; resided at Edinburgh.	Sir Chas. Bell, <i>Lond. Med.-Chir. Trans.</i> , vol. iv.	Mr. Jno. Bell.	Distorted pelvis, from molities ossium.	Not stated.		D.	P.		Very short time.
19	August, 1801.	Hannah Rheubotham, aged 41, Manchester.	Mr. Wm. Wood, <i>Lond. Med. Phys. Journ.</i> , vol. vi, p. 346.	Mr. W. Wood, Manchester.	Distorted pelvis, from molities ossium.	61 hours.		D.		D.*	24 hrs.
20	Feb. 1801.	Susan Holt, aged 36, Lower Shore, Rochdale, Lancashire.	Dr. Hull's <i>Translation of Baudelocque</i> , p. 134.	Mr. Walter Dunlop.	Distorted pelvis, from molities ossium.	56 hours.		D.	P.		6 days and 9 hours
21	July, 1811.	Mrs. M., Leith, Scotland.	Dr. Kellie, <i>Ed. Med. and Surg. Journal</i> , vol. viii.	Dr. Kellie.	Distorted pelvis, from molities ossium.	About 36 hours.		D.	P.		About 24 hrs.
22		Wife of Benjamin Buckley, Staley-bridge, Lancashire.	Not before mentioned.	Mr. Hutton.	Distorted pelvis, from molities ossium.	3 days.		D.		D.	
23		Name unknown; resided at Staley-bridge, Lancashire.	Not mentioned before.	Mr. Hutton.	Distorted pelvis, from molities ossium.	No account as to precise time; but long.		D.	P.		
24	August, 1811.	Wife of Jas. Tinker, aged 31, Moston, Lancashire.	Mr. K. Wood, <i>Med.-Chir. Trans.</i> , vol. vii, p. 264.	Mr. K. Wood.	Distorted pelvis, from molities ossium.	About 40 hours.		D.		D.	10 hrs.
25	Jan. 1817.	Wife of Wm. Ratcliffe, aged 35, Staley-bridge, Lancashire.	Not mentioned before.	Mr. Hutton.	Distorted pelvis, from molities ossium.	No account.		D.	P.		48 hrs.
26	July, 1817.	Ann Hacking, aged 42, Blackburn, Lancashire.	Mr. Barlow, <i>Observations</i> , p. 361.	Mr. Barlow.	Distorted pelvis, from molities ossium.	13 hours.		D.	P.		76 hrs.
27	April, 1820.	Mary Ashworth, aged 42, Denton, Lancashire.	Dr. Radford, <i>Edin. Med. & Surg. Jour.</i> , vol. xv; <i>Lond. Med. Gaz.</i> , vol. xlviii, p. 95.	Mr. Morris, Ashton.	Distorted pelvis, from molities ossium.	37 hours.		D.		D.*	35 hrs.
28	Sept. 1820.	Mrs. Lowe, aged 30, Perth, Scotland.	Dr. Henderson, <i>Ed. Med. and Surg. Jour.</i> , vol. xvii, p. 105.	Dr. Henderson.	Distorted pelvis, from molities ossium.	102 hours.		D.	P.		20 hrs.
29	April, 1821.	Wife of G. Ridgedale, aged 42, Blackburn, Lancashire.	Mr. Barlow, <i>Observations</i> , p. 375.	Mr. Barlow.	Distorted pelvis, from molities ossium.	About 34 hours.		D.	P.		52 hrs.

* Dead before operation.

TABLE OF CASES OF CÆSAREAN SECTION (continued).

No.	Year.	Name and residence of the patient.	By whom and where the case is related.	Operator.	Cause of difficulty.	Duration of the labour.	Mother.		Child.		Mother survived.
							Pre-serv'd.	Died.	Pre-serv'd.	Died.	
30	May, 1821.	Mary Nixon, aged 39, Manchester.	Dr. Radford, <i>Edin. Med. & Surg. Jour.</i> ; <i>Lond. Med. Gaz.</i> , vol. xlviii, p. 98; <i>Proc. Med. & Sur. J.</i> , vol. xv, p. 426, 1851.	Mr. Wilson.	Distorted pelvis, from mollities ossium.	22 hours.		D.	D.		67½ hrs.
31	April, 1826.	M. R., aged 22, Stobsmuir, Scotland.	Mr. Crichton, <i>Dundee, Ed. Med. and Surg. Journ.</i> , vol. xxx, p. 53.	Mr. Crichton.	Distorted pelvis, from fracture, etc.	6 days.		D.	P.		8 hours.
32	August, 1826.	Mary Forrest, aged 35, three miles from Blackburn, Lancash.	Mr. Barlow, <i>Lond. Med. & Surg. Jour.</i> , vol. iv.	Mr. Barlow.	Distorted pelvis, from mollities ossium.	From 30 to 36 hours.		D.	P.		More than 3 days.
33	Sept. 1829.	Mrs. M., aged 26, Belfast.	Communicated by Dr. W. Campbell, <i>Edin. Med. & Surg. Jour.</i> , v. xxxv, p. 351.	Dr. McKibbin.	Distorted pelvis, from a large exostosis arising from the sacrum.	About 30 hours.		D.	D.†		17 hrs.
34	Nov. 1834.	Mrs. — Dublin.	Dr. Montgomery, <i>Dublin Med. Journ.</i> , vol. vi.	Mr. Porter.	Fibrous tumour, growing from substance of uterus and covered by peritoneum.	18 to 20 hours.		D.	D.†		21½ hrs.
35	April, 1834.	Mary Bamford, aged 38, Great Easton, Rockingham.	Mr. T. I. Greaves, <i>Lancet</i> , vol. ii, 1833-4.	Mr. Greaves.	Distorted pelvis, from mollities ossium.	About 34 hours.	P.		P.		
36	May, 1835.	Sarah Bate, aged 36, Birmingham.	Mr. Knowles, <i>Trans. Proc. Med. Assoc.</i> , vol. iv, p. 376.	Mr. Knowles.	Distorted pelvis, from mollities ossium.	About 30 hours.	P.		P.		
37	Aug. 14, 1840.	Mary Ann Jones, aged 39, Manchester.	Mr. Jas. Whitehead, <i>Med. Gaz.</i> , vol. xxviii, p. 939, 1840-41.	Mr. Whitehead.	Distorted pelvis, from mollities ossium.	24 hours; in active labour for 2 to 3 hours.	P.		P.		32 days 10 hrs.
38		Name not given, or age; private note, aged 30.	Mr. Dendy, Medical Society of London, <i>Lancet</i> , 1842-43, vol. xliii, p. 691.	Mr. Bryant, Lambeth.	Distorted pelvis, by rickets.	24 hours.		D.	P.		60 hrs.
39	Oct. 17, 1842.	Mary Davis, aged 23, Reading.	Mr. T. B. Hooper, <i>Reading Medical Society, Lancet</i> , 1843, vol. xliii, p. 689.	Mr. Hooper.	A large tumour, arising from the sacrum.	3 days.		D.	D.†		40 hrs.
40	Mar. 8, 1842.	Mary Jepson, aged 43, a weaver, Darwen.	Mr. S. H. Wraith, <i>Darwen, Proc. Med. Jour.</i> , vol. v, p. 329, 1842-43.	Mr. Wraith.	Distorted pelvis, from malacosteon.	10 hours.		D.	D.		3 hours.
41	Feb. 22, 1843.	Mary Forrest, aged 38, a weaver, Stockport.	Dr. Radford, <i>Med. Gazette</i> , vol. xlvii, p. 801; <i>Proc. Med. & Sur. J.</i> , vol. xv, p. 257, 1851.	Dr. Radford.	Distorted pelvis, from malacosteon.	53 hours.		D.	D.		About 27 hrs.
42	July, 1825.	Betty Wilcock, aged nearly 49.	Messrs. Hardy and Bailey, <i>Ass. Med. J.</i> , vol. iv, p. 45, 1850.	Mr. Bailey.	Distorted pelvis, from mollities ossium.	83 hours.		D.	P.*		61½ hrs.
43	Oct. 18, 1837.	E. Hull, aged 25, Sunderland.	Mr. J. Ward, <i>Lond. Med. Gazette</i> , vol. xxi, p. 817.	Mr. J. Ward.	Distorted pelvis, from (presumed) rickets.	27 to 30 hours.		D.	D.†		5 days 7½ hrs.
44	1840.	..	Dr. Churchill's <i>Operative Midwifery</i> , Table, p. 205, communicated in a letter to Dr. C.	Dr. Elliott, Waterford, Ireland.	Distortion of pelvis; kind not mentioned.			D.	D.		
45	Feb. 1842.	Helen McKenzie, aged 35.	Mr. Alex. Ross, <i>London and Edin. Monthly Journal</i> , vol. ii, p. 425.	Mr. A. Ross, Invergordon.	Distortion of pelvis, most probably mollities ossium (outlet contracted). Tubercles of ischia approximated very closely; coccyx closing up lower part.	Midwife stated she had been in labour, more or less, for 12 days. Much time elapsed after Mr. Ross decided on necessity of operation.	D.		P.		5 days 7 hrs.
46	August, 1844.	Rebecca Brooks, aged 27, Welford.	Mr. Fred. Cox, <i>Proc. Med. and Surg. Journal</i> , vol. viii, p. 382.	Mr. F. Cox, Welford.	Distortion of pelvis, most likely rickets, but not stated.	30 to 40 hours.		D.	D.†		54 hrs.
47	Feb. 21, 1845.	Wife of Richard Instan, aged 40.	Mr. J. Milman Coley, Pamphlet.	Mr. Coley.	Distortion of pelvis, said to be rickets.	At least 10 days.		D.	D.		9 days.
48	March, 1845.	Mrs. R., Shettlestone.	Mr. William Lyon, <i>Lond. & Edin. Jour. of Med. Science</i> , vol. v, p. 885.	Mr. Lyon.	A large tumour, the size of a child's head.	72 hours.		D.	P.		36 hrs.
49	Nov. 1845.	Mrs. Sankey, aged 41, Salford.	Dr. Radford, <i>Lond. Med. Gaz.</i> , vol. xlvii, p. 894; <i>Proc. Med. & Sur. J.</i> , vol. xv, p. 313, 1851.	Mr. Goodman, assisted by Dr. Radford.	Distortion of pelvis, from mollities ossium.	12 to 14 hours.	P.		P.		Lived.
50	Jan. 1847.	Sarah Bartlett, aged 37, removed for operation to St. Bartholomew's Hospital, London.	<i>Lancet</i> , 1847, vol. i, p. 139.	Mr. Skey, London.	Distortion, from rickets.	5 hrs. 5 min.		D.	P.		36 hrs.

* Two.

† Dead before operation.

‡ Craniotomy.

TABLE OF CASES OF CÆSAREAN SECTION (continued).

No.	Year.	Name and residence of the patient.	By whom and where the case is related.	Operator.	Cause of difficulty.	Duration of the labour.	Mother.		Child.		Mother survived.
							Pre-serv'd.	Died.	Pre-serv'd.	Died.	
51	June, 1847.	Mrs. Toft, aged 30.	Dr. Radford, <i>Lond. Med. Gazette</i> , vol. xlviii, p. 238; <i>Prov. Med. & Surg. J.</i> , vol. xv, p. 483, 1851.	Mr. Jas. Brind, Manchester.	Distorted pelvis, from molities ossium.	3 days, and 10 to 12 hours.		D.		D.*	5½ hrs.
52	1849.	Mrs. Rogers, aged 40, six miles from Lisburn, in a mountainous district.	Mr. Jno. Campbell, <i>Lisburn, Ir.-land</i> , <i>Lond. Med. Gazette</i> , vol. xliii, p. 1105.	Mr. Campbell.	Distorted pelvis, from molities ossium. Clearly so, from the account of the case.	52 hours.		D.	P.		7 days.
53	May, 1849.	Mary Haigh, aged 31, near Ashton-under-Lyne.	Dr. Radford. Read at Worcester, at meeting of Prov. Med. Assoc., Aug. 1, 1849. <i>Prov. Med. & Surg. J.</i> , afterwards in <i>Lond. Med. Gaz.</i> , vol. xlvii, p. 1110.	Mr. Cluley, assisted by Dr. Radford.	Distorted pelvis, from molities ossium.	Slight pains for two or three days. Membranes unruptured until a few hours before operation.	P.		P.		
54	May, 1850.	Elizabeth Williams, in the 27th year of her age.	Dr. Chas. West, <i>Med.-Chir. Trans.</i> , vol. xxxiv, p. 61.	Mr. Skey.	Distorted pelvis, from molities ossium.	16 hours.		D.	P.		108½ hrs.
55	May, 1850.	Mrs. Kennaway, aged 43.	Mr. M. Nimmo, <i>Dundee, Mon. Jour. Med. Science</i> , Sept. 1850, p. 226.	Mr. Nimmo.	Distorted pelvis, from molities ossium.	5 days. Occasional pains; but had regular labour for 17½ hours.		D.	P.		Scarcely 3 hrs.
56	Sept. 1850.	Sarah — Bethnal Green, aged 23.	Dr. Henry Oldham, London, <i>Med.-Chir. Trans.</i> , vol. xxxiv, p. 89.	Mr. Poland, London.	Distortion of the pelvis from rickets.	84 hours from the time labour was artificially induced.		D.		D.†	About 44 hrs.
57	June, 1851.	Sarah L., aged 23.	Dr. Henry Oldham, <i>Guy's Hosp. Reports</i> , vol. vii, p. 426.	Mr. Poland.	Cancer of the cervix uteri.	Indefinite slight uterine contractions for 2 or 3 days. Membranes ruptured about 12 hours before operation.	P.		P.		Recovered from.
58	Nov. 1851.	Ann Kenyon, aged 31.	Dr. Broughton, manuscript.	Dr. Broughton, Preston, assisted by Dr. Radford and Dr. Whitehead.	Distorted pelvis, from molities ossium.	11 hours.		D.	P.		5 days 2 hrs.
59	1853.	Aged 41.	Dr. Charles Waller, <i>Medical Times and Gazette</i> , vol. vi, p. 266.	Mr. Le Gros Clark.	Large fibrous tumour.	30 hours. Membranes ruptured 78 hours before operation.		D.	P.		36 hrs.
60	Feb. 28, 1853.	Mrs. Y., Shaftesbury, Dorset, aged 42.	Mr. R. W. Sanneman, <i>Chelsea, Lancet</i> , vol. ii, 1850, p. 50.	Mr. Sauneman.	Distortion of the pelvis, from molities ossium.	12 hours.		D.	D.		23 hrs.
61	June 24, 1854.	Mrs. — Cupar, Scotland.	Professor Simpson, <i>Assoc. Med. Jour.</i> , vol. ii, 1854, p. 1066.	Professor Simpson.	Distortion of the pelvis, from molities ossium.	60 or 70 hours.		D.		D.‡	
62	1854.	Mary A. Johnson, aged 31.	Paper read at Royal Med. & Chir. Soc., April 13, 1858; from notes kindly furnished by Dr. Greenhalgh to me.	Dr. Greenhalgh.	Distortion of the pelvis, from molities ossium.	About 6 hours.		D.	P.		3 weeks.
63	1854.	Lydia Lowdey.	Notes kindly furnished me by Dr. Greenhalgh.	Dr. Greenhalgh.	Distortion of the pelvis, from rickets.	12 hours.		D.	P.		4 days.
64	Dec. 5, 1854.	Martha C., Nottingham.	Dr. J. C. L. Marsh, <i>Lancet</i> , vol. ii, 1853, p. 560.	Dr. Marsh.	Distortion of the pelvis, from molities ossium.	55½ hours.		D.	P.		48 hrs.
65	Feb. 29, 1856.	Mrs. Runham, Lawton, aged 30.	Mr. Humphry, <i>Assoc. Med. Jour.</i> , vol. iv, 1856, p. 779.	Mr. Humphry.	Distortion of the pelvis, from molities ossium.	Not definitely stated; but most likely about 30 hours.		D.		D.‡	20 hrs.
66	Feb. 25, 1856.	Nancy Nixon, aged 27, a travelling hawker, in a miserably low cellar, Staleybridge, Lancash.	Dr. Chas. Clay, <i>Midland Quarterly Journal of the Medical Sciences</i> , part i, p. 21.	Dr. Clay.	A large tumour of a firm fibro-cartilaginous texture.	3 days.		D.		D.‡	19 days.
67	Oct. 1, 1856.	Anne N.	Dr. W. H. Thornton, <i>Lancet</i> , vol. i, 1857, p. 313.	Dr. Thornton.	A bony projection from promontory of sacrum, evidently exostosis; perhaps cellulated.	About 18 hours.	P.			D.*	
68	Feb. 19, 1858.	Matilda T., aged 20, Newport, Monmouthshire.	Mr. Jas. Hawkins, <i>Lancet</i> , vol. i, 1858, p. 529.	Mr. Hawkins.	Distortion of pelvis; kind of deformity not stated; but as lameness and inability to walk in early life, it was most probably from rickets.	Not definitely stated.	P.		P.		Lived.

* Dead before operation.

† Embryotomy had begun; the arm removed.

‡ Head perforated.

§ Alive when extracted; but died in a few seconds.

† Living; died soon after.

TABLE OF CASES OF CÆSAREAN SECTION (concluded).

No.	Year.	Name and residence of the patient.	By whom and where the case is related.	Operator.	Cause of difficulty.	Duration of the labour.	Mother.		Child.		Mother survived.
							Pre-serv'd.	Died.	Pre-serv'd.	Died.	
69	July 12, 1858.	Mrs. N., aged 30, Harrington; brought to University College Hospital.	Dr. Murphy, <i>Dub. Quar. Jour. of Med. Sc.</i> , vol. xxvii, (new series), p. 108.	Mr. Quain.	Distortion of the pelvis, from mollities ossium.	As far as can be computed, 4 days.		D.	D.		Nearly 48 hrs.
70	Dec. 1859.	Mrs. H. Walton-le-dale, near Preston, Lancashire.	Dr. H. Ashton, <i>Lancet</i> , vol. i, 1860, p. 440.	Dr. Ashton.	Distortion of the pelvis, from mollities ossium.	As far as can be ascertained from the data, about 17 or 18 hours.		D.	P.		25 hrs.
71	Dec. 10, 1860.	Emma P.	Dr. Jas. Edmunds, <i>Lancet</i> , vol. i, 1861, p. 4.	Dr. Edmunds.	Hard cancer of os and cervix uteri.	Fully 6 days.	P.		P.		Lived.
72	Feb. 2, 1861.	Isabella King, unmarried, aged 23, Aberdeen, Scotland.	Dr. Robert Dyce, <i>Edin. Med. Jour.</i> , vol. vii, p. 895.	Dr. Dyce.	Distortion of the pelvis, from rickets.	As far as can be computed, 4 to 5 days.		D.	D.*		43 hrs.
73	Aug. 7, 1862.	E. M., unmarried, aged 17, Tottenham.	Dr. David Johnson, <i>Lancet</i> , vol. ii, 1862, p. 475.	Dr. Johnson.	Small underdeveloped pelvis, perhaps rickets. Antero-posterior diameter only, ascertained <i>per vaginam</i> to be $2\frac{1}{2}$ in. Preternatural position of child, right hand and the two feet.	12 hours, when first seen by Dr. J.; afterwards the time in his attempt to deliver, etc., 17 hrs.		D.	D.†		46 hrs.
74	Dec. 24, 1862.	Mary Ann — unmarried, aged 42, Kingswood, Bristol.	Dr. J. G. Swayne, <i>Obstetric Trans.</i> , vol. v, 1863, p. 84.	Mr. Coe, at the Bristol General Hospital.	Distortion of the pelvis, from congenital malformation. It was like that produced by rickets.	60 hours before she came to the hospital, and a few hours after her arrival.		D.	P.		42 hrs.
75	1863.	Eliza Hubbard, St. Bartholomew's Hospital.	Dr. Greenhalgh, private communication.	Mr. Skey.	Medullary tumour.	15 hours.		D.	D.		18 hrs.
76	Sep. 10, 1864.	Mary Salimson, City of London Lying-in Hospital, aged 28.	Dr. Greenhalgh, private communication.	Dr. Greenhalgh.	Distortion of the pelvis, from rickets.	About 41 hours.		D.	P.		48½ hrs.
77	Nov. 23, 1864.	Ann Burgess, No. 1, Brown Street, Acton Street, London Road, Manchester.	Dr. Thomas Pigg.	Dr. Clay.	Malacosteon.	Strong pains for 24 hours, but had probably been in labour to some extent before this.		D.	P.		3 days.

* Turning ineffectually attempted. Craniotomy was also unsuccessfully performed.

† Dead before operation.

Mr. Hunt. Many years afterwards, she died in the Manchester Workhouse. Her body was inspected by Mr. Hunt, in the presence of Dr. Francis and of myself. There was not the slightest trace of the cicatrix in the womb to be seen; but there was a band of slight adhesion to the ilium.

I was consulted by Dr. Clay in his first case of large ovarian tumour, and attended along with him both before, during, and after the operation. I take this opportunity of saying I consider the successful issue of this operation as the commencement of a new era in the history of ovariectomy. It had not been attempted for many years before; and, at the time of its performance, it did not stand as if it were a recognised surgical operation. I attended also along with Dr. Clay many of his next succeeding cases, being present at all the operations. I took great interest in these cases, not only on account of that which necessarily belonged to them, but also because the results analogically tended to substantiate my views relative to the probable success of the Cæsarean section. It is nevertheless true, that the influence in these two classes of cases is not quite the same; yet there is, however, sufficient similarity between them to lead us to trust more in abdominal surgery. In ovariectomy, there is certainly no uterine incision; but there is a necessary division to be made of the connecting tissue which exists between the tumour and the uterus. In many of these cases, extensive adhesions, which exist between the tumour and the peritoneum, etc., have to be separated. It

is, however, evident that during the progressive development of an ovarian tumour, the sympathy of the peritoneum, etc., must in some measure be blunted, and consequently its susceptibility to mechanical injury must be diminished.

The rest of Dr. Clay's successful cases, and likewise those of Mr. Spencer Wells, and all those which have occurred to other practitioners, collectively afford strong evidence of the safety of abdominal incision.

The operations performed by my esteemed friend Dr. Blundell on animals, to prove some important physiological facts, likewise afford substantial evidence that abdominal wounds are very much safer than has been usually considered.

In my introductory remarks, I stated that I should not bring forward any statistical data, as shown from the result of foreign cases of the Cæsarean section, although I feel quite sure that the comparative position of this operation has been damaged by the omission. Continental success in this operation has been remarkably great, when compared with the results of British practice. There have been many instances of two or three successful operations on the same woman.

Having, as I sincerely hope, faithfully and candidly placed all the circumstances appertaining to the two operations—the Cæsarean section and craniotomy—before the profession, it now only remains for me to bring forward my proposition, first made in 1843. Deep reflection since that period, and a

strong sense of humanity, have induced me further to declare that the Cæsaræan section should be generally performed as an operation of election; and that craniotomy should be as far as possible abolished, and ought only to be performed as an operation of necessity, except (as already adverted to) in a very few cases.* I am quite aware that many of the opinions I have so urgently stated in the foregoing remarks are at variance with those of the profession generally; yet they have been most conscientiously advocated. They originated from the dictates of humanity, to try to extinguish as far as possible that dreadful expedient—nay, shall I not call it murderous operation?—craniotomy.

Having now fully and without the least reserve put my views into the hands of the profession, I consider I am only doing justice to myself in declaring that I shall not feel called upon to enter into any controversial defence of them.

Original Communications.

ON PUERPERAL FEVER.

By T. SNOW BECK, M.D. Lond., F.R.S., Member of the Royal College of Physicians, London.

[Read before the Obstetrical Society of London, February 1st, 1865.]

IN July 1860, I attended Mrs. B. in her first confinement. She had been married about twelve months, was 24 years of age, of rather short stature and good conformation, had always enjoyed good health, and during her pregnancy "never suffered any inconvenience".

On July 24th, she complained of frequent pains in the stomach, which prevented her procuring rest; but without any vaginal discharge. The orifice of the uterus was soft and open, so as to admit the end of the finger.

The following day, the pains were more frequent and of longer duration, became more distressing to her, and were complained of as of a forcing character, chiefly seated in the bottom of the back—the sacrum. The orifice of the uterus was dilated to the size of a five-shilling piece; the membranes entire. There was no vaginal discharge.

The pains continued much the same during the night, but became more decided, retaining their former character, on the afternoon of the 26th. The head descended into the pelvis, and remained stationary for some hours. Ergot of rye and borax were administered without advantage. She became much fatigued. The small forceps was introduced, and a small living female child readily extracted, without any perceptible laceration of the perineum.

Ergot of rye and borax were again given, but without producing any perceptible effect. The placenta was removed by gentle traction on the cord, combined with pressure on the abdomen. Some hæmorrhage followed; and, after it had continued about an hour, I introduced the hand, and found a large, flabby, open uterus, which could not be distinguished through the walls of the abdomen, and which remained inert under the combined influence of the hand internally and pressure externally on the abdomen. Ice was now passed up into the orifice of the uterus, when a slow and languid contraction followed—sufficient to prevent further hæmorrhage, but not sufficient to induce a firm contracted organ. I

reluctantly desisted from further efforts in this direction, by reason of the repeated solicitations of her friends.

She passed a good night; and the succeeding day—the 27th—was so well that she considered "keeping in bed was only a farce".

On the 28th, I was struck with the alteration in her expression, which was anxious and somewhat pinched. The complexion bore a thick muddy hue; she complained of feeling inwardly cold, but had no decided shivering; the pulse was 110, soft, and otherwise natural; the skin cool, and moistened with perspiration, which had a peculiar acrid odour. She complained of pain in the left lumbar region, which extended round the abdomen in a line with the crest of the pubic bone, and induced considerable difficulty in turning in bed. The walls of the abdomen were tender in these situations; the lochia not much in amount, and rather offensive; no milk had appeared in the breasts; there were no after-pains; no vomiting; the bowels had not been relieved. A dose of calomel and opium was given, and followed by a gentle saline aperient.

July 29th. A strong, faint, and peculiar offensive odour pervaded the room. The skin was soft, and freely perspiring, which imbued the night-dress with moisture, whilst the exhalation from it appeared to hang about the bed. The expression was anxious and depressed; no pain in the head; mental faculties appeared perfect; no delirium; feeling of great exhaustion; tongue clean and red; not much thirst; she had occasionally vomited a little froth, slightly tinged with yellow; the bowels were moved several times, the motions being liquid and very offensive; the urine was apparently natural; pulse from 120 to 130, small, and easily compressed. The pain in the side was relieved, and she could turn in bed with more ease; but a more general soreness existed over the whole abdomen on deep pressure, particularly around the navel and over the hypogastrium. The walls of the abdomen were also tender to gentle pressure. The calomel and opium were continued every four hours, combined with a stimulating diaphoretic mixture, and turpentine fomentations were applied to the abdomen.

July 30th. The odour in the room had nearly disappeared; the offensive odour of the lochia was also gone. She expressed herself as being better. The expression of the face was improved, but still oppressed; and the complexion muddy. The perspiration was much diminished; the pulse from 130 to 140, weak, and very easily compressed; the tongue clean; no great thirst. She continued to vomit a little froth occasionally; did not complain of pain in the abdomen, unless under firm pressure, when the tenderness was about the same. The walls of the abdomen were more prominent and tympanitic on percussion. The mental faculties were unimpaired.

In the evening, I met Dr. Murphy in consultation, who took a most unfavourable view of the case, although the symptoms continued slightly improved. Camphor and opium, in pills, were directed to be substituted for the former pills; and the other remedies to be continued.

On the following morning—July 31st—she was evidently sinking. In the night, she had vomited some coffee-grounds looking matter upon the pillow, and had slightly wandered in her sleep; was lying on the left side; breathing sighing; could not be roused to consciousness; vomited occasionally on the pillow; the pulse very rapid, and fluttering.

She gradually sank, and died about noon.

The vomited matters, under the microscope, showed many fat-globules and portions of muscular fibre. The black points were composed of a congeries of

* See remarks, page 344.

jointed fibres, resembling the yeast-plant, which, when aggregated together, produced the black colour.

I could not prevail upon the friends to allow an examination of the body, and consequently had not an opportunity for ascertaining whether any, and, if any, what local changes had taken place during this fatal illness, the symptoms and course of which seemed to preclude the idea that it arose from inflammatory action, and appeared to point to the occurrence of some poisonous infection of the whole system. Hence the question arose: By what means could this infection have taken place?

I had attended the lady's family for several years, and herself at different times for slight illnesses; and I thus had an opportunity of knowing that her health was good and her constitution sound. This was, moreover, indicated by the excellent health she enjoyed during the whole of her pregnancy, and the expression of her own feelings the day after the birth of the child, that "keeping in bed was only a farce". The following day, however, evidences of poisoning of the general system were noticed; and this proved of so serious a nature as to cause her death three days after the first symptoms were observed.

The leading feature in the case was the absence of that contractile power in the uterus necessary to effect the expulsion of the child and provide for the safety of the mother after its birth. This was apparent at each step of the labour—the languid contraction of the uterus; the inability to increase the force of these contractions by the usual agents; the requirement for the use of the forceps; the necessity for the removal of the placenta; the hæmorrhage which followed; the existence of a large, flabby, open uterus, when the hand was introduced; the great difficulty to induce sufficient contraction of the organ to prevent further hæmorrhage; and the impossibility to procure a firm persistent contraction after the cessation of the hæmorrhage. These facts impressed me with the conviction that the poisonous infection of the general system, which showed itself on the second day after delivery, had occurred in consequence of this lax condition of the uterus, which permitted the uterine sinuses to remain pervious; and that this condition arose from the absence of that due contraction of the muscular tissue of the organ which is essential to prevent any fluids from circulating along their canals. From the observation of previous cases, I was assured that the cessation of the hæmorrhage could not be taken as an indication that the amount of contraction had occurred which is necessary to effectually prevent the passage of fluids from the interior of the uterus into the general venous system. But no opportunity occurred for testing the correctness of these opinions, until I met with the following case.

On March 21st, 1864, I was requested to see Sarah H., from whose mother I received the following history.

She was a strong, healthy young woman, 28 years of age; had been married a few years, and was delivered, in her third pregnancy, on the 14th. During her first pregnancy, she was attacked with small-pox, and miscarried with twins. In her second pregnancy, she went the full period, and had again twins, one child being dead, the other living. During her last pregnancy, she was quite well until the night previous to her confinement, when she suffered some pains, but was in "strong pains" for two hours only prior to the birth of the child, which took place before the arrival of the medical attendant. The placenta came away about half an hour afterwards, "without any pain".

She had but few after-pains. The lochia were very much, and of a black red colour." All things

appeared to progress well until early in the morning of the third day (16th), when she was taken "heart-sick, with the head and body full of pain." She vomited some offensive dark coloured matter. The bowels were moved twice, the motions being very copious and very offensive. She had taken castor-oil the same morning. She had no appetite.

Nothing was done for these symptoms, which continued for two days; they then became easier, and "she appeared to be doing nicely". But, early in the morning of the sixth day—the 19th—she awoke saying, "Oh! what shall I do? I think I am dying; I never felt such a feeling in my life." The bowels were relieved into the bed; the motions being watery, very offensive, and accompanied with much flatus. She again vomited some offensive dark coloured matter; was very thirsty; had no appetite; "had little dozes, but had never seemed to sleep since her confinement."

She took some Dover's powder, and the sickness appeared to abate. But, about noon on the seventh day—the 20th—the sickness and purging returned. She also complained much of the pain in the abdomen; and "the perspiration used to stream off the forehead from it." She also complained of "being so weak she did not seem to have strength to move her hands."

The symptoms continued much the same; and I saw her on the morning of the eighth day—the 21st. She was lying on her back, with the head low, the knees drawn up and apart. She complained of a feeling of so much exhaustion and sinking, "as if she would sink through the bed," and "as if she had not power to lift the hand to her head." The expression was anxious; the complexion pale and muddy; the skin cool, or rather cold, with a slight moisture on the surface, but not perspiring; the breathing frequent and short; the pulse about 140, small, soft, and very compressible; the abdomen somewhat distended and tympanitic on percussion. She did not complain of pain; but, in answer to questions, said she had occasional shooting pains across the upper part of the abdomen. The abdomen was very tender to superficial, as well as to deep and continued pressure. The lips were dry and parched; the tongue large, dry, and dark coloured. There was great and incessant thirst, followed by constant vomiting of whatever was taken; the vomited matter was "sometimes quite green." The motions, which were said to be watery and not very offensive, were passed every few minutes into the bed. The urine was also passed into the bed. The lochia said to be sufficiently free, of good colour, and not offensive. There was no pain in the head; and the intellect was quick, clear, and very anxious. She was directed to take some iced brandy and water, with a stimulating astringent mixture.

In the evening, the symptoms were slightly changed. She was talking constantly, yet answered all questions readily and correctly. The skin was warmer—a slight perspiration on the surface; the eye bright; the face less pale. The vomiting and purging continued unabated. She was lying on the back, frequently moving the arms and legs. In reply to questions, she said she was in no pain. The pulse was very quick and fluttering.

She gradually sank, and died about 2 A.M. on the ninth day—the 22nd.

The body was examined thirty-six hours after death. It was well developed, moderately fat. Some port-wine coloured fluid escaped from the mouth. The abdomen was distended and tympanitic. The uterus could not be felt, nor any tumour through the walls of the abdomen. Some slight green discoloration existed in the left iliac region; also some reddish

discoloration in lines, marking the course of some veins on the abdomen and thighs. There was considerable fat in the walls of the abdomen. The small and large intestines were much distended with flatus; there was no unpleasant odour. The omentum was considerably injected; the small intestines were somewhat injected at their contiguous edges. About two pints of opaque, dirty, yellowish, and oily looking serum were found in the cavity of the abdomen, in which floated numerous shreds of loose friable lymph. The whole of the peritoneum was slightly injected, and the surface covered with a thin layer of soft friable recent lymph, rather thicker in some places. The mucous membrane of the small and large intestines was pale; they were much distended with air. There was a small amount of feces in the descending colon. The fimbriated extremities of the Fallopian tubes were of dark, almost black colour, from great injection. The uterus was large, spongy to the feel, round, and even, occupying the hollow of the sacrum; its surface was somewhat injected. The liver was apparently healthy. The kidneys were also healthy; their capsules were thin and transparent. The veins of the pelvis were not distended; and, on dividing them, the blood was fluid, thin, and of a brownish red colour. No coagula were observed.

The uterus was removed for further examination. It was round, pear-shaped, even on the surface, soft and rather flabby to the touch. It measured five inches across the fundus, five inches and three-fourths in length. The walls of the body were one inch and one-tenth thick, eight-tenths of an inch at the neck, six-tenths at the fundus, and at one part not more than four-tenths of an inch. The cavity was large, three inches and three-fourths at the fundus, five and a half inches longitudinally; and was every where covered with a dark brownish red mucous discharge, which was readily removed, leaving a smooth, uniform, and slightly red surface beneath, studded over with those small depressions, about one-tenth of an inch in diameter, which are caused by the decussation of the internal layer of muscular fibres. The situation of the placenta was marked by an oval and less red patch on the anterior surface of the body. The neck of the uterus was of a deep, approaching to a black colour, which appeared to arise from blood effused into the tissues. The upper portion of the vagina was of similar character, but not so deep. The line of separation between the mucous membrane of the uterus and that of the vagina was distinctly marked. The secretion on the surface of the uterus was of a mucous character, and loaded with round ovate, and in some instances spindle-shaped bodies (elementary corpuscles), comparatively few blood-discs, some mucus-corpuscles, many fat-globules, and a few columnar epithelium-cells.

When placed under water, the inner surface of the uterus was seen to be every where covered with a soft membrane, from which numerous shreds proceeded, and floated in the water. This membrane consisted chiefly of the round or ovate bodies found in the mucous secretion (elementary corpuscles), amorphous connective tissue, and contractile fibre-cells. The portion marking the former attachment of the placenta was thicker, and appeared as if a thin layer of that body was left adhering to the uterus. It contained several (what appeared to be) small coagula of blood, and consisted of elements similar to those already noticed, with some fibrous tissue.

At this part of the uterine surface, numerous open orifices were observed, which, when pressed, emitted a minute portion of their fluid blood, and which led directly to sinuses of considerable size beneath. Air blown into the uterine and spermatic veins escaped out of those orifices, and ascended through the water;

and water injected into the same veins readily escaped into the uterine cavity.

There was not any appearance of inflammatory product in any part of the uterus. The veins were empty; their walls not injected; their surface smooth and shining. The lining membrane of the sinuses was clear and shining, and the connecting tissue beneath healthy. The lymphatics were also empty and transparent. The muscular tissue was undergoing the usual amount of fatty degeneration, but otherwise appeared unchanged from that of healthy tissue.

In this case, the labour appears to have been natural, and the placenta was expelled without any assistance. No hæmorrhage occurred; whilst the abundant flow of the lochia and the blackened colour of the discharge were the only symptoms to indicate that the uterus was not fully contracted. Everything appeared to progress favourably until the third day after the birth of the child, when symptoms indicative of general poisoning first arose. These were not marked, and appear to have remained stationary, if not somewhat diminished, during the two following days; but, on the morning of the sixth day, they recurred with increased severity, and continued gradually to increase until death took place, early in the morning of the ninth day after the delivery. In the examination after death, extensive peritonitis, of a low type, was observed, with a copious effusion of serum, and of that soft friable lymph which characterises these cases. But, beyond this, all the tissues of the uterus were found, after careful and even minute examination with the microscope, to be perfectly healthy. No appearance of inflammatory action was any where observed; and the only condition differing from that of health was the soft flabby state of the uterus—its full size; and the important circumstance, that the uterine sinuses remained so open as to allow air blown into, and water injected into, the uterine and spermatic veins, to traverse these canals, and to escape by the open orifice on the inner surface of the organ. I think it is, then, fair to assume that, where these vessels are pervious to admit fluids to pass in a direction contrary to the course of the blood, these fluids may pass in the direction of the current of the circulation. It is even probable that the blood flowing along the large veins would produce an exhaustive effect, and thus facilitate the entrance of fluids into the uterine sinuses.

So far, then, as any deductions may be justified from these cases, they appear to show that:

1. The phenomena of puerperal fever may be produced by the introduction of poisonous fluids into the general system.
2. The uterine sinuses remaining pervious to the flow of fluids, would afford a means by which this poisonous fluid or fluids would enter the system.
3. The pervious condition of the sinuses remained, in consequence of an absence of that firm and persistent contraction of the uterus after childbirth which appears necessary to effectually close these canals and prevent all circulation of fluids along them.
4. The secretion from the interior of the uterus was probably sufficient, when mixed with the blood, to induce the effects observed; and it would further follow that:
5. The various phenomena observed in puerperal fever may arise from this cause, modified infinitely by many incidental states; and the various inflammatory actions and products observed in the course of the disease would not be the essential parts of the disease, but morbid phenomena which occurred during the course of it.

6. The primary, though not the only object, in the prevention of these attacks of puerperal fever, will then be to procure a firm, complete, and persistent contraction of the uterus after the birth of the child, and thus effectually to shut off all circulation within the vessels of this organ.

But it remains to be seen how far these conclusions accord with the results of previous observers.

[To be continued.]

CONGENITAL LUXATION OF FEMUR: NECROPSY.

By Dr. BEREND, Director of the Orthopædic Establishment at Berlin.

THE necropsy of a boy, 6 years old, suffering from congenital luxation of the femur, showed the following particulars. The acetabulum was found in its normal situation, reduced to one-third of its proper circumference; and the articular surface was almost flat, instead of concave, apparently through deficiency of the surrounding capsular ligament. The head of the femur rested in a new articulation on the outer surface of the ilium, behind and a little above the acetabulum. This new articular surface was limited posteriorly by a semi-circular bony wall which would have formed a complete acetabular cavity, if the bony ring had been a little higher and extended entirely around. The head of the bone, partially atrophied but not at all destroyed by ulceration, was turned upon its axis in such manner that the trochanter major pointed directly forwards (ante-

serted into the edge of the sacro-ischiatic notch, with no attachment to the neck of the femur, but a narrow insertion in the head of the bone itself. The rotator muscles (pyriformis, gemelli, and obturator internus) were quite as abnormally situated, being inserted into the false capsular ligament itself and not into the trochanter. Moreover, they were found to be atrophied; and, apparently as a secondary effect, to have undergone fatty degeneration. Finally, the situation of the quadratus femoris was also abnormal as to its usual insertion. This last circumstance was due to the rotation of the femur: the muscle was extended over the surface of the bone, and appeared to be rolled upon it.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D.Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

[Continued from page 294.]

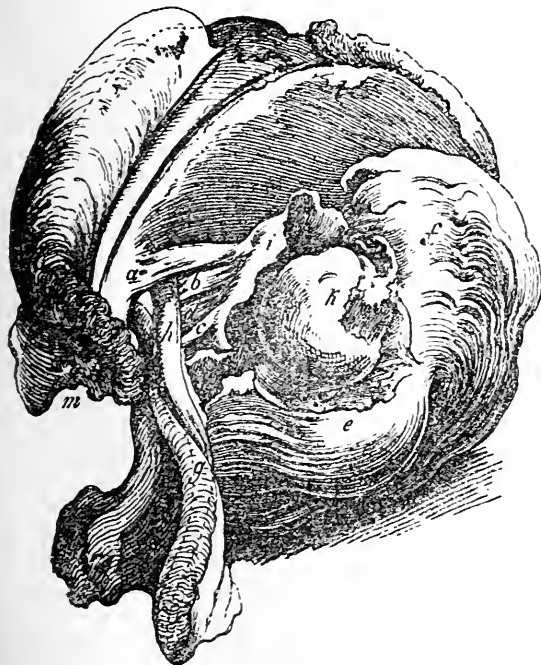
OF the varieties in form of mental disease: some affect chiefly the moral and intellectual faculties, and the motor are involved in a secondary manner. Two forms, however, are more immediately connected with the motor functions; viz., general paresis, which was described in the last paper; and epileptic mania, which remains to be illustrated.

In all cases of mental disease, there is some disturbance of the motility, as shown in restless activity, or in torpidity of movement. In general paresis, the motor functions give a prominent feature to the disease. But they form the primary affection in that form called epileptic mania.

Cases of epileptic mania form some of the most formidable and trying with which the physician has to deal. The disease presents itself in two forms, according to my experience. In one, the maniacal symptoms appear to be superadded to an ordinary case of epilepsy; being, as it were, an extension of the morbid processes from the motor to the moral and intellectual faculties. In these cases, the violence is at one period very great and peculiar; being more totally uncontrollable and furious than is met with in cases of ordinary mania. The patient makes a sudden and unprovoked attack on the nearest bystander perhaps, and cannot be soothed or temporised with, as in an excitement of passion. Some of these patients direct their violence towards themselves, and will butt with their head against a wall, or will bite and tear their own flesh. It is usually on account of these outbreaks of violence that the asylum is sought; and many such cases were admitted into Hanwell during my term of office there. In all these patients, the maniacal violence gradually subsided after admission. The violence, or maniacal furor, in most of these cases, preceded each epileptic seizure; in some, however, it followed; and, in others, the fits and the violence took place together.

The second variety of epileptic mania is met with in two forms; viz., 1, with the epilepsy undeveloped; and 2, with epileptic attacks developed. The former has been described and named by my friend, Dr. Morel of Rouen, as *epilepsia larvalis*. (*Traité des Mal. Men.*, p. 480.)

It appears to be somewhat an anomaly to name an affection epilepsy, in which no epileptic seizure has yet occurred; and one cannot exactly affirm that the one condition is a premonitory or previous stage of the other; for certainly the second state is possibly,



a, Pyriformis muscle; b, Gemellus superior; c, Gemellus inferior; d, Obturator internus; e, Quadratus femoris; f, Gluteus major reflected; g, Gluteus minor reflected; h, Sciatic nerve; i, Capsular ligament; k, Head of the femur; l, Ilium; m, Os coccygis.

riously); a small portion of the original capsular ligament, arising from the anterior portion of the acetabular ring and extending over that cavity, was in-

in some cases, never developed at all. That is to say, there are cases whose phenomena correspond to the first kind, but in which the epileptic seizure is never truly present. It would remain doubtful, of course, whether epileptic seizures will become developed in these cases. The difficulty is, however, simply one of nomenclature. If we consider epilepsy a distinct disease, the anomaly remains; but viewing it simply as a symptom, the disease is equally describable, and it has characters of sufficient distinctness to separate as a form of insanity.

The following epitome of two cases well illustrate the characters of this form of disease; in both of which the epileptic seizures were dormant for a period.

CASE I. E. S. was taken up in Chelsea by a policeman for creating a disturbance. She got into a medical man's brougham which was standing at a patient's house, and vociferated to the coachman to drive on. She could only with great difficulty be dislodged from the vehicle; she resisted violently, and was taken to the station; thence to the workhouse; and, after making a great disturbance, was sent to prison. In prison, she disobeyed the rules, and was several times punished. At last, she was sent to the Asylum. On admission, she behaved well for a while; then began to encroach by making extravagant demands of indulgences; and, if refused, she broke windows, and threatened and attacked several of the female officers. She broke and destroyed with great dexterity her rooms, however strongly secured. At times, she would go a whole week without eating, etc. Her violence lasted several days when it commenced; and for several days afterwards she remained quiet, then began again to be mischievous and to plot. She was at times neat and tidy in her person; at times, filthy and disgusting.

She had no attack of epilepsy while under my observation, during about eight months. It was a case which, from the intellectual integrity and apparently wilful perversity, would be considered by many, and indeed was by several, to be merely a moral delinquency. The history of the case was, however, that up to the age of 20, she was a hard-working, industrious, and retiring person, the sister said, "the reverse of what she had become". About the age of 20, she lost her mother somewhat suddenly, and became melancholic and out of her mind, and was sent to an asylum in Ireland. She was there some time; and had several epileptic fits while there, and continued to have fits regularly for some period afterwards. The fits, in fact, had only left her shortly before she was taken insane again.

The nature of the above case would have been very obscure without the history of the attack; and, indeed, it is very doubtful whether popular diagnosis would have been in her favour had her many unruly acts brought her before a public tribunal. The patient had been very repeatedly punished while in prison, without effecting any improvement in her conduct. The next case is very similar. The subject of it had been punished by every means resorted to in prisons, and was deemed wholly incorrigible. She had been also indulged to the "top of the bent", without amelioration of her conduct. She, like the former patient, only looked upon indulgences as her right, and her corrections as great injustices.

CASE II. E. T. was left an orphan at a very early age, with £200, which was left in trust for her education. Her trustee entirely neglected her, and allowed her to play in the streets in the lowest neighbourhoods, and at last deserted her. She was taken in by a poor neighbour. At sixteen years of age, she had an illegitimate child. This was felt by her very keenly as a disgrace. She went to the workhouse, where, she

asserted, she was ill-used and unjustly treated by the master. For several years she spent her time between this workhouse and the house of correction. She was a noted character in both, on account of her violence. A great sensation was made about her by certain philanthropists; and the medical officers of the prison were requested to give an opinion about her sanity. They considered that there was no evidence of insanity in her. I was requested by the authorities also to examine her, in conjunction with Mr. Marshall of Colney Hatch Asylum. We recognised at that period the resemblance of the case to epilepsy undeveloped; and my colleague especially distinctly gave it as his opinion that the case would terminate in well-marked epilepsy. There was not, however, at that period, such an amount of proof of this, or of any mental disease, as would warrant a certificate of lunacy. We were precluded from signing a certificate by law ourselves; and we did not feel that we could recommend the officer of the prison, on our view of the case, to call the case insanity. She was, however, shortly afterwards admitted into Hanwell under my care. Her intellect probably was never very strong. Her instincts were under little control. She was in person well developed, of short and thick-set build. She endeavoured to create a morbid interest about herself; but this was prevented by the measures taken. She showed evident chagrin if not treated with more particular attention than the rest; and she endeavoured to accuse the nurses of favouritism, etc. She made several unprovoked attacks on the attendants and female officers, and required for some time great caution in treatment. The catamenia on admission were suppressed. After residence in the asylum, this function was re-established, and her conduct improved. She became industrious. She never was untruthful or dishonest. She made herself gradually very useful; and after fourteen months she left the asylum, to try to gain her own living in service. She failed in this. On several occasions, on contradiction, she threatened her mistress with violence. She at length was taken into a subordinate position as domestic in the asylum. After a very short time, she began to have regular epileptic seizures. Her disposition became perfectly altered, more quiet and subdued, but irritable on the approach of fits, when she used very foul language. Her memory became defective, mind more feeble; and she took poison (it was believed, intentionally), and died.

In this last case, there was a period of nearly ten years of riotous conduct before the evolution of epilepsy. In a similar case, which was treated in Hanwell and afterwards at Colney Hatch Asylum, the epilepsy took place after about seven years of violence.

Now, had the epilepsy *not* been developed, under what category could these cases be placed? Dr. Morel says, "epilepsia larvalis"; but it seems an anomaly to call a disease after a phenomenon which is not constant, and which may be altogether absent. The cases have sufficient characteristics to unite all, whether the epilepsy be developed or not, under one appellation. The cases are similar in character, in progress; so that the possibility of an epileptic seizure can be predicated. In fact, the epilepsy in one of the cases was prophesied three years before it occurred.

These cases form a distinct group. They are among the most violent and troublesome which we have to treat, both on account of their perversity, and on account of a certain amount of integrity of intellectual faculties which leads every one around them to deny their insanity.

My own belief is, that all these cases are closely

allied to that form of disease to which I have already alluded in a previous paper (BRITISH MEDICAL JOURNAL, Jan. 21st, 1865), under the title of Recurrent Mania. They resemble the cases there mentioned—1. In the recurrence of distinct attacks of violence, at intervals more or less regular; 2. In the violence of the paroxysmal outbreak; 3. In the somewhat rapid cessation of the symptoms and return to comparative lucid condition; 4. In the very slight permanent injury produced on the intellect; 5. In the irritability of disposition, that is constant in the intervals, frequently exhibited by accusations of unfairness or injustice towards themselves; 6. In positive denial of having acted improperly, in self-justification; and strenuous denial of having ever been insane.

Many cases exhibit all these phenomena in a more or less mild degree. There were numerous examples in Hanwell. One patient had been eleven times in Bethlehem, and two or three times in Hanwell; another had an outbreak of maniacal violence yearly, which passed off in about six weeks. In many others, chiefly old cases, the violence recurred too frequently to admit of discharge.

In some cases, the outbreak is at much more distant intervals: one or two years may intervene even.

The character of the outbreak has, however, led to a still further confusion of names. The violence is exhibited sometimes (1) towards others, (2) towards themselves, (3) toward inanimate objects, or shows itself in flagrant acts of crime. In other words, the patients may simply break out and tear their clothes, or smash furniture; they may be violent towards others, attempt to injure, to murder, to fire, burn, destroy; may commit rape, and various other enormities, in their fury. Hence have arisen the names of homicidal maniacs, pyromaniacs, etc.

The cases of this description are, fortunately, somewhat rare, and, when they occur, are usually transferred to the criminal asylums. So far as I have been able to collect evidence, it appears that the violence rarely occurs in the first attack of even these cases; that, in fact, a period of melancholy is a frequent precursor of the first attack. However, in the second and subsequent attacks, the violence is committed with but very slight warning or premonitory sign; a little and transient restlessness, or *malaise*, or depression, only being exhibited. The patient is often apparently perfectly well, quiet and harmless, and suddenly rises and attacks a bystander, and attempts to murder him. The murder having been accomplished, the patient resumes his former placid condition. But, although the kind of violence used varies—that is, it is a murder in one case, a suicide in another, or simply a destruction of property in another—it does not appear to me that such variation in the object attacked can form a basis of a classification of diseases. The whole of the phenomena, viewed together, to my mind brings these cases of *epilepsia larvalis*, homicidal mania, and cases of recurrent mania, into close pathological proximity. But by the term recurrent mania I do not include all second attacks of insanity, but only those of the peculiar type described.

[To be continued.]

CHARING CROSS HOSPITAL. A bequest of £500 has just been made to the above hospital, under the will of Major-General Sir Charles Hopkinson, of King Street, St. James's, who especially directed that his body should be opened before being placed in a coffin, and the surgeon performing the operation to receive £50.

Reviews and Notices.

FOR AND AGAINST TOBACCO; or, Tobacco in its Relations to the Health of Individuals and Communities. By B. W. RICHARDSON, M.A., M.D., Physician to the Royal Infirmary for Diseases of the Chest. Pp. 75. London: 1865.

IN this little work, Dr. RICHARDSON investigates the action of tobacco on the different organs of the body; and in the last chapter sums up his views as to the effects of tobacco generally upon the individual and upon the community at large. That smoking tobacco must be injurious to the healthy body, is a fact patent on the face of it. Tobacco is neither food nor physic; and assuredly is in no sense necessary for a healthful existence. It contains a deadly poison; and of this poison the smoker must necessarily take into his body a certain amount. Dr. Richardson says that tobacco arrests oxydation; and therefore, in the young especially, causes "impairment of growth, premature manhood, and physical degradation." He also describes the other particular injurious influences produced by it on the different organs of the body. Smoking, he, therefore, naturally adds, "is a luxury which any nation of natural habits would be better without. The luxury is not directly fatal to life; but its use conveys to the mind of the man who looks upon it calmly the unmistakeable idea of physical degradation. Why should a million of men in this country be living with stomachs that only partially digest, hearts that labour unnaturally, and blood that is not fully oxydised?" But here Dr. Richardson is necessarily met with the difficulty attaching to the use of many other luxuries; and, in fact, he admits what will be a great victory to the smoker; viz., that "of nearly every luxury it is the least injurious."

"It is" (he says) "innocuous as compared with alcohol; it does infinitely less harm than opium; it is in no sense worse than tea or sugar; and by the side of high living altogether, it contrasts most favourably. A thorough smoker never is a glutton; indeed, there is no cure for gluttony like tobacco."

This eloquent admission for tobacco will, we fear, make the reader of Dr. Richardson's pleadings *against* it very pale before the genuine smoker. And, after all, sad experience tells us only too surely that in matters of this kind mankind takes little account either of royal edicts or philosophical warnings. Neither teetotalism nor counterblast tobacco societies will put down drinking and smoking. The natural instincts of the old Adam within us lead men still on in the evil ways of irrationality. Though it were philosophically demonstrated that alcohol be not food, and tobacco only a deadly weed, yet will men go on drinking fermented liquors and smoking the dried leaves of *nicotiana* to the end of the chapter. The smoking sinner, after listening to the dreadful fulminations of an anti-tobacconist orator, and after learning all the horrible evils which await him in the end, will yet retire home to reflect upon them with his pipe in his mouth.

Of Dr. Richardson's essay, we may say that it is a calm and philosophic inquiry; and that the arguments for and against "the weed" seem fairly and candidly expressed by him. We sincerely trust that

they may have the effect of diminishing, or rather of preventing, the pernicious habit of extreme indulgence in tobacco-smoking.

In conclusion, we would remark, that we are much surprised to find Dr. Richardson writing down sugar as a substance equally injurious to the human body with tobacco. "It (tobacco) is in no sense worse than tea or sugar." One other error we would also call attention to. Dr. Richardson is, we conclude, no smoker himself, or he would assuredly never have stated that the smoke which the smoker draws from his cigar or pipe passes into his lungs. The fact is, that only a practised smoker—one whose aerial tubes are well macadamised to the funes of tobacco—can take them into his lungs. In ordinary smoking, the smoke passes into the mouth only. Consequently, no fair analogous conclusions can be drawn as to the effects induced by tobacco-smoke upon animals, who are made to breathe the smoke, to take it into their very lungs, and to bring it in contact with their highly and rapidly absorbing surfaces.

STATISTICAL TABLES OF PATIENTS IN ST. BARTHOLOMEW'S HOSPITAL DURING 1864. By G. N. EDWARDS, M.D., and A. WILLETT. London: 1865.

THESE tables contain a very full, detailed, and no doubt accurate, account of the diseases treated in St. Bartholomew's Hospital during 1864. There were admitted 5543 new patients, 553 remaining from the previous year; 4324 were discharged cured and relieved, 300 unrelieved, 315 for other reasons; and 617 died. Fifty patients died in the medical, and 38 in the surgical wards, within twenty-four hours after admission; 21 were brought in dead. The number of beds in the hospital is 650.

ON INTRATHORACIC CANCER. Part I. Introductory and Historic Sketch. By JOHN COCKLE, M.D., Physician to the Royal Free Hospital. London: 1865.

DR. COCKLE has, in pamphlet form, published the first part of his researches concerning intrathoracic cancer. In this part, he gives an introductory and historic sketch of the subject. The disease is rarely met with. Dr. Cockle, therefore, desires to put together, for the benefit of the profession, the general facts, so far as they may be gathered from a summary of authentic details. Dr. Cockle treats the subject, we need hardly add, with his usual industry and scientific skill.

MEDICAL EDUCATION AND THE PUBLIC SERVICES. I have been told by one of the examiners of a department of the public service, on whose judgment I have implicit reliance, that, as a rule, the candidates who appear before him have no accurate knowledge of any of the subjects of examination. I know that the ablest and best students do not enter the public service; they devote themselves to the service of the public in another way. I know, too, that much the larger part of the candidates in question are not educated in London. During five years, since the 1st of October 1859, the new men supplied to the Army Medical Service from different parts of the kingdom, numbered as follows:—From Ireland, 230; from England, 115; and from Scotland, 85. Those from Ireland have rapidly increased in later years. (Mr. Quain *On Medical Education*.)

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, APRIL 29TH, 1865.

THE COLLEGE OF PHYSICIANS AND THE ARMY AND NAVY MEDICAL OFFICERS.

ON the 21st inst., the London College of Physicians, in our opinion, made a very great mistake, and did a great act of injustice both to itself and our army and navy medical brethren. It refused to hold out a hand of sympathy to the medical officers of the army and navy. Some months ago, the College appointed a Committee, consisting of six of its Fellows—viz., the Senior Censor, Dr. Gavin Milroy, Dr. Sibson, Dr. A. P. Stewart, Dr. Armstrong, and Dr. Markham—to inquire into the condition of the army and navy medical officers, and to report thereon to the College. The Committee set conscientiously to the work. They made themselves thoroughly masters of the whole question; they obtained information of the most positive and authentic kind; they unanimously satisfied themselves as to the truth of the grievances complained of by the army and navy medical officers; and, after several months of inquiry, they drew up, with great care and precision, a most accurate detail and history of the wrongs to which those officers have been and are at this moment subjected. But such a report, so drawn up, and so authenticated by the testimony and signatures of the Committee, was rejected by the College; and not only was it rejected, but the College, as then constituted, refused to accept it even in any modified or altered form. The College refused to say one word or do one single act which might, in the opinion of its Committee, assist in removing the grievances under which our army and navy medical brethren at this moment suffer. Such a total repudiation of its own Committee's Report is a very rare and exceptional proceeding. It is well, therefore, that the profession should know the reasons, or rather we should say the excuses, alleged for the non-acceptance of the Report.

Now we may observe, in the first place, that the facts stated in the Report were admitted to be true; that is to say, not one single one of them bearing upon the question was either upset or even attacked. The Committee, indeed, defied even the best informed and most ardent supporters of the Horse

Guards to contradict one single statement contained in the Report. Anything like reasonable grounds for the rejection of the Report were not even suggested. Indeed, it soon became evident that on this occasion the College met to record a vote, not to argue the merits of the question on which the vote was to be taken. They were told by one gentleman, who entered the army some forty-five years ago, that he had there passed many happy days, and had never felt the inconveniences mentioned in the Report. He was always consulted by his colonel on matters sanitary; and his friends were of the same opinion as himself. He never heard any complaints from the best men in the army. Besides, the College had nothing to do with army men; so why need it trouble itself about them? Then, again, it was said that the causes of discontent, as stated in the Report, were frivolous; that the College would only injure the army and navy medical men by taking up their cause; that, to be sure, it was a great mistake that the Horse Guards touched the warrant of 1858, but then ever since that time they had been continually removing the causes of discontent; that the College would be put in a false position by taking up the Report; that it was no use ripping up old grievances; and, besides, the language of the Report was too strong, and might injure the delicate susceptibilities of high officials; that, no doubt, some injustice had been done to the medical department, but then the injustice has been gradually removed.

To all this it was answered by the Committee, that the army and navy medical officers were, by their very position, unable to help themselves; that with them complaint was regarded as insubordination; that the Committee had carefully and conscientiously made themselves masters of the case, and had learnt beyond any kind of doubt that the medical officers were subjected to serious grievances; that the College was bound to help all classes of our medical brethren; and to pretend, because only a few licentiates of the College were in the army and navy, that therefore the College need take no thought for them, was a selfish idea, utterly inconsistent with the modern aspirations of the College; that not one single statement made in the Report had been controverted, or even argued upon. The Committee further argued, that to say that action taken on the part of the College would injure the medical officers, was a statement refuted by memorable facts; that, in truth, the grievances lately removed, of which the opposers of the Report and the supporters of the Horse Guards made so much, were removed in consequence of, and since, the serious action taken by the *British Medical Association*—proving thereby that the department know how to yield to pressure from without; that the restoration of the rights of medical officers in respect of forage, baggage, of servants, as regards branding,

etc., was wrung from the officials by the intervention of the British Medical Association, and of other medical bodies; that the interference of the College, therefore, would also of necessity operate to the advantage of medical officers; that all the objections made to the Report were of a mere verbal character, so much so that the Committee were perfectly ready to yield every word objected to in it, inasmuch as the real facts of the case would still remain there, true and unanswered; that to say there was no discontent in the army was simply a denial of patent and positive facts; that the warmest official defender of the Horse Guards dare not venture to say that discontent, great and universal, did not exist in the army and navy; that the Committee, who had now for many months studied this question, ought at least to have something like reason shown why their Report should be rejected; that they, at all events, must have full knowledge of the subject; that they had no object in view but to learn the truth of the case, and to act upon it; that they had no official ties to clog them—no superiors to gratify or to dread; and that they desired one sole thing, to help in doing an act of justice to the medical officers of the army and navy.

Again, the members of the Committee represented that those gentlemen, on the contrary, who especially represented the official military authorities within the College were, by their own admission, placed in a very difficult position; that their words and freedom of expression were necessarily fettered by the ties of official life: and that, therefore, their judgment and opinion could not be accepted as unbiassed and unprejudiced; that, most assuredly, those gentlemen who represented the Horse Guards represented an authority which was felt and declared by the army medical officers to be one which had no sympathy with them, and no care to remove their grievances; that for the College, therefore, to accept the opinion and advice of such an authority, was to accept the opinion and advice of those who, in the opinion of the Committee, were the very obstructives and hindrances to the welfare and elevation of the standing of the army medical officers; that when the College appointed a Committee, and that Committee had consistently discharged its duties, it was incumbent on the College, was only respectful to the Committee, that it should, at all events, state reasons for rejecting the Committee's Report.

The College, however, thought otherwise; and, in fact, as we have said, the opposers of the Report came there to vote, not to argue. The influence of the Horse Guards was (amongst those who represented the College on the occasion) stronger than that of the Committee. The unanswerable statements in the Report were left unanswered; and the old fact was illustrated, that it is much easier to hold up a hand than to give a reason for holding it up. Whether the de-

cision of the majority in this case was a wise decision, time will show. In the meantime, we may venture to express the opinion, that the College has exhibited a strange want of moral courage; a strange want of sympathy with a large and suffering body of their medical brethren; a strange want of consistency in giving to a Committee of their body the charge of a very serious and arduous inquiry, and then utterly ignoring their labours—in refusing to accept the Report even in a modified form, or to do a single act or say a single word which might be construed into an act or word of sympathy done or said by the College in favour of our army and navy medical brethren; a strange want of harmony with its modern aspirations of being the leader of scientific medicine, and the liberal parent of all branches of the medical family.

The hopes and the eyes of the whole army and navy medical officers were fixed upon the College; and this is the answer they have received!

It is only fair to state, in conclusion, that the President of the College did not accept the assertion of the prime movers of the opposition to the Report; viz., that army and navy medical men had no grievances to complain of. On the contrary, he admitted them. He said, he begged it to be distinctly understood, that the existence of the grievances were admitted on all hands, and that he had heard no one deny them. His reasons for opposing the Report were, that he thought interference, if unsuccessful, would injure the interests of the College, as well as damage the case of the army and navy medical officers.

THE LATEST INDIAN MEDICAL WARRANT.

WHEN commenting upon the changes made by the late Indian Medical Warrant in medical service of that dependency, we stated that we were not prepared to enter into all the details necessary to obtain an exact view of the changes effected by it. It is only persons on the spot who can be fully cognisant of the advantages and disadvantages of any such new arrangements.

We have, therefore, waited until the matter could be fairly brought before the Indian public, before passing a decided judgment as to the probable effect of this Indian Medical Warrant.

Now, we regret to say, the Indian press expresses disappointment as to the future prospects of the Indian Medical Service. In *A Brief Sketch of the Past and Present Condition of the Bengal Medical Service*, a surgeon of the Bengal army sketches the condition of the Indian Medical Service, and the various alterations which have been since introduced; all, as it appears, having the tendency to lower the status and the advantages heretofore enjoyed by the

Indian medical officers. The Indian Medical Warrant of 1860 placed them in a position inferior even to that of the British medical officer serving in India, to whom the provisions of the famous British Warrant of 1858 had not been extended. The first Warrant of 1864 was received with a burst of indignation. The position of the medical officer was reduced to a degree hitherto unprecedented; for it must be remembered that the distinctive features of the Indian services, the funds, to which all had formerly been compelled to subscribe, had already been abolished, with reference to those who had entered the service after the transfer of the Indian Government to the Crown. The second warrant, embodied in Sir C. Wood's despatch of November 1864, was apparently intended to have the effect of reassuring the minds of the medical profession. It has failed, however, in its purpose, if we may judge from the deliberately pronounced opinions of those among the Indian surgeons, who are, like the author of this *brochure*, best entitled to form a judgment. He candidly acknowledges the good intentions of the authors of the warrant in some particulars, and even gives them credit, we are almost inclined to think, for benefits which they did not intend to confer; for he supposes that they acknowledge the propriety of giving staff salaries to those who hold independent medical charges, as is the case with the great body of the military officers. We shall be glad to find that he is right in this particular. We concur with him in approval of the appointment of a definite time for promotion to the grade of surgeon; and we trust that the time which is necessary to qualify for a retiring pension may be allowed to include the usual furloughs in the so-called "service in India."

But the shortcomings of the dispatch are glaring. The chief disadvantages under which the service may now be said to suffer are: First, the removal of all the military European charges from the Indian into the hands of the British medical officers. For this change the Secretary for India is not responsible. This will abstract the principal prizes of the Indian Service from the regimental medical officers, who will also be debarred from the opportunities of distinguishing themselves on active service to the same extent as before; and it seems that the surgeons in charge of native regiments are to be paid on an inadequate scale. Secondly, it was hoped that a higher scale of pension would be established for length of service; the present, now that there are to be no medical retiring funds, is inadequate; and the pensions for those who are invalided for wounds or ill-health are not at present adjusted, as they are in the Royal Service. Thirdly, as the Secretary of State directs the employment of as many civil medical men as possible, many of the best prizes of the service, such as the various staff-appointments in the presidency towns, etc., will be thrown out of the hands of

the hard-working military or covenanted branch. We much fear, also, that any sum allowed as staff-salary to surgeons for the highly responsible medical charge of regiments will not be commensurate with their position. The pay for Indian officials must not be calculated on a scale that would suffice for Europe: but rather with reference to the state of the local labour market. Living in India is becoming expensive: so that not only merchants and bankers, but Government, find themselves obliged to raise the rate of pay for all *employés* who are not in their regular covenanted service.

A nominally high pay for the Medical Service may not be adequate for the necessities of a position which must entail considerable expenses of living, of moving from place to place, and probably of taking leave of absence for ill-health; of sending home families, of making suitable provision for them, etc. The reduction of the number of Deputy Inspectors-General, consequent on the transference of all European military charges to the royal surgeons, still further reduces the number of prizes attainable by the Indian medical officer. Consequently, as far as we can judge, the prospects for any one entering the service, are anything but brilliant. However, India is the land of wealth as well as of adventure, and the Indian surgeon may perhaps profit, if not by the great influx of capital, by that of the many European settlers who are making their way to those sunny regions.

MANCHESTER AND SALFORD SANITARY ASSOCIATION.

THE Committee of this Association have just published their Annual Report for the year 1864. It contains much valuable information on subjects connected with the public health. At the end of the report are four quarterly reports on the health of Manchester, drawn up for the Association by Dr. Morgan, the Honorary Secretary. In referring to the cotton famine, the Committee remark—

“In their two preceding annual reports, the Committee endeavoured to show that, although the important trade on which the prosperity of this great centre of the manufacturing districts so largely depends, was for the time paralysed, nevertheless, such had been the liberality and judgment displayed in alleviating the necessities of the operatives, that neither the reports of the Registrar-General, nor the still earlier distress-testing returns of this Association, bore evidence of any increase either in the rate of mortality or in that of disease. The year 1864 tells the same tale as the two which went before. Its statistics demonstrate that, in so far as registers of deaths and diseases tables may be looked upon as an evidence of the public health, the cotton famine failed to bring in its train any of those evils which the most sanguine might well have feared. In the country generally, the death-rate was unusually high. In Manchester, it was below the average.”

The report then proceeds to speak of the number of new cases of disease and injuries occasioned by accidents which occurred in Manchester and Salford during the year 1864.

“The total number observed in public practice amounted to 75,754; of this total, 2645, or 1 in every 28.6, terminated fatally. In the preceding year (1863), the cases reached the still higher aggregate of 82,441; and the deaths 2669, or 1 in 30. If these results be compared with Mr. Royston's mortality-tables, in which the deaths for the year 1864 are shown to have amounted to 12,273, it will be found that 1 death in every 4.6 occurred among a class of patients who are dependent on charity for medical treatment; while, in the year 1863, the proportion was somewhat lower, or 1 in every 4.8. From what has been here stated, as the result of a two years' experience, it would appear that, on taking the poorer class in the mass, each individual is sufficiently indisposed to require medical treatment about thirty times in the course of his life ere he is prostrated by his last sickness; and further, if it be allowable to assume that, in the case of other members of the community, the attacks of sickness bore the same ratio to death as that here assigned to public practice, it would then be found that the total number of new cases of disease which occurred in Manchester and Salford during the year 1863 and 1864 amounted respectively to 391,740 and 351,307; in other words, in the former year, about 13 persons in every 14 required medical aid, in the latter about 5 in 6.”

Scarlet fever last year proved the most fatal of the zymotic diseases; 1124 poor patients having suffered from its attacks, of whom 1 in 10.4 died. The report estimates that the total number of seizures from this disorder in Manchester and Salford, among all classes, in the years 1863 and 1864, fell little short of about 20,000.

Besides collecting and publishing much useful information on subjects connected with the public health, a series of lectures is annually delivered on behalf of the Sanitary Association in different parts of the town. In the course of last year, upwards of thirty lectures were given. In the list of lecturers, we find the names of men well known in the scientific world.

In Dr. Morgan's quarterly and very valuable reports, will be found much interesting information respecting the extent and intensity to which the zymotic diseases prevail in the different districts of Manchester. In one of these reports, he remarks, in speaking of scarlet fever,

“That although it be true that no absolute rate of mortality can be laid down in respect to the zymotic diseases, they still, as a rule, assume a more malignant form in proportion to the extent to which they prevail. In our large cities, at any rate, it rarely happens that affections of this order are altogether absent; sporadic examples of each variety are well nigh always at hand, lurking in those districts which supply a congenial soil for the storing up and dissemination of their specific virus. It is, however, important to bear in mind that among these scattered cases, the disease is far less often followed by fatal results than on those occasions on which it takes on an epidemic form.”

THE MEDICAL PROVIDENT SOCIETY.

WE have much satisfaction in being able to inform our associates that the Medical Provident Society has been, in accordance with the wish of the Directors, duly registered by Mr. Tidd Pratt under the Friendly Societies' Act; and that the Secretary is ready to receive applications for admission from registered practitioners intending to become contributing members.

No material alteration has been made in the Rules of the Society since an outline of them was published in the JOURNAL of February 4th. The tables of annual contributions and benefits, which at that time had not been completed, have since received the sanction of Mr. Finlaison, and will be found in our advertisement columns of this week.

It will be seen, by reference to the table, that practitioners under forty-five years of age may either provide, by a payment ranging from £2:15:6 to £4:5:0 *per annum*, for a weekly payment during temporary disability from sickness or casualty up to the age of sixty-five; or may, by an increased premium the amount of which varies from £3:11:0 to £6:17:0, secure to themselves a similar privilege during the whole of life. Besides these classes, under which it is intended that members shall be ordinarily admitted, it has been provided, in order that every reasonable opportunity may be afforded to practitioners for availing themselves of the benefits of this Society, that, up to the 1st of July, 1867, members between forty-five and sixty years old may be admitted, on payment of the premiums mentioned in the table under Class III; the members admitted in this class being entitled to receive the benefits of the Society during the whole of life, provided that they pay their contributions yearly.

The organisation of the Society having been thus completed, it now only remains for the profession to shew their appreciation of it by becoming contributing members. When it is considered how many days in each year are, on an average, lost to a practitioner through sickness or accident, and how severely this disability often interferes with his power of providing the daily necessities of life for his family; and when it is remembered that the liability to this average annual disability is known to increase rapidly as age advances, it can scarcely be supposed but that many will gladly avail themselves of the opportunity now held out to them of making provision against emergencies by the annual payment of a sum which, all circumstances being considered, is moderate.

In conclusion, we would refer our readers to the letter of the Secretary at p. 443 and to the advertisement; and would urge them to take the earliest opportunity of sending in their name as candidates for admission into this useful Society.

It is interesting to note that the French Imperial Court has recently decided that a medical man cannot legally confide any of his patients to the care of a pupil or an assistant who has no diploma. Any medical man who in future may place his patients in the hands of an assistant who is not legally qualified to practise will become subject to legal penalties.

M. Chenu tells us, in his work on the Crimean campaign, that, during the war, 8,000 French soldiers were slain on the field of battle; 32,000 were wounded, and that of these 9000 died subsequently—making 17,000 killed. But from internal diseases there died no fewer than 60,000.

The papers report the death of Antoine Sue, formerly Surgeon of the Imperial Guard, at the age of 73. He was Physician-in-Chief of the Marseilles Hôtel-Dieu. He was also cousin of the celebrated Eugène Sue, to whom he had taught the elements of his art before he had entered on his famous literary career. The reader may remember that Eugène Sue, in his romances, always showed great respect to physisc and physicians.

The following are the published operations of 143 midwives of Berlin during 1864. The midwives are altogether 155 in number. They attended 17,067 births; of which 8684 were boys, 8211 girls, and 172 whose sex is not stated. Of the mothers, 6 died during delivery, and 42 afterwards, before recovery from confinement. There were 340 children born dead, 186 died during delivery, and 253 in the first nine days after delivery. Of the presentations recorded, 16,205 were head-presentations, 43 face, 159 breech, 56 foot, and cross 95.

There are at the present time in Copenhagen two authorised markets for the sale of horse-flesh, which is sold at twopence-halfpenny a pound. The animal is inspected by a veterinary surgeon before it is allowed to appear in the market as meat for sale. The animal is cut up into four quarters, and the veterinary surgeon burns his official *imprimatur* on each hoof; the hoof is not allowed, under any pretext, to be separated from the quarter; and thus the buyers of horse-flesh have the satisfaction of knowing that they purchase healthy meat.

In the *Berlin. Klin. Woch.*, Dr. Böhm details a case of cysticercus cellulose removed from beneath the conjunctiva. The tumour, of about the size of a bean, was situated at the inner angle of the conjunctiva. It had been growing for some months, and without pain; and had been several times punctured, but always filled again. The patient sought relief chiefly because he could not close his eyelids. In the tumour, when removed, was found a cysticercus. The patient had never suffered from any signs of tapeworm; nor did a dose of kousso expel any pieces of worm from the bowels.

Scientific Notes.

PRODUCTION OF AMMONIA FROM AIR AND WATER, UNDER THE SOLE INFLUENCE OF THE POROSITY OF ARABLE SOIL.

By passing 200 litres of air (at the rate of 10 litres per hour) freed from its natural ammonia, over 250 grammes of ordinary vegetable earth, previously washed, or calcined and washed, or estimated relatively as to its total of nitrogen, then restored to its usual state of humidity, and raised progressively from the temperature of 10° to about 52° cent., M. Decharme found that part of the nitrogen of this air had been transformed into ammonia, into carbonate and nitrate of ammonia. The total amount of ammonia thus produced by the catalytic force of the earth experimented upon was at an average of 0.139 grammes, a small absolute quantity no doubt, but in reality considerable if we compare the atmospheric ammonia to that of rain water. This result shows how all natural causes (winds, rains, changes of temperature and of pressure, etc.), or artificial causes (fallowing, drainage, etc.) which determine the introduction and movement of air in the soil, favour the production of ammonia, and contribute to the development of vegetation, a view perfectly in accordance with the facts observed in practical agriculture. (*Les Mondes*, and *Chem. News*.)

SPOTS OF BLOOD: THEIR AGE.

The red colour of blood-spots begins to change from the second day, the spot becomes visibly brown by the third day, and after a few months it is black, with a slight yellowish tinge. To these well known characteristics M. Pfaff adds others, drawn from the action exercised on these spots by a solution of arsenious acid (containing one grain to two grains of water.) The limit set by him is the time taken by one spot to become pale in this solvent, or until its edges are barely distinguishable from the surrounding substance. When new they dissolve in a few minutes; when from 1 to 2 days old, they require a quarter of an hour to dissolve; from 3 to 8 days old, they require a quarter to half an hour; from 2 to 4 weeks, one or two hours; when one year old and upwards, they demand from four to eight hours.

TEST FOR RUM.

Mix a little of the rum to be tested with about a third of its bulk of sulphuric acid, and allow the mixture to stand. If the rum is genuine its peculiar odour remains after the liquid has cooled, and even after twenty-four hours' contact may still be distinguished. If, on the contrary, the rum is not genuine, contact with sulphuric acid promptly and entirely deprives it of all its aroma. The author affirms that he had never found this very simple process fail, and that all spurious rums may thus easily be distinguished from the genuine. (*Report de Pharmacie & Chem. News*.)

A PHYSICAL ANALYSIS OF THE HUMAN BREATH.

In the August number of the *Philosophical Magazine* is a paper on "A Physical Analysis of the Human Breath," by Mr. W. F. Barrett, Assistant in the Physical Laboratory of the Royal Institution. The experiments were made by the desire, and under the direction, of Professor Tyndall. The mode of analysis is founded upon the calorific absorption exerted by the carbonic acid contained in breath, the apparatus used by Mr. Barrett being mainly the same as that employed by Professor Tyndall in his researches on the absorption of heat by gaseous matter.

DETECTION OF THE ADULTERATION OF ARROWROOT WITH POTATO OR CORN STARCH.

According to J. F. Albers (*Arch. de Pharm.*), this is effected with certainty by means of their behaviour towards hydrochloric acid. When one part arrowroot is shaken with three parts of a mixture of two parts hydrochloric acid of 1.12 specific gravity and one part of distilled water, at ordinary temperatures, for about three minutes, no reaction is observable. But should corn starch be subjected to this treatment, it becomes changed into a gelatinous, translucent, and finally into a semi-fluid mass. Potato starch behaves in the same way, with the production of an easily recognised and characteristic smell. If a mixture of arrowroot with one or more of these substances is to be dealt with, the arrowroot is to be separated by treating the whole for two to three hours with the hydrochloric acid, by which the arrowroot becomes soluble, and may be filtered from the remaining softish mass, which when washed, dried in the air, and weighed, shows by the loss in weight the amount of arrowroot present. (*Chemical News*.)

MINERAL WATERS.

M. Scoutetten, in a memoir, entitled *Researches on Mineral Waters*, attributes their active properties to electricity. By coming into contact with electromagnetic currents in the bosom of the earth, the waters undergo a sort of allotropic modification, which unfortunately does not last when the water comes to the surface, but is gone in three days at most. And now the mystery of mineral waters is unveiled, the author says the medical applications may for the future be made with exactness.

ACTION OF ALCOHOL.

M. Perrin has experimented on the influence of alcoholic drinks taken in moderate quantities on nutrition. He found that less carbonic acid was exhaled from the lungs when wine was taken. His estimations of urea showed nothing particular. He believes with Dr. Smith and others that alcohol is not assimilated, but it affects nutrition by lessening the expenditure of material. (*Chemical News*.)

THE SUN'S OCEAN OF LIGHT.

When the sun is viewed through powerful telescopes, its surface is seen to have a peculiar mottled or curdy appearance. Arago proposed that this envelope should be called the Photosphere. By the elder Herschel, the surface of this photosphere was compared to mother-of-pearl. Other astronomers have said that it resembles the ocean on a tranquil summer day, when its surface is slightly crisped by a gentle breeze, and an undulating play of light is reflected from these little billows. Within the last few years Mr. Nasmyth has discovered a more remarkable condition than any that had previously been suspected. Examining the solar surface with a fine telescope of great penetrating power, this astronomer has discovered objects which are peculiarly lens-shaped. He himself describes them as more like "willow leaves" than anything else. These leaved forms are different in size; not arranged in any order; lie crossing each other; and have an irregular motion. They cannot be less than a thousand miles in length, and from two to three hundred miles in breadth. The most probable conjecture which has been offered respecting those leaf or lens-like objects, is that the photosphere is an immense ocean of gaseous matter in a state of intense incandescence, and that they are perspective projections of the sheets of flame. Whatever they may be, it is evident they are the immediate sources of solar heat and light. (*Popular Science Review*.)

COMPOSITION OF THE ATMOSPHERE.

In a paper read on November 25th before the Manchester Literary and Philosophical Society, Dr. R. Angus Smith said that he believed that his inquiry proved that the oxygen test was a very valuable one, as indicating the condition of the atmosphere. The oxygen was diminished in many cases, and, indeed, in all cases where the air was known to be inferior. The objection to such air might perhaps be found not so much in the absence of oxygen as in the gases which take its place. That place was not wholly supplied by carbonic acid. He believed it needful to examine the composition to the second decimal place in the case of oxygen, and to the third or even fourth in the case of carbonic acid. Hitherto we had had the composition of the air given in numbers varying a tenth per cent.—specimens have generally been taken from rooms or streets or open places indiscriminately. It was the author's wish to show that variations depended on the conditions of soil, situation, wind, etc., and that the oxygen and carbonic acid together might with very minute analysis guide us in sanitary inquiries. (*Chemical News*.)

MANAGEMENT OF LIGHT IN MICROSCOPIC INVESTIGATION.

Mr. J. B. Dancer lately read before the Manchester Literary and Philosophical Society a paper on a contrivance for regulating the amount of light transmitted from the source of illumination to the mirror of the microscope. When viewing certain objects by transmitted light, and particularly with oblique illumination, a very slight alteration in the quantity and direction of the light produced a marked difference in the appearance of the object, especially in Diatomaceae, where a proper management of the light showed lines or markings invisible under ordinary direct illumination. The apparatus exhibited was easily made at a trifling cost; it consisted of a circular disc of blackened tin or cardboard ten or twelve inches in diameter, with a number of perforations of various shapes and sizes—circular, cross-shaped, wedge-shaped, etc.—the centres of which were about three inches and a half from the centre on which the disc, placed perpendicularly, rotates. The form of perforations found generally most useful were parallel slits—slits at right angles to each other—wedge-shaped and circular openings. The object under view must be well illuminated in the direction required, and then the disc, supported by a pillar, was placed between the source of light and the concave mirror, when a few trials would determine the best form of aperture. The markings of *Pleurosigma fasciola angulatum*, etc., might be seen by its aid under powers which would not show them with any arrangement of achromatic condensers, and it also had the good property of shading all but the amount of light required from the lower portion of the microscopic stage and stand. The disc might be attached to the lamp, but it appeared to work better on a stand, and was susceptible of various modifications.

APPARATUS FOR SIMPLIFYING SPECTRUM ANALYSIS.

With this apparatus M. l'Abbé Laborde is enabled to observe the spectra of metals with a small induction coil and a pocket spectroscope, and to compare the spectra of two metals at one time. The description of the apparatus is almost unintelligible in the absence of illustrative cuts, but one remark which the author makes must be quoted. The colour of the bands is a very uncertain means of recognising a metal, and it is far more certain to determine the position of those first seen. He notes in every metal bands of different visibilities, just as in a constellation stars of different sizes are seen. (*Chem. News*.)

NEW SOURCE OF SUGAR.

Dr. De Vry describes the mode of preparation of sugar from the Aren palm, as carried on by the Javanese, as follows. As soon as the palm commences blooming a portion of the stem carrying the blossom is cut away; there exudes from the wound so made a juice containing sugar, which juice is collected in tubes made from bamboo cane previously exposed to smoke, with the view of preventing the otherwise too rapidly proceeding fermentation of the juice under the joint influence of a warm climate, and the presence in the juice of a nitrogenous substance. The juice so obtained is immediately poured into shallow iron pans, heated by fire and inspissated by evaporation, until a drop of the liquid, exposed to cold by allowing it to fall on a cool surface, becomes solidified; if the desired degree of inspissation has been obtained, as evidenced by this experiment, the whole contents of the pan is cast into the shape of big cylindrical lozenges. Many thousands of pounds of sugar are annually obtained in this very primitive manner. I collected in a clean glass bottle a portion of the juice, and found that the unaltered juice does not contain any glucose at all, but it contains a nitrogenous principle which, aided by the warm climate, soon causes the conversion of a portion of the cane-sugar of the juice into glucose. In order to prove, without the aid of any very artificial means, that the juice of the Aren palm contains pure cane-sugar, I collected a portion of juice exuding from the tree, allowing it directly to flow into alcohol; by these means the nitrogenous principle alluded to is at once eliminated by coagulation. I thus obtained a mixture of equal parts of juice and alcohol; after filtration, this mixture was evaporated on a water-bath to the consistency of a syrup. This syrup I took along with me on my journey from Java home, and during the journey the concentrated syrup became solidified, exhibiting rare and beautifully well-defined crystals of cane-sugar, which, by every *connoisseur*, were immediately recognised. Whereas sugar-cane and beet-root require such soils as are also adapted for cerealia, the Aren palm flourishes in soils utterly unfit for that purpose. The Aren palm relishes the deep mountain ravines of Java, running, in some parts of the island, from the sea-shore to the interior, the said palm being found in groups together; and it is quite possible to lay out fine plantations of this beautiful tree. There is one drawback, though not a very serious one, viz., not before the trees have obtained an age of from ten to twelve years are they fit to yield sugar. When, however, it yields sugar, the tapping can be continued for many years, and the sugar manufacture will become a continuous—not as now, an interrupted—industry. (*Chem. News*, February 10th, 1865.)

CONVERSION OF STARCH INTO GLUCOSE BY POTATO PEELINGS.

Starch paste diluted with water, and digested for ten or twelve hours with raw potato peelings at 45° or 50° C. is, accordingly to Leuch, entirely transformed into glucose. (*Chemical News*.)

OZONE AND ANTOZONE.

We understand that Schönbein has at last been successful in his long endeavours to isolate the bodies of which he has contended that ordinary oxygen is composed. Antozone, it is said, has a lower specific gravity than hydrogen. It liquefies at a pressure of 150 atmospheres. Ozone is a denser gas. The two gases combine with a loud explosion when exposed to the actinic rays of the spectrum. Another curious fact mentioned is that a spark of positive electricity does not effect their combination, which is only determined by a negative spark. (*Chem. News*.)

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

A CONSIDERABLE reduction in the death-rate, and in the admissions to hospital during the past few weeks, indicate a decided subsidence of typhus. This may be the usual decrease which has marked the progress of former visitations, in the spring and summer, to be followed by an increase in the succeeding autumn; but, as the present epidemic has already existed more than two years—the period which records of previous typhus epidemics assign as their average duration—it may be reasonably supposed that it is about to take its departure altogether.

If this great epidemic should pass away without leaving behind lessons calculated to advance our knowledge of the history and habitudes of zymotic disease, or to add to our therapeutic resources, the deficiency certainly cannot be attributed to lack of discussion or inquiry. In addition to the prolonged debates at the Medical Institution, occupying four meetings of the present session, we have the elaborate and exhaustive report of Dr. Buchanan on behalf of the Privy Council, and that of Dr. French, the Medical Officer of Health for the borough.

The recurrence of an epidemic of typhus in Liverpool, after the lavish expenditure and energetic and comprehensive sanitary operations which have for many years been devoted to the removal or mitigation of the recognised causes of zymotic disease, is a curious and interesting commentary upon the practical results of applied sanitary science.

Until the actual appearance of the present visitation, a long continued immunity from typhus, a progressive decrease in the deaths from fever, and a confidence in the influence of past sanitary measures, had caused considerable hopes that Liverpool would never again see the disease as a serious epidemic.

Dr. Buchanan tells us that, in reference to drainage, middens, and water-supply, there appears to be no ground for assigning to influences of this kind any important share in the production of Liverpool typhus. For, as regards the ordinary prevalence of the disease, other Lancashire towns far worse drained than Liverpool, with middens on the same system and with a worse kind of water-supply, have habitually escaped typhus, while Liverpool has suffered from it; and, as concerns the present epidemic, it is certain that this town has never before been in such a good condition in respect of influences of this kind. He, in the course of his inquiry, further says that there did appear *primâ facie* reason for thinking that certain streets, where the most offensive kind of midden still exists, and certain other streets situate near to the wharf where the contents of the town middens are deposited, had especially suffered from typhus; but, upon accurate examination, the direct connexion between these conditions and the fever was disproved. The conclusions generally to which

very careful and thoroughly exhaustive inquiries into all possible and impossible influences, whether social, sanitary, physical, or moral, which characterise this report, are for the most part negative as regards the causation of typhus. In reference to domestic cleanliness, Dr. Buchanan thinks that the neglect of this virtue is more universal among the poor of Liverpool than among the same class in London, and that, generally speaking, there appeared much connexion between fever and filth; and yet, upon comparison, street by street, between the existing amount of fever and the number of dirty houses, fever and filth were not found to fluctuate exactly together.

As to destitution, he remarks that the evidence connecting the present epidemic with the existence of exceptional destitution does not lead to an absolute conclusion. He thinks that a want of employment and greater destitution may have played some part, though a subordinate one, in determining the first increase of fever at the commencement of 1861; but, as affecting the subsequent progress of the epidemic, increase of fever cannot be proved to have resulted materially from increasing destitution.

The growth of overcrowding, as determined by the annual increase in the practice of sub-letting of the poor tenements, although, in a broad sense, connected with the epidemic of typhus, nevertheless is not, in point of time or extent, found to have been so parallel with the growth of fever as altogether to account for the recent epidemic.

To intemperance he assigns an important influence in keeping up fever directly, by inducing in individuals a constitutional condition incapable of withstanding an attack of typhus, and indirectly by greatly adding to the prevailing destitution. On this point, however, his conclusions are based chiefly upon the statements of the town-missionaries, who assert that they see no destitution except what is the result of drink; and agree that of the cases of fever which come under their cognisance, nearly two-thirds occur in the families of drunkards, an assertion which may be pretty near the truth, but which must not be too readily taken for granted.

He sums up his conclusions by stating, that the reason why typhus is always present in Liverpool may be thus defined. Destitution, dirt, and intemperance, with overcrowding and bad ventilation of streets and houses, are the conditions that keep up the disease steadily from year to year. The reasons why typhus has become epidemic are not so clear. The only positive conditions that have been ascertained, appear to be these: slight but steady increase in overcrowding, some increase of immigration and of distress at the end of 1861, some increase of vagrancy, and with these some influence in each autumnal season. But these causes (he adds) are not sufficient to account for the epidemic. Typhus, like other diseases of its class, has times of subsidence and times of prevalence that medical science cannot yet explain. A partial explanation exists in the different numbers of persons living at different periods who are susceptible to its influence. A person who

has once had typhus is very unlikely to have it again. Immediately after the epidemic of 1847, therefore, when, with hardly an exception, the whole typhus-bearing class of the population had been affected, there were few persons susceptible of the disease. Sixteen years afterwards, a new generation of susceptible persons has arisen, and immigration has brought a multitude of persons from districts where typhus is unknown. Here is a new community for a new epidemic. It has been shown that a vast proportion of the fever has occurred in persons under 20 years of age; and most of whom, therefore, have been born since the last epidemic in Liverpool.

The negative conclusions at which the report arrives concerning the causes of the present epidemic may appear, at first sight, unsatisfactory; but it is not without its value, if it show that efforts for preventing epidemics of typhus must be applied, not chiefly at the time of the epidemic itself, but to the improvement of certain habitual conditions that can be recognised as fostering the disease in ordinary times. Some of these conditions are within the range of public sanitary measures; others are connected with social circumstances over which no direct public control can be exercised.

Further points of interest comprised in this report, together with the consideration of the Annual Report of the Health of Liverpool by Dr. Trench, I must defer to my next communication, when I also propose to give some account of the hospital accommodation in Liverpool for contagious diseases, with a description of the new fever hospital which has lately been erected.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Rose Hotel, Canterbury, on Thursday, May 11th.

Notices of papers or cases to be communicated, should be sent immediately to the Honorary Secretary.

ROBERT L. BOWLES, L.R.C.P.,
Honorary Secretary.

Folkstone, April 24th, 1865.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE fifth ordinary meeting of the session was held in Victoria Rooms, Clifton, on Thursday evening, April 13th; R. W. FALCONER, M.D., President, in the Chair. Upwards of forty members and visitors were present.

The minutes of the last ordinary meeting were read and confirmed.

New Members. A. Grace, Esq. (Bristol), and J. C. Leach, Esq. (Bristol), were unanimously elected members of the Association and of this Branch.

Papers. The following papers were read.

1. Notes on a Case of Suicidal Mania. By J. G. Davey, M.D.

2. Additional Note on Intestinal Fever in the Pig; and Epidemic Dysentery in the Pig. By W. Budd, M.D.

In consequence of the lengthened discussions which followed the reading of these papers, it was necessary to postpone several other communications till the next ordinary meeting of the Branch.

Correspondence.

THE COLLEGE OF PHYSICIANS AND THE ARMY AND NAVY MEDICAL OFFICERS.

LETTER FROM A. P. STEWART, M.D.

SIR,—I will not attempt to disguise my regret at the result of the inquiry instituted by the College of Physicians into the grievances of the army and navy medical officers. The College, by a considerable majority, has declined to interfere in their behalf. Yet let no one imagine that this resolution implies a denial either of the existence of their wrongs, or of the substantial accuracy of the Report of the Committee appointed to inquire into them. On the contrary, while the advocates of the *laissez faire* system of policy have objected to—but not disproved—some unimportant details referred to in the Report, the mass of conclusive evidence adduced by the Committee in proof of the anomalous position of both army and navy medical officers, and of the galling and vexatious treatment to which they are continually subjected, was left absolutely untouched, though one member after another of the Committee challenged any one to contradict their statement. And the President, at the close of the discussion, emphatically stated his belief that the grievances of our brethren in the united service are generally admitted, and that he at least had not heard them denied by any one. He further stated his conviction, that there was no want of sympathy with them among the Fellows of the College, who would be happy to see their wrongs redressed; but feared that an unsuccessful interference in their behalf would do harm both to the College and to them.

I have not a word to say against those admirable virtues, modesty and prudence. Nor can I deny my sympathy to those good and unobtrusive people who have greatness thrust upon them whether they will or no. Has not our College of Physicians as good a right as a well known and much respected head master to say, "*Nolo episcopari*," when its admirers, in their mistaken zeal, would thrust upon it a leadership utterly alien to its retiring disposition? Nor will any one expect that I, a canny Scot, should denounce in other nations that caution which is held to be the characteristic attribute of my own people. Least of all, need I be ashamed of it when it rules paramount within the precincts of Pall Mall East, winks hard at acknowledged wrongs, unless intervention is likely to be attended with immediate success, and, courtier-like, bows, cap in hand, before those incarnations of despotic power, the high military and naval authorities. May I not congratulate my English brethren on having so thoroughly made their own the peculiar virtues of the "pawky" north, and on having driven their own uncouth, barbaric, Saxon chivalry to take refuge among the inhospitable Scots, who have so far forgotten themselves and belied their national reputation, as to lead the van in this battle of right against might, regardless alike of the smiles and of the frowns of office. Unluckily for the credit of the English character, in this new phase of its progressive civilisation, one wayward body—the British Medical Association—has sadly compromised itself by too eagerly following the example of the Edinburgh College of Physicians.

But, in imitation of the London College, who appointed a Committee of Inquiry and then gave it a proper snubbing, it may yet atone for past faults, and help to correct the mischief it has wrought, and the annoyance it has occasioned to the constituted authorities, by now drawing in its horns, and leading for the future a quiet and inoffensive life within its shell, even at the risk of dying of inanition.

As a member of the College Committee, I am still perverse enough to think, in common with my colleagues, that we did neither more nor less than our duty both to our constituents and to our clients. I hope the College has some misgivings as to the manner in which they have treated their Committee.

I am, etc., A. P. STEWART.

Grosvenor Street, April 26th, 1865.

POOR-LAW MEDICAL RELIEF.

LETTER FROM R. GRIFFIN, Esq.

SIR,—At a meeting of a majority of the Poor-law medical officers of the Weymouth Union, held at my house this day, the following letter, it was agreed, should be sent to the guardians of this Union; for which you will oblige me by finding space, as it may act as a guide for the great body of Poor-law medical officers.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, 24th April, 1865.

To the Board of Guardians of the Weymouth Union.

GENTLEMEN,—In consequence of the Poor-law Board having issued a circular letter to you and all other boards of guardians throughout England and Wales, relative to the supply of cod-liver oil, quinine, and other expensive medicines, for the poor, we have felt it our duty to you, as your medical officers, to hold a meeting on the subject, in order that we may, if possible, assist you in arriving at a right decision on the questions involved, as they are purely medical, and are with difficulty understood excepting by medical men.

We think it right to premise our remarks by stating that the recommendation of the Select Committee on Poor Relief was made for the benefit of the poor, as it was felt that, owing to the expensive nature of many drugs, the Poor-law medical officers could not afford to purchase them out of the very low salaries now paid to them; and, as a consequence, the poor have been but inadequately supplied with them. If, therefore, the guardians should carry out the recommendation of the Select Committee, the present medical officers must not be expected to contribute from their salaries towards the extra expense; but they will most readily assist you towards obtaining them in the most economical manner.

With regard to cod-liver oil, we have no suggestion to offer on the recommendation of the Poor-law Board, further than to inform you that it may be purchased at prices varying from 8s. to 30s. per gallon, according to quality; some of the cheaper kinds being very nauseous to the taste. At about 20s. per gallon, a very good quality ought to be obtained. We would advise your purchasing it done up in four-ounce and six-ounce bottles. In that state, it may be given out to the sick poor either at the work-house, as named by the Poor-law Board, or direct from a druggist, if purchased in Weymouth; or a certain number of bottles may be given to medical officers residing in the country, for their delivery to the poor.

With regard to quinine and other expensive medicines, we feel a difficulty in advising you as to the best course to be pursued, as several drugs frequently enter into the composition of one bottle of medicine,

some very expensive, and others of but slight cost. For instance, quinine is rarely given alone, although it may form the most important ingredient in the mixture. Opium in its various forms, sarsaparilla, iodide of potassium, and the ethers, are all expensive medicines, but are seldom given by themselves. Under these circumstances, you must either place confidence in your medical officers, and allow them to charge extra for those medicines, or else you must allow your officers to order them from the druggists.

We beg further to recommend that leeches should also be found by the guardians, as they are frequently of great importance in the treatment of diseases; but, from their expensive nature, they cannot be found by the medical officers to any very great extent. We have the honour to be, gentlemen,

Your most obedient servants.

Weymouth, April 24th, 1865.

THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM ALEXANDER HENRY, M.D.

SIR,—I have the pleasure of sending you a copy of the Rules and Tables of the Medical Provident Society in connection with the British Medical Association; and shall feel much obliged by your allowing me to inform the profession through your columns that I am ready to receive applications for admission from all duly Registered Medical Practitioners residing in the United Kingdom, and to furnish them with forms of Examination Paper and Certificate.

In accordance with the decision of the Board of Directors, the Society has been enrolled under the Friendly Societies' Act. The Tables have been approved by Mr. Finlaison, the Actuary to the National Debt.

The difficulties under which medical men often labour when prevented by illness or accident from attending to their professional duties, must be well known to you. You will therefore readily perceive, that an institution like the Medical Provident Society, the financial calculations of which have been approved by the highest actuarial authority, must, if well supported and judiciously managed, be at once safe in its operation, and highly beneficial to the contributors.

Allow me also to remind the more wealthy members of the profession that they can give material aid to the Society by donations to its Auxiliary Fund. The sum of £700 has been already subscribed; and the larger this fund becomes, the more stable will be the Society, and less likely to suffer from extraordinary pressure on its Sick Fund. By the Rules of the Society, every registered medical practitioner being a donor of ten guineas or more, is eligible as an honorary member for life.

A copy of the Tables has been sent, to form part of an advertisement in the JOURNAL. I am, etc.,

ALEXANDER HENRY, M.D., Secretary.

15, George Street, Portman Square, W., April 25th, 1865.

BROMIDE OF POTASSIUM IN EPILEPSY.

LETTER FROM S. W. D. WILLIAMS, M.D.

SIR,—As I see by your last week's number that M. Moreau of the Salpêtrière has been trying the bromide of potassium in epilepsy, and seems, from your remarks, to condemn it *in toto*, and as his conclusions are quite contrary to mine, I cannot forbear sending you a few observations on the subject.

I have not seen M. Moreau's article; but from your remarks it appears that, out of the three or four

hundred epileptics in the hospital, "the youngest patients and those most recently affected were chosen for the trial." Now my experience is, that it is exactly "the youngest and those most recently affected" who are likely to receive least benefit from the medicine; and that three grammes in the twenty-four hours for such subjects is much too large a dose, and shows that the *rationale* of the action of the medicine has been misunderstood.

I have now tried it for twenty months; and, although my experiments are not yet quite concluded, I think I can show by a fact or two that the medicine is not altogether *hurtful*.

For ten months I placed under observation nineteen males and eighteen females. During the first five months they took no medicine; and the males had 1012 fits, and the females 1127. Then, for the five following months, I gave each patient from five to ten grains twice daily; the males during this period had 706 fits; the females 970; thus showing a decrease respectively of 306 and 157.

Of the nineteen males, the number of fits decreased in thirteen, increased in five, and remained stationary in one.

Of the females, the number of fits decreased in eleven, and increased in five.

I then omitted the medicine for another five months, and have just completed a fourth period of five months of observation; and I am about publishing a pamphlet on the subject, but have not yet quite completed my calculations.

I hope, however, that I have adduced sufficient to show that the "experts" of the *Salpêtrière* have been somewhat hasty in their conclusions, and enough to allow me to ask the profession to suspend their judgment on this point for a short season.

I am, etc.,

S. W. D. WILLIAMS, M.D., L.R.C.P.L.,
Acting Physician Superintendent, General Lunatic
Asylum, Wolverhampton.

April 24th, 1865.

[M. Moreau's paper will be found in *L'Union Médicale* of April 4th. The remedy was tried by him in fifteen cases. Almost all the patients were between fourteen and nineteen years of age. EDITOR.]

THE RUSSIAN EPIDEMIC. Of the Russian epidemic, the *Wiener Med. Wochens.* says, quoting from a letter from St. Petersburg, dated April 9th: "The inhabitants of this city are systematically cut off from the sick as well as from all news relating to the sickness. Exactly the same way the physicians are treated. Unless a doctor happen to be employed by the police or the military, he is, in the eyes of this Government, a mere ignoramus. He has no admission to the hospitals; nor, in fact, any opportunity for studying the disease. No sooner is a case reported to the authorities, than the poor are carried off to the hospitals, and the wealthy forced to employ a doctor provided by Government. As to ascertaining anything about the plague through the medium of the many foreign physicians sent here, this is a hope which, if it were ever entertained, will be soon enough exploded in your part of the world. These gentlemen have been received with open arms, and in course of time will return home decorated with orders; but that is all. They are shown over the hospitals at a double quick pace; and when a vast number of compliments have been paid them by doctors and attendants, luncheon is announced, and a good deal is consumed at the expense of the hospital. Typhus is said to be spreading in Warsaw."

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Friday, April 21st, 1865, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Burrell, Edwin, Westley, Bury St. Edmunds
Earle, Edward Sepimus, 22, Queen Anne Street
Eyeley, Joseph Frederick, Llanymynech
Ferris, John Spencer, 62, Great Russell Street
Foster, Thomas Sheldon, Carnarvon
Gould, Franklin, 25, Charlotte Street, Bedford Square
Groth, Ernest Rudolph Gotthard, M.D. Berlin, 12, Sutherland Terrace, Brixton
Greenwood, Newton, Penryn, Cornwall
Jones, James, 88, St. John Street, Clerkenwell
Lamb, Robert, 162, Caledonian Road
Lawrence, Henry Cripps, 4, Palace Road, Kingston-on-Thames
Thomas, James Byera, Palmaçotta, India

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 25th.

Bateman, Francis, Canterbury
Brown, George Arthur, Welchpool, Montgomeryshire
Dowse, Thomas Stretch, Bradford-on-Avon
Evans, George Washington, Strealey, near Reading
Firman, Charles George, Wivenhoe
Foulds, Henry John, Derby
Gill, John, Weston-under-Redcastle, Salop
Gould, Franklin, Charlotte Street, Bedford Square
Hickman, Richard Murhall, Leaton, near Shrewsbury
Jones, Alfred, Chepstow
Jones, George, Loughborough Road, Brixton
Kakeek, Paul Quick, Pontreue, Truro
Ley, Richard, South Molton, Devon
Llewellyn, Rees, Maesgwyn, Breconshire
Melhado, Alfred Courtney Baillie, Bayswater
Oakley, John, Shrewsbury
Reynolds, Howard David, Haverfordwest
Stuckey, John, Langport, Somerset
Swindale, John, Appledore, Devon
Temple, James Algernon, Quebec, Lower Canada
Thomas, Jabez, Swansea
Tindall, Alexander Melvor, Falsegrave, near Scarborough
Whiting, Henry, Southend, Essex
Wright, Edward Seymour, March, Cambridgeshire

APOTHECARIES' HALL. On April 13th, 1865, the following Licentiates were admitted:—

Birtwell, Henry Hargreaves, Blackburn
Edwards, Henry Nelson, 1, Finsbury Square
Megget, Archibald, Scarborough

At the same Court, the following passed the first examination:—

Leverson, Edward James, St. Bartholomew's Hospital
Mule, Philip Henry, St. George's Hospital
Smith, Henry Cecil, Guy's Hospital

As Assistants:—

Barrett, Charles Henry, Bristol
Emmott, Christopher, Gray's Inn Road

Admitted on April 20th—

Covey, George, Basingstoke
Hainsworth, Joseph, Leeds
Jacques, John Thomas, Biratall, Leicestershire
Legg, John Wickham, Alverstoke
Leslie, David, Warwick Street, Pimlico

At the same Court, the following passed the first examination:—

Loughboath, George, Newcastle-upon-Tyne School of Medicine
Truman, Samuel John, Guy's Hospital

APPOINTMENTS.

ROYAL NAVY.

Bishop, John, Esq., Assistant-Surgeon (addit.), to the *Narcissus*.
BRIETZKE, Henry, Esq., Assistant-Surgeon (additional), to the *Rattlesnake*.

KYNSEY, T. F., Esq., Assistant-Surgeon, to the *Gleaner*.
O'CONNOR, Daniel, Esq., Assistant-Surgeon (additional), to the *Pembroke*.
ROBERTSON, George, Esq., Assistant-Surgeon (additional), to the *Victory*.
ROCHE, Thomas, Esq., Assistant-Surgeon (addit.), to the *Victory*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

GARNHAM, D. J., Esq., to be Honorary Assistant-Surgeon 1st Lincolnshire R.V.
HEWLETT, T., Esq., to be Assistant-Surgeon 18th Middlesex R.V.
MACKENZIE, D. M.D., to be Honorary Assistant-Surgeon 10th Dumfriesshire R.V.

MARRIAGE.

GOODING—NEWTON. On April 19th, at Alconbury, Huntingdonshire, by the Rev. Jenkin Hughes, John Callender Gooding, M.D., of Cheltenham, to Anne Sweetland, eldest daughter of *Lancelot Newton, Esq., of Alconbury Hill, Hunts.

DEATHS.

ALLEYNE, James H., M.D., at Gloucester Place, Hyde Park, aged 66, on April 21.
BAILLIE. On April 20th, at 87, Prince of Wales's Road, Sarah, wife of B. T. B. Baillie, M.D.
BARNETT. On April 18th, aged 32, the wife of R. Barnett, M.D.
BOCKETT. On March 27th, at Hastings, aged 42, Caroline Emily, widow of William C. Bockett, Esq., Assistant-Surgeon R.N.
BRACE. On April 4th, at Bath, aged 30, Maria, wife of *William H. Brace, Esq.
BRODBURST. On April 11th, at 20, Grosvenor Street, Bernard Maynard, infant child of *B. E. Brodburst, Esq.
CHALK, Frederick M., Esq., Assistant-Surgeon 2nd Battalion 2nd Regiment, at Bermuda, aged 28, on February 9.
CONNELL. On April 14th, at Brompton, aged 69, Maria, widow of James Connell, Esq., Deputy Inspector-General Army Medical Department.
DAVIES, John E., Esq., Surgeon, of Clapham, at Hastings, aged 37, on April 13.
DAY, Edwin E., M.B., at 48, Hertford Street, aged 29, on April 7.
DUNCAN. On April 16th, at Richmond, aged 2 months, the infant daughter of Thomas Duncan, M.D.
GOODEVE. On April 10th, at Drinach, Stoke Bishop, near Bristol, aged 50, Nancy, wife of *Edward Goodeve, M.B., Surgeon-Major Bengal Army.
HARVEY, Henry O., Esq., Assistant-Surgeon 1st Battalion 21st Fusiliers, at Portsea, aged 29, lately.
JORDAN. On March 29th, at Newton Road, Westbourne Grove, Louisa, widow of William P. Jordan, M.D.
KELLY, William, M.D., Surgeon-Major Royal Artillery, at Bath, aged 58, on April 4.
O'GRADY. On April 5th, at Clarendon Street, aged 75, Laura Amelia, wife of C. O'Grady, M.D.
RATTON. Surgeon-Major James, 3rd Light Cavalry, in Bombay, aged 50, on March 5.
RIDING. On April 19th, at 36, Euston Square, aged 7 weeks, William, infant son of W. S. Riding, M.D.
ROBINSON, C. S., M.D., at 23, Harewood Square, on April 1.
SEED. On March 27th, at Rochdale, Elizabeth S. A., wife of Joseph Seed, Esq., Surgeon R.N.
SHARPE, George G., M.D., formerly of Peckham and Stamford, at Epsom, aged 86, on April 18th.
SHARPE. On March 31st, at Epsom, aged 86, Harriott Ann, wife of George G. Sharpe, M.D.
*TEARNE, Edward M., Esq., at Presteign, Radnorshire, aged 41, on April 8.
TOMKIN, W. B., Esq., Surgeon, at Witham, Essex, aged 44, on April 16.
WEBER. On April 1st, at 44, Green Street, Dora Eliza, third daughter of *Frederick Weber, M.B.
WELCHMAN, E., Esq., Surgeon, at Southam, aged 51, on April 17.
WILDBORE. On March 31st, at Old Street, Finsbury, Frances Sophia, wife of Daniel P. Wildbore, Esq., Surgeon.

LONDON HOSPITAL. There is a vacancy for an obstetric physician to the London Hospital, in consequence of the resignation of Dr. Barnes.

UNIVERSITY COLLEGE HOSPITAL. Lord Belper has consented to preside at the annual festival on June 21st.

THE ANNUAL REPORT UPON PUBLIC HEALTH, by Mr. Simon, just published, for all England and Wales, contains an account of the working of our present vaccination laws—"an account," says Mr. Simon, "which offers such a basis as there never yet has been for effective legislation against small-pox." It contains also a full account of the parasitic diseases of animals used for food.

MORTALITY OF TOWN CHILDREN. The Registrar-General for Scotland, in the report for 1861, states that in the town districts of Scotland in that year the children under five years of age died at a ratio more than double that at which they died in the rural districts. Rather more than eight in 100 died in the towns; not quite four in 100 in the rest of the country.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. The annual dinner of this Society took place on Wednesday last, at the Albion Tavern; Martin Ware, Esq., President, in the Chair. About fifty gentlemen were present; several not being members of the medical profession, but feeling an interest in the Society from their relatives having at some period taken an active part in its management. Of these were the Honourable George Denman (a grandson of Dr. Denman, one of the founders of the Society), the Rev. Mr. Stone (son of the late President), Mr. Russell Gurney (Recorder of London), and Mr. W. H. Baillie. A special general meeting of the Society will be held on May 24th, for the purpose of making the alterations in the laws necessary to the obtaining of a charter.

VACCINATION. In the report of Mr. Simon, medical officer of the Privy Council, made in accordance with the provisions of the Public Health Act, 1858, the following statistics of vaccination are set forth. During 1864, 13,902 applications for vaccine lymph were made to the medical department of the Council Office. Of these 11,182 were from medical practitioners, including 1,383 Poor-law medical officers in England and Wales, 1,657 from Ireland, 516 from Scotland, 229 from the army, 110 from the navy and emigration department, 147 from the colonies, and 61 from diplomatic and other foreign services. There were issued by the department 144,290 charged ivory points, 4,319 charged squares of glass, and 4,075 charged capillary tubes. The quality of the lymph supplied is reported to have been found quite satisfactory everywhere.

A VETERINARY ON "FLUKES": GREEN v. GROVES. An action was tried at Bristol for the breach of a warranty of some sheep. One of the lambs died of inflammation of the lungs. On the liver being cut open, "a fluke popped out", as one witness expressed it; a "fluke" being a parasitic animal, an inch long, and a quarter of an inch broad. Another lamb died soon after, and in the liver three flukes were found. Others were killed, in some of which flukes were found. This, the plaintiff contended, was a breach of the warranty. A veterinary surgeon admitted that the presence of a few flukes in a sheep's liver was in no way whatever hurtful, not even up to ten or twelve; and that damage to the sheep only ensued when the flukes were in very large numbers; and that all animals contained worms or parasitic animals. Mr. Cole, who moved for a new trial, urged strongly on the court that the flukes did no harm to the sheep, but were rather beneficial than otherwise, inasmuch as the sheep became fatter when these little creatures inhabited the liver. Mr. Justice Blackburn: I earnestly hope my butcher does not know that.

COTTAGES OF THE AGRICULTURAL POOR. A report, by Dr. H. J. Hunter, on the state of the dwellings of rural labourers, made to the Privy Council, contains much valuable information. Some of his deductions are as follows. The condition of the agricultural labourer's house accommodation has been for many years past steadily deteriorating. House room is greatly more difficult to find, and, when found, very much less suitable to his needs, than has been the case for centuries. The household circumstances of the agricultural labourer are, therefore, now in the

highest degree deplorable. Whether he shall find house room at all on the land that he tills depends on the will of the owners of the land. Each parish has a pecuniary interest in reducing the number of its resident labourers; for their lives are for the most part a longer or shorter circuit to eventual pauperism—a pauperism which during the whole circuit is so near, that any illness or temporary failure of occupation necessitates immediate recourse to parochial relief. Large proprietors resolve that there shall be no labourers' dwellings on their estates, and thus free themselves from their responsibility for the poor. These reasons find effect in the destruction of cottages. The labourers are driven to more crowded dwellings in the villages, and at a distance from where they work, it may be of three or four miles, adding a walk of six or eight miles per day to their hard labour for daily bread; and many other evils can be traced to this depopulation of their lands by the great owners in order to escape poor-rates. It is now the common conclusion of competent observers, that even the general badness of the dwellings of agricultural labourers is an evil infinitely less urgent than their mere numerical insufficiency.

ODONTOLOGICAL SOCIETY. A meeting was held on April 3rd, 1865, the President, Thomas A. Rogers, Esq., in the chair. After the ordinary business Mr. Merryweather exhibited a case of casts showing the conditions of the same month from the age of 4 years till 21, at intervals of six months. Mr. Vasey exhibited models referred to at last meeting. Mr. Walker related the history of several cases which had occurred in hospital practice of abscesses in the jaws. Mr. Harrington explained the nature of a self-acting drill which he exhibited, adapted to lessen the difficulty of cutting away the carious parts of teeth. He had successfully used the drill since June 1863. Mr. Hulme read a paper on Rhizodontripsy, or the drilling into the pulp cavity. After referring to the history of this operation, the author related the circumstances attending its performance in a patient of his own whose tooth he had a subsequent opportunity of dissecting. The tooth showed a secondary deposit of dentine. From this and other cases the author deduced conclusions favourable to the theory of Dr. Hüllihen; and observed that in any case the subject was worthy of investigation. He recommended that a careful collection of statistics should be made. An interesting and lengthened discussion followed, in which Messrs. Rogers-Harrison, Vasey, Walker, and Coleman took part. The Society then adjourned.

EPIDEMIC YEARS. Another annual report of the Scottish General Register Office has been issued. This report, which is for the year 1861, shows among other things the light which may be cast by the returns upon the question whether epidemic diseases are contagious or not. From the time when the Registrar-General for Scotland opened his books on January 1st, 1855, and began to register the death and the mortal disease of every one whose breath departed in Scotland, the wave of zymotic disease (scarlatina, whooping-cough, small-pox, typhus, and the rest) was gradually rising, and covering the country like a storm; in England it attained its *maximum* in 1858, but, taking nearly a year in travelling, the *maximum* was not attained in Scotland until 1859. In 1861 it had subsided, and the deaths from the zymotic class of disease fell to about a fifth of the total mortality. Now the Scottish returns show that in the non-epidemic year 1861 the mortality from zymotic disease bore substantially the same proportion to the entire mortality in town and in country, in the crowded and in the rural population; and the conclusion drawn is that in ordinary years epidemic

diseases are not, any more than other diseases, propagated by contagion. In 1861 the total deaths in towns in Scotland were to the total deaths in the insular districts nearly as five to three, and the deaths from zymotic diseases also were nearly as five to three. It is argued that these latter are no more propagated by contagion, to any appreciable extent, than bronchitis or consumption or rheumatism. On the other hand, in epidemic years diseases of the zymotic class appear to be largely propagated by contagion. The year 1859 was notably an epidemic year in Scotland; in that year if the deaths from zymotic diseases in the town districts had borne the same proportion to the total deaths as in the insular districts 460 persons in every 100,000 would have been cut off by this class of diseases in the towns; but, in fact, 689 deaths occurred, very much more than the regular proportion due to a town's increased mortality. The same fact was nearly as strongly shown in 1860, also an epidemic year; so that in epidemic years the zymotic class of diseases appears to propagate or spread not only by virtue of their unknown epidemic or endemic constitution, but also to a very large extent by means of contagion, or, in other words, when zymotic diseases assume the true character of epidemics, they become capable of being propagated by contagion. Indeed, it has been often observed that the diseases termed epidemic, of whose propagation by contagion not a trace appears for a considerable period, seem in other years to change their nature, so that they not only spread by reason of their unknown epidemic agency, whatever that may be, but also to a considerable extent by contagion. It will be noticed, however, that the present observation is of town populations in the aggregate, without any separation into classes living under avoidable unhealthy conditions, and classes subject to no known unfavourable influence except density of population.

SEWAGE OF TOWNS. The Sewage Commission has just issued a third report. They make the following statements, as the results of their labours, extending over eight years. "1. The right way to dispose of town sewage is to apply it continuously to land, and it is only by such application that the pollution of rivers can be avoided. 2. The financial results of a continuous application of sewage to land differ under different local circumstances; first, because in some places irrigation can be effected by gravity, while in other places more or less pumping must be employed; secondly, because heavy soils (which in given localities may alone be available for the purpose) are less fit than light soils for continuous irrigation by sewage. 3. Where local circumstances are favourable, and undue expenditure is avoided, towns may derive profit, more or less considerable, from applying their sewage in agriculture. Under opposite circumstances, there may not be a balance of profit; but even in such cases a rate in aid, required to cover any loss, need not be of large amount. Finally, on the basis of the above conclusions, we further beg leave to express to your lordships that, in our judgment, the following two principles are established for legislative application: First, that wherever rivers are polluted by a discharge of town sewage into them, the towns may reasonably be required to desist from causing that public nuisance; second, that where town populations are injured or endangered in health by a retention of cesspool matter among them, the towns may reasonably be required to provide a system of sewers for its removal. And should the law, as it stands, be found insufficient to enable towns to take land for sewage application, it would, in our opinion, be expedient that the legislature should give them powers for that purpose."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Disease of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M.—Entomological.—Royal Institute (Anniversary).
TUESDAY. Pathological Society of London, 8 P.M.—Anthropological Society of London, 8 P.M.
WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Obstetrical Society of London, 8 P.M. Dr. Barnes, "On Dysmenorrhoea, Menorrhagia, and Sterility; and the Relief of these Affections by Division or Dilatation of the Cervix Uteri"; Mr. H. W. Sharplin, "Case of Ovariectomy."
THURSDAY. Harveian Society of London, 8 P.M. Dr. Sisson, "On the Remedies for Dropsy."—Royal.—Linnæan.—Chemical.
FRIDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Western Medical and Surgical Society, 8 P.M. Mr. C. Hunter, "On the Progress of the Hypodermic Treatment"; Nomination of Officers for the next Session.—Royal Institute.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE ENDOSCOPE.—Dr. Fleming presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, has had his attention directed to a paragraph which appeared in the last number of that JOURNAL, under the heading of "The Endoscope", in which it is stated "that some experiments made by Dr. Fleming, in connexion with that instrument, and detailed by him at a meeting of the Surgical Society of Ireland, on the 17th instant, had already been made familiar to the profession by Dr. Cruise." Such statement is not correct. The only experiment mentioned by Dr. Fleming on the occasion alluded to, was that of his introducing into the bladder of a male subject, foreign substances of different kinds, with the object of testing the accuracy of M. Desormeaux's Endoscope, as to the detection of their presence, their outline, and their colour, even in the dead subject. Dr. Fleming was assisted by Mr. Little, and by many other of the pupils of the Richmond Hospital, in that experiment; and if it have had any merit, it most unquestionably had that of priority of performance of any similar experiment by Dr. Cruise, who was aware that such was the fact, and also of priority of communication to the profession. Dr. Fleming is not aware of any experiments being made familiar to the profession by Dr. Cruise.

Dr. Fleming begs to apologise to the Editor of the BRITISH MEDICAL JOURNAL for thus trespassing upon him; but he ventures to hope that, under the circumstances, he will excuse him, and that he will rectify a statement inaccurately communicated.

6, Merrion Square North, Dublin, April 24th. 1865.

NON-COMBATANT (?) OFFICERS DECORATED.—(F.T.) It is a fact worthy of note that, after the battle of Wagram, Napoleon honoured Larrey, Percy, and Desgenettes, with the very same decorations as those which he bestowed on Marshal Macdonald.

THE VENEREAL DISEASE COMMISSION.—The Commission, now sitting on Venereal Diseases, was appointed by the War Office and Admiralty authorities conjointly. But, as the investigation has been more lengthy than was anticipated by those authorities, the sanction of the Treasury has been obtained for the payment of the expenses of the protracted inquiry.

THE JOURNAL OF MENTAL SCIENCE for April contains articles on Psychology of Idiocy; Remarks on Neuropathy, by Dr. Chapman; Artificial Insanity, by Dr. D. H. Tukey. Townley's Suicide is also referred to; and, we would suggest to our contemporary, in language of a too strongly personal character. Dr. Robertson continues his paper on the Extending of the Public Asylum System; and Dr. Wilks gives Clinical Cases.

SIGNING CERTIFICATES OF LUNACY.—SIR: Lawyers are surprised that we sign certificates of lunacy at all, the risk is so great. But in private practice, we know that the risk must be run. We must risk it as we do that of infection and contagion. Still, in both instances, it is prudent to guard against danger.

I beg to inclose a form which, in a recent case, was signed by the wife, the brothers and the sisters of the lunatic. It was prepared by an able barrister, who advises that as many of the family who are responsible persons should sign it; and that it should be sent within a fortnight to Somerset House, to be stamped. The stamp is sixpence.

If your medical readers were to make a copy of this form for these emergencies, they might, with perfect fairness to their patients, refuse to sign a certificate of lunacy, unless this risk was shared by the family.

I am, etc.,

JOSEPH BULLAR, M.D.

Physician to the Royal South Hants Infirmary.

Southampton, April 1st, 1865.

To Dr.

And Dr.

Gentlemen.—We, the undersigned, having requested you to sign a certificate for the admission into a lunatic asylum of Mr.

whom we believe to be a person of unsound mind, who ought to be confined in an asylum for lunatics, do hereby, in consideration of your so signing the same, and permitting the same to be used at our request, agree and undertake as follows:

First, to guarantee and save harmless you and each of you against all costs, damages, and expenses of you or either of you, and all claims and demands against you or either of you, by reason of or touching your signing the same certificate or permitting the same to be used; and

Secondly, that you and each of you shall be completely indemnified by us against all the consequences of you and each of you so signing the same and permitting the same to be used;

Thirdly, we undertake to defend, at our own cost, any action, suit, or other proceeding against you, or either of you, touching or relating to that certificate or to the use thereof, or to the confinement and treatment of the said lunatic by reason thereof.

As witness our hands, this day of , 1865.

COMMUNICATIONS have been received from:—MR. WILLIAM CORNEY; DR. E. L. ORMEROD; MR. J. RHODES; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; DR. JAMES RUSSELL; MR. J. S. GAMGEE; DR. T. RADFORD; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; DR. S. W. D. WILLIAMS; DR. BOWLES; DR. SANKEY; MR. NEWTON; DR. T. SNOW BECK; DR. G. JOHNSON; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; DR. C. FLEMING; DR. ANDERSON; MR. RICHARD GRIFFIN; MR. STONE; MR. JABEZ HOGG; and MR. J. B. CROGENSEN.

BOOKS RECEIVED.

1. The Surgery of the Rectum; being the Lettsomian Lectures on Surgery, 1865. By Henry Smith. London: 1865.
2. Thomson's Synopsis of the British Pharmacopœia. By E. L. Birkett, M.D. London: 1865.
3. On Letters Patent for Inventions. By F. Edwards. London: 1865.
4. Optical Defects of the Eye. By J. Z. Laurence. London: 1865.
5. The Principles and Practice of Medicine. Fourth edition. By J. Hughes Bennett, M.D. Edinburgh: 1865.
6. Manual of the Turkish Bath. From Writings of Mr. Urquhart. Edited by Sir John Fife, M.D. London: 1865.
7. Hull General Infirmary. Account of In-patients. 1864.
8. Vital and Economical Statistics of the Hospitals, Infirmary, etc., of England and Wales, for the Year 1863. By Fleetwood Buckle, M.D. London: 1865.
9. Annual Report of the Bourton-on-the-Water and Cotswold Village Hospital. January 1865.

ESTABLISHED 1848.

Mr. J. Baxter Langley, M.R.C.S.
Eng. (late of King's College, London), PROFESSIONAL
AGENCY, 50, Lincoln's Inn Fields, W.C.

Wales.—In an improving and
much frequented locality on a main line of railway, a *bond fide* Practice for immediate transfer. Income £500. One horse only requisite. No assistant. Midwifery £1 ls. and upwards. House new and well situate, with stable, etc., at a low rent. To an eligible gentleman, speaking Welsh, the whole Practice can be transferred. From an immediate purchaser a very low premium would be accepted. Address "S., 1157," care of Mr. Langley, as above.

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a thriving Market Town, private Practice of deceased, £430 on three years' average. Appointments £15, secured to successor. To secure an immediate successor a small premium would be accepted. Address "S., 1156," Mr. Langley, as above.

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In one of the best Towns in
LINCOLNSHIRE.—For transfer, a family Practice, the cash receipts in which are about £500. Patients—good farmers, tradespeople, etc. The locality is healthy and picturesque. Three months' introduction. For terms, etc., Address "S., 1153," Mr. Langley, as above.

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—For transfer, an excellent and improving family Practice. Receipts last year £630. The books have been submitted to Mr. Langley, who can testify to the *bond fides* of the statements of the vendor. Six months' introduction. One year's purchase required. Address "S., 1106," Mr. Langley, as above.

University of Edinburgh.

THE SUMMER SESSION OPENS IN MAY.

<i>Civil Law</i> —Professor MUIRHEAD	Monday, 22nd May, 9 A.M.
<i>Scots Law</i> —Professor MOIR	Monday, 22nd May, 10 A.M.
<i>Botany</i> —Dr. BALFOUR, at the Garden	Tuesday, 2nd May, 8 A.M.
<i>Botanical Demonstrations, in the Garden and Hothouses</i> —Dr. BALFOUR	Monday, Wednesday, } 9 A.M.
<i>Botanical Examinations, in the College</i> —Dr. BALFOUR	Wednesday, 3 P.M.
<i>Anatomical Demonstrations</i> —Mr. TURNER, Mon., Wed., and Fri., under the superintendence of Prof. Goodsir	Wednesday, 3rd May, 2 P.M.
<i>Medical Jurisprudence</i> —Dr. MACLAGAN	Tuesday, 2nd May, 11 A.M.
<i>Clinical Surgery</i> —Mr. SYME	Tuesday, 2nd May, 12 noon.
<i>Clinical Medicine</i> —Dr. MACLAGAN	Tues., 2nd May, 12 to 2 P.M.
<i>Natural History</i> —Dr. ALLMAN	Tuesday, 2nd May, 1 P.M.
<i>Practical Histology and the Use of the Microscope</i> —Dr. BENNETT, Tu. & Fri.	Friday, 5th May, 3 P.M.
<i>Medical Psychology</i> —Dr. LAYCOCK, Mon., Wed., and Thurs.	Thursday, 4th May, 3 P.M.
<i>Practical Instruction in Mental Diseases</i> —Dr. LAYCOCK, Saturday	Saturday, 6th May, 1 P.M.
<i>Sanskrit</i> —Professor AUFRECHT	Tues., 2nd May, 11 & 12 noon.
<i>Theory of Music</i> —Prof. DONALDSON	Tuesday, 2nd May, —
<i>Hindustani, &c.</i> —Professor LISTON	Wednesday, 3rd May, 10 A.M.

For particulars apply to the Librarian.

Royal Infirmary

Dissecting Rooms open daily, under the superintendence of Mr. GOODRICH, assisted by WM. TURNER, M.B. Lond., and Dr. TRAQUAIR.

Chemical Laboratories—The Upper Laboratory, for instruction in Analytical Chemistry, and for Chemical Investigation, under the superintendence of the Professor, aided by Mr. DITTMAR as Chief Assistant, is open from Ten to Four. The Lower Laboratory, for instruction in Practical Chemistry, is conducted by Dr. DALZELL, under the inspection and Supervision of the Professor.

PHILIP KELLAND, Sec. to the Senatus.

1st April, 1865.

Liverpool Royal Infirmary and SCHOOL OF MEDICINE.—The SUMMER SESSION commences on Monday, May 1, 1865.

HOSPITAL PRACTICE—ROYAL INFIRMARY.

Physicians—Dr. Vose, Dr. Turnbull, Dr. Inman.
Surgeons—Mr. Stubbs, Mr. Long, Mr. E. R. Bickersteth.
House-Surgeons—Mr. Nash and Mr. Holyoake.
Dental Surgeon—Mr. Snape. Pathologist—Dr. Rawdon.

The Hospital contains 275 Beds. The number of In-Patients is upwards of 2,300 annually, and 2,592 Surgical Casualties were last year treated as Out-Patients.

Clinical Lectures are regularly delivered by the Physicians and Surgeons.

Six Dressers and Six Clinical Clerks are elected quarterly from the Pupils of the Infirmary.

LECTURES.

Midwifery and Diseases of Women—Dr. Grimsdale.
Diseases of Children—Dr. Gee.
Materia Medica and Therapeutics—J. Birkbeck Nevins, M.D. Lond.
Medical Jurisprudence and Toxicology—E. Whittle, M.D. Lond., M.R.I.A., and J. B. Edwards, Ph.D.
Botany—C. Collingwood, M.A. Oxon., M.B. M.R.C.P.
Ophthalmic Medicine and Surgery—R. Hibbert Taylor, M.D.
Practical Chemistry—J. B. Edwards, Ph.D.
Pathological Anatomy—Dr. Rawdon.
Dental Surgery—Mr. Snape, L.D.S. R.C.S.
Dental Mechanics—
Dental Anatomy and Physiology, Comparative and Human—Mr. Fletcher.
Metallurgy—Dr. Edwards.

F. D. FLETCHER, Secretary, 13, Mornington Terrace, Liverpool.

Guy's Hospital.—The Summer SESSION commences on Monday, May 1st.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; G. Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D., F.R.S.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Birkett, Esq.; Alfred Poland, Esq.
Assistant Surgeons—Cooper Forster, Esq.; Thomas Bryant, Esq.; Arthur Durham, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—Braxton Hicks, M.D., F.R.S.
Surgeon-Dentist—J. Salter, Esq., F.R.S.
Surgeon of the Eye Infirmary—Alfred Poland, Esq.
Assistant Surgeon of the Eye Infirmary—Charles Bader, Esq.
Aural Surgeon—J. Hinton, Esq.

LECTURES, &c.

Demonstrations on Cutaneous Diseases—S. O. Habershon, M.D.
Medical Jurisprudence—A. S. Taylor, M.D., F.R.S.
Materia Medica—S. O. Habershon, M.D.
Midwifery—Henry Oldham, M.D., and J. Braxton Hicks, M.D., F.R.S.
Ophthalmic Surgery—Alfred Poland, Esq., and C. Bader, Esq.
Pathology—S. Wilks, M.D.
Comparative Anatomy—F. W. Pavy, M.D., F.R.S., and W. Moxon, M.D.
Use of the Microscope—A. Durham, Esq.
Botany—C. Johnson, Esq.
Practical Chemistry—Thomas Stevenson, M.D.
Demonstrations on Manipulative and Operative Surgery—T. Bryant, Esq.
Clinical Medicine—Dr. Habershon, Dr. Wilks, and Dr. Pavy.
Clinical Surgery—Cooper Forster, Esq., T. Bryant, Esq., A. Durham, Esq.
Clinical Obstetrics—Dr. Oldham and Dr. Braxton Hicks.
Vaccination—Dr. Braxton Hicks.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay £40 for the first year, £40 for the second year, and £10 for every succeeding year of attendance, or £100 in one payment entitles a Student to a Perpetual Ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents and Dressers in the Eye Wards, are selected from the Students. Three House Surgeons are appointed every six months.

Arrangements will be made to afford every Student such opportunities of acquiring Practical Surgery as are in accordance with the New Regulations of the College of Surgeons.

Six Scholarships, varying in value from £25 to £40 each, are awarded at the close of each Summer Session for general proficiency; also a Governor's Prize of £10.

Two Gold Medals are given by the Treasurer—one for Medicine and one for Surgery.

There is a Voluntary Examination in October, in Elementary Classics and Mathematics. The three first candidates will receive respectively £25, £20, and £15.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, April 8, 1865.

Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

THERE are few diseases, the treatment of which has been more influenced by pathological theories than cholera. The theory which has gained almost universal acceptance is, that the worst symptoms of the disease are due to the drain of fluid from the blood. The practice which has been based upon this theory is to check the purging by opiates and astringents, and to restore to the blood its lost constituents by saline injections into the veins. What if this theory be erroneous, and the practice suggested by it injurious? That the theory and the practice are both wrong, I am persuaded; and I propose now to give the reasons for my belief.

First, then, let us inquire, *What is the relation between the symptoms of choleraic collapse and the loss of fluid by vomiting and purging?* It will, I suppose, be conceded by all who are prepared to argue this question, that if the symptoms of collapse are occasioned by a drain of fluid from the blood, there must, as a rule, be a direct relation between the degree of collapse and the amount of liquid which escapes from the blood. Now, so far is this from being the case, that there are few writers of any note or authority upon the subject of cholera who do not either assert distinctly, or record facts from which the inference plainly follows, that not only is there no direct relation between the loss of liquid by vomiting and purging and the degree of collapse; but that these conditions often bear an inverse ratio to each other. In confirmation of this statement, I purpose now to quote some of the best known authors on the subject of cholera.

Dr. Edmund Parkes says: "My cases bear out the observations of Scott, Jameson, Orton, Kennedy, Copland, and, in fact, almost all the English writers of reputation, that there is absolutely no ratio between these two classes of symptoms" (*i. e.*, between the purging and vomiting and the symptoms of collapse) "or that they appear even to observe an inverse ratio to each other. Thus, at a period of the case when the algide symptoms were most fully developed—viz., in the last five hours—the purging ceased; in the cases where the algide symptoms were prominent throughout, and which cases were consequently the most malignant and the most rapidly fatal, the passage of fluid from the intestines was oftentimes trivial in degree and shortened in the period of its occurrence. In cases in which the vomiting and purging were excessive, the algide symptoms often came on slowly, and were less marked and deadly." (*Researches into the Pathology and Treatment of the Asiatic or Algide Cholera.*)

Dr. Parkes, then, in illustration of these remarks, cites some cases in which the frequency of the vomiting and purging was quite out of proportion to the severity of the other symptoms. He afterwards states that "it may be objected to observations of this kind, that the number of stools is, after all, no certain indication of the amount of fluid passed.

This objection would be of weight in cases where the stools were not very different in number; but in some of these cases cited above, we have two or four stools attended by more rapid death than twenty-five or twenty stools; and yet, in the first case, it would be impossible not to suppose the quantity of the fluid passed to be much below that of the second case." He adds, "it may be confidently asserted that there is no one who has seen much of cholera who does not know that, exclusive of the mildest forms of the disease, a case with little vomiting and purging is more malignant and more rapidly fatal than one in which these are prominent symptoms."

With reference to the varieties in the general symptoms of cholera, Scott makes the following statement: "A frequent variety, the worst of all, is that which is noted for the very slight commotion in the system; in which there is no vomiting, hardly any purging—perhaps only one or two loose stools—no perceptible spasm, no pain of any kind; a mortal coldness with arrest of the circulation comes on from the beginning, and the patient dies without a struggle. This has frequently manifested itself as the prevailing type, and almost all die who are attacked by it." (*Report on the Epidemic Cholera.*)

The testimony of Bell is to the same effect. He says: "It has been found that the more violent the prominent symptoms are, the more likely is a cure to be effected; and that when the disease is attended with rapid collapse, little or no vomiting and purging, and no spasm, the prognosis is very unfavourable." (*Treatise on Cholera, Asphyxia, or Epidemic Cholera.*)

Orton, in several passages of his essay, alludes to the fact that, in the worst forms of the disease, vomiting and purging are slight or quickly cease, or even do not occur at all. (*An Essay on the Epidemic Cholera of India.*)

Twining gives cases which illustrate the same general principle. Thus, he reports (*Clinical Illustrations of the More Important Diseases of Bengal*, p. 10) the case of a gentleman who died nine hours after the commencement of urgent symptoms, in whom there were occasional slight efforts to vomit at intervals of half an hour, and he had only four stools from the commencement to the termination of the attack. And, in another part of his work (p. 37), he says, "We often see patients vomiting violently for hours, and others purged profusely for several days without cholera (*i. e.*, collapse) coming on."

The authors above cited have all observed the disease in India; but the testimony of those who have witnessed it in Europe is in strict accordance with that of the Indian authorities. Thus, Magendie, describing cholera as he saw it in Paris in 1832, makes the following statement: "Some patients have no evacuations, insomuch that one is obliged to excite them; for the evacuations, though associated with the disease, are not one of the most serious symptoms; and those patients who have had copious evacuations have been more easily treated than those who have had none. This is a remark which has been made by many physicians." (*Leçons sur le Cholera Morbus.*)

Mr. French states, amongst other reasons for believing that the intestinal discharges are salutary, that while "cholera, in its most intense form, produces death instantly without discharges, all those who recover from its attack experience the peculiar discharges more or less." And, again, in favour of the same view, he says, is "the ultimate recovery of persons who have continued in a state of collapse for a considerable length of time, often extending to a period of three days, and who, in all instances, sustained enormous discharges." (*The Nature of Cholera Investigated.*)

Dr. Gull, in his *Report on the Morbid Anatomy and Pathology of Cholera*, published by the Royal College of Physicians in 1853, cites the evidence of several practitioners to the effect that, in many cases, "the evacuations appeared to be wholly insufficient to account for the fatal collapse." And one case which came under Dr. Gull's observation, affords a striking illustration of the same principle. "On a *post mortem* examination, the large intestines contained healthy fæces; whilst in the upper two-thirds of the small intestine, the mucous membrane presented the ordinary changes induced by the cholera process, and the rice-water effusion was abundant." Dr. Gull adduces this case to show that "*cholera sicca*, in a strict sense, does not occur; for although the disease may be fatal without any evacuation, the intestines after death, in such cases, have been found to contain the rice-water fluid." It can scarcely be doubted, however, that when, as in this case, the purging has been insufficient to remove the fæculent contents of the large intestine, the loss of fluid must have been out of all proportion less than in most cases in which recovery takes place. And Dr. Gull, in another part of his Report (p. 211), admits that "the intensity of the symptoms is often in no inconsiderable degree greater than can be accounted for by the amount of the effusion."

With respect, then, to the question whether there is any direct relation between the loss of fluid by purging and the symptoms of collapse, we have a large amount of concurrent testimony to the effect that no such relationship exists.

Even admitting that there were a direct and constant relationship between the loss of fluid and the degree of collapse, further evidence would still be required to prove that they stand to each other in the relation of cause and effect. It might be that they are only the effects of one common cause, which while, on the one hand, it gives rise to collapse, on the other excites vomiting and purging. How far this may be the case, we shall have to consider hereafter. In the meantime, it must, I think, be conceded, that the evidence of there being an inverse rather than a direct ratio between the degree of collapse and the loss of liquid by vomiting and purging, is fatal to the hypothesis so generally received and acted upon, that choleraic collapse is caused by the drain of liquid from the blood.

We will next go on to inquire whether the symptoms of collapse are such as an excessive drain of liquid from the blood might be supposed to produce.

[To be continued.]

THE PRITCHARD CASE. The *Glasgow Herald* says: "The prisoner retains the same amount of self-possession that he has exhibited since the night of his apprehension. A day or so after his incarceration he seemed to feel a little annoyed that he could not be favoured with a supply of pomatum for the trimming of his beard and hair. The prison regimen has not at all suited his taste, but he does not seem to have lost flesh, and his pale appearance may be ascribed to the confinement. In fact, so far as we learn, Dr. Pritchard has all along taken matters very coolly. We are told that to a lady whom he met in the street shortly after Mrs. Pritchard died he remarked 'that his beloved wife was gone, that her death had resulted from an attack of typhoid fever, that he had called in three doctors to visit her on the day prior to her death, but that it had been of no use.' 'Too many cooks, he added, spoil the broth.' In point of fact, only one doctor—viz., Dr. Paterson, saw Mrs. Pritchard on the day prior to her death."

Original Communications.

A WORD CONCERNING THE USE OF BROMIDE OF POTASSIUM.

By E. H. SIEVEKING, M.D., Physician in Ordinary to H.R.H. the Prince of Wales.

THE number of morbid conditions of an uniform character, and allowing of a statistical enumeration of the effects produced by any given remedies, is so small, that we must necessarily, in the present state of science, be extremely sceptical as to any statement averring or denying the efficacy of a drug employed in their removal. There is an inherent weakness in all attempts to tabulate the results of treatment in the great majority of diseases that meet us, not because treatment is useless or the medicinal agents valueless, but because the wise physician does not regard the disease as a nosological abstraction but as a deviation from the healthy standard involving a great variety of elements, each of which may in its turn differ in degree, character, relation, in any given number of patients brought together for comparison. How often do we meet with uncomplicated disease of one organ or tissue? Does it, in fact, ever exist? Or does not rather the whole history of medicine, as well as our individual experience, demonstrate the variability of morbid phenomena according to the circumstances of family history, personal habits, social influences, climate, sanitary conditions, age, sex, diet, that mould our patients?

The duty of rigid inquiry into all the conditions that determine an individual case of disease, becomes the more important the more limited our knowledge is of that particular disease; and if it can be shown that a disease known by a certain technical denomination may not be regarded as a nosological unit even as much as many other diseases that we are in the habit of dealing with familiarly, surely, before determining the value of a new drug or any drug in its treatment, we ought first to agree upon the nature of the cases to which we apply it.

Some time ago, a proposal, very laudable in the abstract, was made, to bring together from various sources and tabulate a large number of cases of pneumonia; and, by comparison, to deduce the results of treatment. It was not surprising, that no conclusions were arrived at; because, although there are certain features of resemblance between all cases of pneumonia, there are so many differences, independently of any bias of the individual observer, that we have not yet attained the common basis of observation. A case of pneumonia occurring in a person with a rheumatic taint, would not be the same as pulmonary inflammation affecting a person in whom no specific morbid diathesis was traceable. Pneumonia in a man inured to hard work, but accustomed to a gallon of beer a day, would demand different remedies, or at all events react differently to the same remedies that might be employed were the patient an overworked and underfed laundry-maid. Every practitioner of experience knows and acts upon this principle, and calls it tact. His daily intercourse with disease convinces him that, although his diagnosis becomes more and more precise, he cannot formularise his remedial effects in such a way as to justify the conclusions of a tabular statement. It is on such grounds that the attempt so often made to determine the value of a given remedy so uniformly fails; and it is for the same reasons, also, that it is

so dangerous to make positive statements as to the efficacy of a particular medicinal agent.

The pages of this JOURNAL have repeatedly referred to the uses of bromide of potassium in epilepsy. Statements in its favour have been contradicted by writers holding different views. The abstract question as to the value of bromide of potassium in epilepsy was put, as if the disease were a simple perversion of a normal function or a single well definable lesion, which could be neutralised by a given antidote. We have scarcely arrived at a sufficiently precise knowledge of the disease as yet, to reduce the question of treatment to so simple a denomination. We do not know nearly as much of epilepsy as we do of pneumonia, as to the local changes occurring in the body; but, although our knowledge is almost limited to the external phenomena, we are sufficiently advanced in our nosology, to affirm that the circumstances influencing and giving rise to the disease are as complicated as in any disease in the most complete nosological list. It would accordingly be scarcely fair, either to the disease or to the remedy to be tested, to take at haphazard a given number of cases characterised by the epileptic paroxysm, and to determine by the result whether or not the remedy deserved our confidence.

My objections to such a procedure would become still greater, if I were told that the cases were all of considerable standing, and justified the assumption that secondary cerebral lesions had already resulted.

We know of bromide of potassium, that it may be taken in large doses with impunity, and that it passes off by the kidneys; but we know nothing definite of its action on the nervous system. It behaves us, therefore, to be extremely careful not to reject an agent on insufficient grounds; but it is not so much my object to advocate the use of this agent, as to suggest that it does not follow that it is useless because in an asylum containing many confirmed epileptics it fails to produce the desired effects.

I am a firm believer in the general use of drugs in the treatment of disease; but I am habitually sceptical as to the effect produced by any given remedy in an individual instance, knowing the limitation of our powers of observation and analysis. I am not likely, therefore, to over-estimate any medicine; but, unless I have altogether wasted my time and opportunities, I have satisfied myself that there are many cases of epilepsy in which medicines not only benefit but cure the patient; and I believe, also, that in some—alas! but too few—it was something more than a mere coincidence that bromide of potassium arrested the disease. I am, however, equally certain that there are a large number of cases in which it is useless; and that epilepsy, like all other diseases, must not be treated as an unity, but regarded in all its aspects, and treated according to the various phenomena under which it may present itself. Bromide of potassium may be useful in one class of cases, but not in others; just as nitric or nitrohydrochloric acid benefits a certain class, and is useless or injurious in others. The iodides, again, are undoubtedly beneficial in some forms of the disease. Chalybeates, again, are required by some, and aggravate the malady in others.

It is not my wish, nor do I know that I could, with satisfaction to myself or the readers of the JOURNAL, classify the different forms, with the precision that I believe to be necessary; but of this I feel assured, that if we are to arrive at any definite and scientific result with regard to remedies in this particular disease, we must not lump all our cases together, and treat them all with the same remedy, especially with one the physiological action of which is as yet so little determined as that of bromide of potassium.

ON THE NATURE AND TREATMENT OF FEVER.

By A. B. STEELE, Esq., Liverpool.

[Read at the Liverpool Medical Institution, February 9th, 1865.]

I HAVE long been impressed with the conviction that the study of fever (especially with reference to its therapeutics) as pursued in the systematic treatises of authors, differs materially from the study of the disease as read in the book of nature at the bedside. I am disposed to attribute the confused, unsatisfactory, and conflicting conclusions to which the written history of fever leads the inquirer, to two principal errors:—first, that authors have laboured to establish a method of cure; and secondly, that they have based their systems upon a preconceived theory rather than upon clinical observance of the phenomena of the disease. To one or both of these mistakes, may be referred the erroneous but now happily exploded doctrines of Hamilton, Armstrong, Broussais, Clutterbuck, and others; it also explains the ephemeral reputation of those highly vaunted specifics, such as cold effusion, yeast, mineral acids, quinine, phosphorus, antimony, chlorine, mercury, and even alcohol, most, if not all of which, especially the latter, may be useful as remedies under certain circumstances, when given on rational principles, but all of which infallibly become doubtful or dangerous when regarded as specifics. Indeed I hope to be able to show that not only is there no specific for fever, but that, as Dr. Corrigan has observed, in the present state of our knowledge there can be no specific for this disorder.

In Dr. Watson's *Lectures*, we find the following allusion to the opinion of Pitcairn on this subject. "I do not" (says he) "like fever-curers; you may guide a fever; you cannot cure it. What would you think of a pilot who attempted to quell a storm? Either position is equally absurd. In the storm you steer the ship as well as you can; and in a fever you can only employ patience and judicious measures to meet the difficulties of the case." (Vol. ii, p. 843).

This sagacious and profound remark, in my opinion, comprises the whole principles of fever therapeutics. Although it guards us against useless interference and injudicious meddling with the operations of nature, it by no means sanctions or justifies a mere "do nothing" system, which is sometimes disguised under the specious title of "expectant treatment."

Without dwelling upon the now almost discarded doctrines of physicians of a former generation, I propose to point out what seems to me a want of practical soundness in the teaching of some authors of our own time. Let us appeal to Dr. Murchison, whose treatise on fever is considered one of the best and most recent text-books, and which undoubtedly contains a fund of valuable information on the subject of which it treats. In criticising the opinions of a physician of high repute and acknowledged ability, I must be allowed to say, that I do not for one moment venture to question the soundness or the success of his practice. It is the doctrines enunciated in his writings, and the inferences he deduces therefrom, to which I take exception, as calculated to confuse and mislead rather than to guide and assist the inexperienced and inquiring practitioner. Dr. Murchison's theory may be summed up as follows. (Pp. 15-16.)

1. The fever-poison enters the blood.
2. The nervous system (and particularly the sympathetic and vagus) is paralysed.

Here we at once detect what seems to me an important fallacy. In many cases of fever it is not paralysis, but the very reverse; namely, exalted or

unduly excited action of the nervous system which constitutes the predominant characteristic of the disease, as exemplified by the condition which has been designated "delirium ferox." Dr. Murchison completes his definition by particularising various morbid processes such as increased retrograde metamorphosis of the tissues, non-elimination, and so on, which are doubtless in accordance with sound pathology, but which, nevertheless, are after all too remote and perhaps too hypothetical to lead to a clear and safe basis for treatment, when compared with the conclusions drawn from clinical observation of the phenomena of the disease.

The indications which Dr. Murchison founds upon his theory are: to neutralise or to eliminate the poison, followed by other directions, which I have no difficulty in accepting as in accordance with sound practice, and which, therefore, require no special notice here; but I maintain that to send a student or an inexperienced practitioner to treat a case of typhus fever, with this notion impressed on his mind—namely, that his primary object is to neutralise or to eliminate a poison—is calculated to lead him altogether in a wrong direction. He would naturally first inquire, what is the nature of the poison, what its antidote, or by what special emunctory it is to be eliminated?

Like all doctrinaires, our author has his answer ready: "Typhus poison" (Murchison *On Fever*, p. 116), he tells us, "is some unknown compound of ammonia" (*ibidem*), and although he adds that it is perhaps premature or rash to hazard a conjecture as to its exact nature (p. 114); yet he founds upon this theory the use of mineral acids as neutralisers of ammonia in the blood (*vide* p. 265). A prominent direction for treatment, given by the author I am quoting, is, that "elimination is to be encouraged by maintaining the action of the kidneys, the bowels, and the skin." (P. 267.)

Now, I am at once prepared to admit that, under the skillful direction of the author himself, these indications may be, and no doubt are, so judiciously carried out, as in no way to interfere with the favourable progress of his patients; but to my mind, his theory is opposed to the teaching of clinical experience and to the common sense view of treatment which experience dictates. We have nothing approaching to a well founded record of the cure or arrest of typhus fever by the neutralisation of ammonia, or by the destruction of any other animal poison; and as to its elimination by purging or diaphoresis, this doctrine is opposed to the practice of the most experienced physicians of the present day—not excluding even our author himself—for it is but doing him justice to point out that in his directions for treatment, his practical experience, as I have already suggested, modifies or corrects the fallacious tendencies of his theories.

Purgatives in typhus, except in mild doses, and most cautiously and sparingly given, have been condemned by Graves, Corrigan, and others;* and as to diaphoretics, these remedies are as a rule contraindicated in typhus fever, for, as Dr. Corrigan has pointed out, "a crisis by perspiration is of all forms that which is most to be dreaded in maculated fever. I cannot," he adds, "explain this, but of the fact I have no doubt. I have such a dread of crisis by perspiration, that I would much rather see a case of

maculated fever considerably prolonged, than that the risk of crisis by perspiration should be incurred." Dr. Tweedie thus records his opinions on this point: "Insufficient grounds have been adduced for the employment of diaphoretics, which appear to have been suggested by observing the occasional termination of acute diseases by sweating. No one, however, I believe, ever witnessed a single case in which there was the smallest grounds for believing that the fever-poison was destroyed by such means." (*Lectures on Fevers*, p. 209.)

Dr. Murchison himself says: "After an extensive use of these remedies (diaphoretics), I cannot say that I have obtained very satisfactory results from them. Even when diaphoresis is produced, there is no necessary improvement in the general symptoms, while profuse sweating is often followed by increased prostration." With reference to elimination by the kidneys, a due consideration of the condition of the organs of the body, which we shall more particularly notice hereafter, renders it extremely probable that, in many cases, remedies which directly stimulate the kidneys would tend to increase congestion of those organs, rather than to excite them to increased action.

The fallacy of the eliminating mode of treatment is rendered still more apparent by reference to another disease, which has many points of analogy with typhus; I mean small-pox, which, like typhus, is the result of an animal poison introduced into the blood, has a specific eruption, and runs a definite course. No physician of the present day would, I presume, attempt to treat small-pox on the principle of elimination; the same may be said of measles, scarlatina, and other analogous febrile diseases. The conclusions to which the prolonged and extensive experience of Dr. Tweedie on this point has led him, is thus expressed in his own words: "It is apparent that fever when once developed can rarely be arrested; or, in other words, that the means of expelling the poison, or of depriving it of its noxious effects, have yet to be discovered. The duty of the practitioner, therefore, is to endeavour to guide the disease, and to prevent as much as possible injury to organs essential to life." (*Op. cit.*, pp. 211-12.)

Let us turn for a moment to another modern author of high repute, namely, Dr. Watson. His *Lectures on the Practice of Physic*, excellent as they are in all other respects, have nevertheless this objection, that fever is divided into weekly periods. This method of treating the subject presents a weak point; namely, that although from the nature of the case it will very often—perhaps most often—coincide with actual observation, yet when it is right, it is only right by accident, and although applicable to a large proportion of cases, may often also lead to a wrong conclusion in practice. The treatment of fever, as we shall presently see, is not to be regulated by the circumstance of its being the first, second, or third week of its duration, but by the state of each particular function day by day. "One case of fever may require as much wine on the second day of its attack, as another on the twentieth; and the bleeding or leeching that will not be borne in one case on the third day, will benefit another after a lapse of many days." (Dr. Corrigan *On Fever*, *passim*.)

There is another mode by which attempts have been made to lay down the principles of the treatment of fever; namely, by statistics, which appears to me most fallacious and untrustworthy. The ever varying rate of mortality from typhus at different periods of life, and during different epidemics, deprives that mode of calculation of much reliable value in determining the question of treatment, except on a very broad and general interpretation.

* Since this paper was written, the following remarks have appeared from Dr. Peacock of St. Thomas's Hospital. "In all cases of fever, I am especially careful to avoid purgatives in the early stages; and if some aperient must be given, employ those which are of the mildest character." "I have frequently seen, both in typhus and typhoid, diarrhoea established by the injudicious employment of purgatives, which it has been difficult or impossible to arrest." (*Lancet*, Feb. 11th, 1865, p. 145.)

This point is illustrated by the following record of fever statistics from Dr. Tweedie's lectures. The death-rate in the London Fever Hospital was 7 per cent. in 1851, 9 per cent. in 1862, and 20 per cent. in 1848. In Aberdeen it was 4 per cent. in one year, 18 per cent. in another year. In the Dublin hospitals for the last forty years, it has never reached 10 per cent. In Cork, the average was about 6 per cent. (*Op. cit.*, p. 200.)

The influence of age is shown by Dr. Murchison's tables as follows.

The death-rate of typhus—

Under 5 years	is	17.65
From 5 to 10	is	7.65
„ 10 to 15	is	4.95
„ 15 to 22	is	4.76
„ 20 to 25	is	9.5
„ 25 to 30	is	15.15
„ 60 to 65	is	55.68
„ 75 to 80	is	83.33

(*Op. cit.*, p. 221.)

From a due consideration of the foregoing figures, it is apparent that no safe deduction can be drawn as to the results of treatment from statistics, unless the ages are accurately stated in periods of not less than five years, a precaution not usually adopted by those who have written on this question. Herein consists the doubtful value of the conclusions at which Dr. Gairdner has arrived in his otherwise excellent paper on the Treatment of Typhus without Stimulants, published in the *Lancet*, March 12th, 1864, and which has been so ably criticised by Dr. Kennedy of Dublin in the same journal of January 7th, 1865.

Having thus endeavoured to point out the difficulties met with in the written history of fever, I proceed to show what may be learnt from actual observation at the bedside, laying aside theory and hypothesis, and reading from the book of nature. As the term fever has such a wide application in the practice of medicine, it is necessary to lay down some limitation in order that it may be clearly understood what disease it is that we propose to discuss. The continued fevers of this country as described by authors of the present day, are: 1, simple continued fever—the synocha, or short inflammatory fever of Cullen, which usually runs but a short course, generally terminates favourably, and scarcely requiring more than very ordinary attention; 2, typhus fever; 3, typhoid fever; 4, relapsing fever.

For practical purposes, it will be convenient to take typhus as a type of the rest, and to that form of fever the following observations will be specially applicable.

In this, as in all other diseases, the soundest basis for rational treatment is a clear and definite knowledge of the pathology of the disorder we have to deal with. We therefore proceed to inquire, what is fever? The differing opinions as to its nature may be divided into two great classes; first, those which consider fever a primary disease, and secondly, those which consider fever to have no existence as such, but regard it as the aggregated symptoms or the consequence of some local or structural lesions. The first of these two theories is that which is perhaps now most generally adopted, and which seems to me the true explanation of the nature of fever. That the second is untenable may, I think, be satisfactory demonstrated by reference to clinical records. I will endeavour to illustrate this point by relating two well marked examples, taken from the clinical lectures of Dr. Corrigan. The graphic description of what he observed in the Hardwick Hospital, has no doubt been verified in the experience of most practitioners who have seen much of fever.

“A man is seen comatose, lying on his back, with

muttering delirium, sordes on his tongue and teeth, pulse 132, skin thickly maculated, with great prostration of strength, involuntary stools, and sensibility so much diminished, that the eyelids remained immoveable, and the bladder had ceased to act. A crisis took place, and in less than two days, of all the above alarming symptoms, debility alone remained; the pulse became regular, the tongue clean, the sensibility natural, sleep returned, and not a trace or symptom of local or structural alteration was discoverable.

“It cannot be supposed that, in such a case, structural disease or local inflammation of several days' duration sufficient to produce this aggregate of alarming symptoms, could have so suddenly vanished.”

The second case affords still more decisive evidence on the point in question.

“A man, aged 54, admitted on the 27th February. He was in a state of great debility, and wandering in mind; his tongue dry and brown; pulse thready, 130; skin hot, dry, and pungent; thickly maculated; little or no sleep. On the 2nd of March, debility was greater, and stools passed under him. He still continued to sink, but without any complication. The pulse became scarcely perceptible at the wrist. Wine and stimulants failed to rouse him; and he died on the 10th March, the eleventh day after admission. The most careful *post mortem* examination failed to discover any local disease.”

If the foregoing examples are truthful records of what continually occurs in the clinical history of fever, the conclusion appears inevitable, that fever is to be considered as a primary disease of function, having an existence independent of, and capable of proving fatal without, any local or structural lesion.

In order to complete our definition of fever, we proceed to inquire what the functional lesion or lesions are which constitute its essential character; and, if we seek to determine this question from actual observation at the bedside, we see that, in a case of typhus fever, all the most important vital functions are simultaneously deranged. To present this more clearly, I have tabulated the symptoms of fever as follows, in accordance with the views of Dr. Corrigan, as taught in his *Clinical Lectures* already quoted.

Component Parts of a Case of Typhus Fever: Simultaneous Derangement of all the most important Vital Functions.

A. Derangement of the cerebro-spinal functions; or the lesion of innervation.

Indicated by prostration, want of sleep, delirium, stupor, coma, subletus, involuntary stools, retention of urine.

B. Derangement of the primary nutritive functions, including assimilation, secretion, and excretion; or the lesion of nutrition.

Want of appetite; thirst, and subsequent loss of desire for fluids; tongue dry or coated; skin harsh and dry; constipation or diarrhoea; tympanitis; urine scanty and cloudy.

C. Derangement of the circulatory functions; or the lesion of circulation.

The pulses of the wrist and heart.

a. Of the heart and large vessels.

b. Of the capillary system.

Lividity of surface; suffusion of conjunctivæ; macule; petechiæ; proclivity to sloughing of integuments—bed-sores; hypostatic congestion of internal organs.

The lesions here set down are to be regarded not merely as symptoms, but as component parts of the disease—deranged functions, which are to be treated by appropriate remedies. It should also be borne in mind that, although it is simultaneous derangement of the great primary vital functions which constitutes a case of fever, yet the proportions which these derangements bear to one another may not be exactly alike in any two individuals; and hence the definition which applies accurately to one case may not suit a second. Each case of fever will derive its distinguishing character from the function which presents the most marked deviation from health. In one case, the circulation is not much disturbed; but there may be great derangement of the function of innervation. In a second case, the cerebral and spinal system and intellect are scarcely at all involved; but the circulation sinks rapidly. In a third case, the function of nutrition, including secretion and excretion, is arrested or unduly excited; while, in a fourth, the nervous, circulatory, and nutritive functions may all be overwhelmed together. It is further obvious that, from the intimate relation and dependence existing between these several functions, one cannot be involved to a great extent, or for a continuance, without more or less implicating the other two. It is easy to understand how this simultaneous lesion of so many important functions must soon terminate fatally; one even—namely, that of the cerebral system—is sufficient of itself to cause death, as exemplified in delirium tremens.

This view of the nature of fever, if correct, affords an explanation of those artificial divisions of the disease into brain-fever, nervous fever, gastric or bilious fever, etc. It appears to me to divest the subject of much of the difficulty and obscurity in which students and practitioners must often have found themselves involved in attempting to reconcile the diversity and conflict of opinion which are encountered in perusing the voluminous treatises of fever in which the literature of our profession abounds.

I would here observe, that the foregoing observations may not be considered strictly applicable to typhoid fever, or, as it has been sometimes designated, in accordance with its special pathology, acute follicular enteritis; as, in this form of fever, there is very constantly if not invariably found to exist organic lesion of Peyer's glands, apparently favouring the opinion that in this particular disease the general symptoms are altogether dependent upon local organic lesion. I am not disposed to adopt this view, but believe that the apparent exceptional character of typhoid fever in this respect admits of such an explanation as to bring it fairly within the definition of fever already given. If time permitted, it might, I think, be shown that the ulceration of Peyer's glands, so often found in typhoid fever, is a secondary complication of the primary functional disorder; for it must not be forgotten that, in defining fever to be essentially and primarily a disease of function only, I do not ignore the important consideration that, in the course of a case of fever, organic lesions of a serious nature may occur, in many instances as the direct result of deranged function.

A retrospect of the foregoing analysis of fever gives us a key to the rational treatment of the disease, enabling us to a great extent to reconcile modes of treatment which, although widely different as to the precise remedies employed, may nevertheless each be rationally directed towards the fulfilment of the particular indications which may be present in a given case, and explaining how much that has hitherto seemed vague and conflicting may in reality be re-

conciled with fixed principles; and how it is that writers at different epochs may recommend even opposite treatment, and yet be correct in their observations and their practice.

Sydenham has pointed out that the type of fever is frequently changing, and that an acquaintance with the epidemic constitution of the time being is most important. He also adds that, when the type changed, he was frequently very unsuccessful in his practice until observation made him acquainted with the new type. Now, referring to the view we have adopted, it will be seen that the type of the fever can always be discovered by a careful analysis of the functions affected, the type being determined by the function most affected; and local disease, should it arise as a complication, will most frequently occur in the organs principally connected with the performance of that vital function, whatever it may be. Whether, therefore, we have to consider the type of a particular epidemic, or that of a special case, or whether it be a question of constitutional idiosyncrasy or the particular stage of the disease, we have fixed and unerring principles to guide us. No particular line of treatment can be laid down as appropriate in fever; but each lesion of function must be met by its appropriate remedy, to be regulated in application and degree by the extent of the lesion of function which it is intended to relieve.

In the practical application of the foregoing principles, it will be convenient to consider the lesions in order.

First, we take a case where the function most implicated is the cerebro-spinal—a lesion which, if long continued, terminates in death, either from the direct effect upon itself, or from implication of the functions of organic life. It is manifested by want of sleep or natural rest of the system, which, if extended over a few consecutive nights, is followed by delirium, coma, nervous exhaustion, and perhaps death. This want of sleep is to be regarded not as a mere symptom, but as a part of the disease, a lesion of function of the most serious consequence, and which, if continued, will cause death. Bearing this in mind, we avoid the dangerous error committed by some practitioners (of whom the late Dr. Clutterbuck was the representative), of considering the essence of continued fever to be inflammation of the brain, requiring active depletion for its remedy. Our efforts are directed to the regulation of a derangement of function, and not to the restoration of structural change. If want of sleep be the leading indication, rational means are to be adopted to meet it, by keeping the patient as quiet as possible, not darkening the room too much by day, and thus maintaining the natural alternation of day and night. Cold in some form is applied to the shaven scalp; and, if requisite, an anodyne administered at bedtime. As to the particular form of anodyne which is to be preferred, considerable difference of opinion exists. I have found in my own practice the tincture of henbane, in doses of two drachms, as recommended by Dr. Corrigan, frequently procure sleep; and, when it fails to produce the desired effect, it does not, so far as I am aware, give rise to the injurious effects which sometimes follow the use of opium, to which there is this objection, that it has a tendency to increase the derangement of the function of nutrition; and, in those cases where the digestive organs are much implicated, it is wholly inadmissible. In Dr. Watson's *Lectures*, the following significant observation of Dr. Latham is quoted. "I have certainly seen," says he, "twenty minims of laudanum produce tranquil sleep, from which the patient has awoke quite a new man; but I have also seen the same quantity produce a fatal coma, from which he has never roused.

Now," continues Dr. Latham, "since it is a fearful thing to strike a heavy blow in the dark, where the alternative is of such magnitude, it is safest and best to administer a small dose at short intervals." But surely it is better and safer still to select another remedy, which experience has shown will fulfil the indication with perhaps certainty, and with infinitely less risk—probably, indeed, without any risk at all, even when given in full doses. At the same time, I would by no means venture to assert that opium is to be altogether dispensed with in the treatment of fever, but would urge that it should be employed with extreme discrimination and caution. Where other means fail to procure sleep, four or six leeches may be applied to the temples, as recommended by Dr. Corrigan, as an anodyne, upon which he places more reliance than upon any other, and this even when the pulse is weaker than natural; for, as he observes, we need not fear to take a small quantity of blood from the capillaries, for they very soon accommodate themselves to the trifling loss, and the general effect upon the system is scarcely felt; besides which, we can, quite consistently with our principles, give stimulants to support the general circulation, while we are relieving local congestion by moderate depletion from the capillaries.

The internal administration of chloroform has been recommended by the author just quoted; but I cannot from personal observation confirm its efficacy. I have met with cases in which this lesion of innervation, indicated by persistent restlessness and loss of sleep, has resisted every means that could be suggested, and which have invariably proved fatal. In such cases, although we may be able to meet the lesion of circulation by stimulants, yet, unless we can at the same time regulate this lesion of innervation by inducing sleep, the patient is sure to die. It is probable that, from a want of due consideration of this circumstance, the apparent failure of the stimulating mode of treatment has often been misinterpreted.

If stupor or coma come on, or be threatened, blisters may be applied as a means of rousing the patient. A very convenient mode of applying them to the scalp is in broad strips across the top of the head, instead of in the circular form commonly used, which does not lie so flat, or keep on so well.

One of the indications of the lesion of innervation is *subultus tendinum*, to be treated on the principles already laid down. Whether this peculiar condition of the nervous system is purely a lesion of function, or whether it depends upon congestion or structural alteration of the cerebro-spinal system, has not been determined. As collateral evidence in favour of the view that the general symptoms of fever are independent of structural lesion, I may here quote the words of Dr. Watson, who, in speaking of the cause of coma, remarks: "Physicians have diligently attempted its solution by examining the dead brain. I cannot tell you," he adds, "how often I have looked, and looked in vain, for some palpable disorganisation, or some effusion implying pressure." (*Op. cit.*)

We next proceed to consider the lesion of the elementary function of nutrition, upon which both animal and vegetable vitality mainly depends, including assimilation, secretion, and excretion. The symptoms are, loss of appetite, first for food, and afterwards loss of desire for fluid, which, in severe cases, succeeds to the thirst which exists in the earlier period of the disease, and is an aggravated degree of the same lesion. The tongue is dry or coated; sordes on the teeth; harsh, dry, and hot skin; derangement of the alvine discharges; constipation or diarrhæa; tympanitis, etc.; and morbid state of the urine. It

is scarcely necessary to occupy time in dwelling upon the obvious remedies by which these indications are to be met; but I may venture to allude to some important points.

First, as to the use of purgatives: these, as already noticed, should be used very sparingly, and, when required, should always be of a mild character. Enemata may often be advantageously substituted. Then as to mercury: in cases where there is a dry coated tongue, absence of thirst, urine cloudy and of low specific gravity, small doses of a mild mercurial, such as blue pill or grey powder, will generally be most useful in restoring the deranged function of nutrition; and, in combination with the alteratives, diuretics may sometimes be advantageously combined.

In this condition of a more or less complete arrest of the function of digestion, we must use much caution not to overload the stomach with nutriment of any kind. Milk, beef-tea, and wine or brandy, in judiciously regulated quantities, guided to a great extent by the desire for them evinced by the patient, is generally all that is required, or that, in fact, can be given without danger of causing still further derangement of the digestive and assimilative functions. As, together with other arrested functions, that of the skin is a prominent symptom, indicated by the dry harsh feeling communicated to the hand when applied to the body of a fever-patient, we might, *a priori*, conclude that diaphoretics are indicated, and that a renewal of perspiration might be considered a favourable symptom. So far, however, is this from being the case, that crisis by perspiration, as has already been noticed, is much to be dreaded in typhus. It is not sufficient to abstain from giving diaphoretics, but we must also avoid over-heating the patient in any way. I have known a case of typhus which was progressing favourably, and where recovery might have been confidently predicted, but where, from the obstinacy of the patient and his friends, in opposition to the directions of his medical attendant, blankets and bedclothes were heaped upon him, and a copious perspiration, which ended fatally, was the result. As Dr. Corrigan has emphatically remarked: "Popular knowledge, or rather ignorance, confounds maculated or typhus fever with synocha or short inflammatory fever; but the copious perspiration that will cure in the latter will kill in the former."

The next lesion we have to consider is that of the function of the circulation, of that of the heart and large vessels, as indicated by the pulse at the wrist and the impulse of the heart; and of the capillary system, shown by lividity of the surface, injection of the conjunctive, macule or petechiæ, and proclivity in the integuments to superficial sloughs from pressure. These indications, it is to be borne in mind, are not mere symptoms, or local derangements only, but external indications of the state of the circulatory system as a whole; so that we have to combat a lesion, not of a particular organ or structure, but of a function universally diffused through the whole system. The degree of derangement of the capillary circulation, as shown on the surface by the extent and colour of the macule, is an indication of the condition of the same function throughout the system. Thus rose-coloured macule indicate activity of the capillaries, and are, therefore, more favourable than the darker coloured spots, which are the result of an enfeebled circulation. Petechiæ, or effusions of blood from the capillaries, are signs of greater danger still. The treatment appropriate to this particular lesion is so obvious, that it will at once be anticipated that stimulation and support are the only means upon which we can rely. The best remedy, undoubtedly,

is alcohol in some form or other. Here is the solution of the much contested question as to how and when stimulants are to be given in fever. Alcohol is the specific remedy for lesion of the function of circulation involving the cardiac and the capillary systems; so that the state of the pulse and the changes in the colour of the maculae are the symptoms by which we judge as to the necessity of continuing, decreasing, or augmenting its dose.

If this lesion of the circulation be that of depressed action, alcohol must be given, whatever may be the derangement of the other functions. Consequently, whether there be delirium or not, whether the abdomen be flaccid or tympanitic, whether the tongue be dry or moist, clean or coated, whether it be the first, second, or third week of the fever, are conditions which have no influence whatever in deciding the question. The amount of depression as indicated by the lesion of circulation, modified, of course, by the age, constitutional powers, and previous habits of the patient, are the only circumstances which have to be considered in reference to the use of stimulants. Other forms of stimulants may be sometimes given, of which probably ammonia is the most useful; and here we may remark, that practical experience is at variance with the theory that typhus poison is a compound of ammonia.

It is interesting to notice, that the treatment of typhus by stimulation is by no means a new doctrine. Dr. Trotter, who wrote in 1794, and whose graphic description of the disease shows him to have been a practitioner of much observation, was so impressed with the value of stimulants in typhus, that he sums up his account of the disease with this motto:

"Nil desperandum, Baccho duce et auspice Baccho."

His sagacity had also detected the fallacy of trusting to specifics, as the following brief quotation will show. "Of a febrifuge power residing in antimony, our observation and experience do not enable us to speak in confirmation; nor do we suppose that such a power is to be found in any other medicine whatever." (*Medicina Nautica, passim.*)

Dr. Stokes of Dublin, writing in 1839, says: "I feel certain, humiliating though the confession may be, that the fear of stimulants in fever, with which I was imbued, was the means of my losing many patients whose lives would have been saved, had I trusted less to the doctrine of inflammation and more to the lessons of experience given us by men who wrote before the times of Bichat and Hunter." (*Dublin Journal of Medical Science*, March 1839.)

If the view thus taken of fever be correct, it explains how combinations of remedies may be regarded in those cases where several functions are simultaneously deranged, and that the treatment is to be varied according to the function chiefly affected, and the degree to which it is involved. Thus leeching, cold to the head, or hyoscyamus, may be requisite for lesion of the cerebro-spinal system, mercury for the derangement of the nutritive function, and alcohol for failure of the circulation. So that also the details of treatment may not be alike in any two cases of fever, yet the principles upon which they are founded are fixed.

From this it appears conclusive that, as before mentioned, fever is a disease for which there can be no specific. In the words of Dr. Corrigan, we may conclude: "To suppose there can be any such thing as a specific in fever, would be to claim that the same remedy had equal and opposite powers; that it would highly stimulate the function of circulation in one case and depress it in another; that it would calm down an excited brain into sleep, and equally

restore it from coma to wakefulness; that it was a remedy of universal power, equally applicable to lesions of all functions, and to such lesions whether arising from increased action, debility, or mere excitement."

ON PUERPERAL FEVER.

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[Continued from p. 431.]

At first view, these cases present little difference from many others which have been recorded; but, on closer examination, I think they point to two important facts: the pervious condition of the uterine sinuses, by reason of the want of a firm and persistent contraction of the uterus; and the absence of all inflammatory product, save that observed on the peritoneum. They thus appear to give a decided negative to the opinion that puerperal fever was caused by uterine phlebitis, lymphangitis, endometritis, metritis, or other similar inflammatory affection of the uterine organs. For, with the exception of the inflammation and exudation of the peritoneum, no product of inflammation was any where discovered, after a careful and even microscopical examination of the various tissues which compose the uterus. All of these tissues were in a perfectly healthy state. And I feel considerable confidence in this result, as repeated dissections and examinations of the gravid uterus have made me familiar with the healthy appearance of the tissues which enter into its formation.

But inflammation of the peritoneum, with copious exudation into its cavity, have been long recognised as the morbid appearances most usually observed in this disease. I am not aware, however, of any case where the uterus has been so fully examined, and wherein all the tissues were found perfectly healthy; especially when the woman had survived a period sufficiently long after the commencement of the attack for any inflammatory process to become developed, had this been an essential part of the disease. The total absence of any sign of inflammatory product in the uterus itself, whilst the symptoms during life so well characterised the disease, appears to show that the disease has some other cause than these inflammations. The result of the examination of the uterus, moreover, is opposed to some doctrines supported by the highest authority, and furnishes evidences which are contradictory to the opinions expressed by Professor Cruveilhier and supported by Dr. Robert Ferguson. In the opinion of these eminent observers, the internal surface of the uterus is compared to a vast solution of continuity, the muscular tissue being every where exposed; and the gaping orifices of the sinuses are also compared to the open-mouthed vessels of an amputated limb. But the inner surface of the uterus was found every where covered by a soft membrane, which contained all the microscopic elements of the usual mucous membrane. Numerous shreds extended from the inner surface, and gave it the appearance as if the inner portion of its thickness had been torn away. Still the muscular tissue was every where covered by a soft membrane, the surface of which was further covered by the usual red mucous discharge which follows childbirth. Some slight exception must, however, be made on account of that portion to which the placenta had been attached. The membrane was here thicker and firmer than elsewhere, and distinct fibrous tissue entered into its formation. It appeared, in fact, as if a very thin portion of the pla-

centa had remained attached to the surface of the uterus. The red mucous discharge did not appear so intimately adherent to the surface, and did not present the appearance of being secreted by it.

At this part of the surface, many open orifices were perceived, which led directly to the sinuses in the substance of the uterus; and, as they permitted fluids to pass along them in a direction contrary to the course of the circulation, it is inferred that fluids might readily pass along these canals, and injuriously impregnate the general system. The uterus in this condition, then, may be compared to the healing surfaces of an amputated limb, seeing that the vessels which lead from the open orifices were alike pervious in both. But this comparison is not just, inasmuch as the uterus is in an abnormal state. The essential part of the comparison does not rest upon the open orifices which are found alike on the surface of the uterus and the surface of an amputated limb, but on the vessels which lead from these orifices being alike pervious in both. When the uterus is firmly contracted, all circulation in the sinuses is effectually prevented; and the same will occur in an organ where the contraction is not so complete, but where the blood has become coagulated. In either of these instances, a comparison between the condition of the vessels in a uterus after recent childbirth, and the vessels of an amputated limb, will cease.

If it be said that there is a great similarity between the vessels of an amputated limb and the vessel of an uterus after recent delivery in those women who have died from puerperal fever, the comparison will hold good. But, it should be remembered, the comparison is here instituted between a natural condition of the vessels in the amputated limb, with an unnatural state of the vessels of the uterus. For it will be conceded that the lax condition of this organ which permits the general system to be injuriously impregnated, and allows fluids to circulate within their canals, is not the natural nor proper condition in which the uterus ought to be; and I think we can go further, and say it is not only a condition which ought not to be, but is a condition which may, in the large majority of cases, be prevented.

It is singular in how many recorded instances of puerperal fever the uterus is described as "large, uncontracted, soft, and flabby," as "very large and ill contracted," or similar descriptions. And it has long been remarked, that women who suffered from hæmorrhage during or after the birth of the child were specially prone to be attacked with puerperal fever; or, as Dr. Denman remarked nearly a century ago, "It is likewise worthy of observation, that those women who have lost much blood at the time of delivery are more liable to this disease than others, and that it is much more fatal to them." (*Essay on the Puerperal Fever*, 1768, Syden. edit., p. 51.) Which is only another way of stating that the uterus was large, flabby, and uncontracted; seeing that it is admitted that these hæmorrhages mostly arise from this condition of the organ.

It is well known that most recent authors have attributed this disease to a diseased or vitiated condition of the blood; but the opinions as to the means by which this alteration has been produced have been very various. Dr. Simpson says: "That the original focus of contagion in them (cases of puerperal fever) was to be traced to the diseased blood and tissues of the mother who was first delivered and first attacked; that her blood had affected the infant which she carried within her; and that probably the vaginal secretions and discharges from this said patient during labour had unhappily formed the virus or material, which had been unwittingly car-

ried by Dr. Moir so as to affect his other patients." (*Obstetric Works*, vol. ii, p. 20.) M. Cazeaux remarks: "In my opinion, the blood in this disease has undergone so profound an alteration as to account for all the accidents, and for the usually fatal termination of the disease. I do not hesitate to say that, in certain cases, they (the alterations) may be carried to a point at which they will produce a transformation of blood-globules into pus-globules; and that without a wound, without phlebitis, without any lesion of the solids." (*Bulletin de l'Acad. Impériale de Méd.*, vol. xxiii.)

These, however, are only opinions, and scarcely meet the facts. Dr. Simpson does not tell us how the blood and tissues of the mother who was first attacked became diseased—for this cause was the original focus of the whole; and M. Cazeaux fails to inform us by what means the blood-globules become transformed into pus-globules, nor refer to any evidence to show that such a transformation in the circulating blood is even possible. These opinions, moreover, fail to explain how a woman, previously in good health, may be delivered, and recover from the first effects of the labour, and yet fall a victim to the disease within a few hours afterwards; and all this occur in sporadic cases.

Dr. Robert Ferguson, in his valuable *Essay on Puerperal Fever*, gives the following propositions, which it may be well shortly to examine:—1. The phenomena of puerperal fever originate in a vitiation of the fluids. 2. The causes which are capable of vitiating the fluids are particularly rife after childbirth. 3. The various forms of puerperal fever depend on this one cause, and may readily be deduced from it. In proof of the first proposition, he quotes the experiments of Gaspard and Cruveilhier, wherein symptoms analogous to those of puerperal fever were produced in animals by injection of putrid pus and similar fluids into the veins; by cases where the placenta had been retained, had putrefied, and symptoms similar to those of puerperal fever followed; and by referring to the effects of dissection-wounds, the bite of the viper, and some acknowledged diseases of the fluids. In support of the second proposition, he adopted Cruveilhier's opinion, which he thus expressed: "That after childbirth the womb is like an amputated stump; and that it has a reparative process to perform, which, being disturbed, permits the large gaping vessels to spread in the blood noxious secretions which they have imbibed." (P. 80.) Dr. Ferguson further considered that the blood "may be vitiated by injuring the solid vessels mechanically; thus creating inflammation, which inflammation furnishes the matter that is conveyed into the torrent of circulation to infect the blood." (P. 75.) But he has not, so far as I can find, adduced any facts to confirm this opinion: whilst, under the third proposition, many cases are included which can scarcely be acknowledged as cases of puerperal fever. For example: "In the epidemic of the winter of 1827-28, this form (peritoneal affection) was so prevalent along the banks of the Thames, that, being worn out with incessant calls to visit the patients at their own houses, I directed the matron of the hospital to send, in the first instance, to all complaining of abdominal pain, two doses of Dover's powder, each containing ten grains; one to be taken immediately, and the other in four hours; when, if, notwithstanding, the symptoms should persist, they were directed to send for me. After this, I think I had no occasion to visit one in five of those afflicted, as they did not require any other treatment." (P. 16.) "So invariably, for example, does a dose of the house medicine (or salts and senna), after causing violent pain and purging, bring on metropéritonitis, that I

have long forborne the use of this drastic irritant, as the routine dose, given on the third day." (P. 101.) I think it will be admitted that a dose of salts and senna will not produce, nor two doses of Dover's powder cure, so serious a disease as puerperal fever.

The facts previously adduced will, I submit, show that the grounds upon which the second proposition is founded—viz., that the interior of the uterus is like an amputated stump—are not tenable. And the same may be said of the opinion that the solid vessels of the uterus are injured mechanically; for the uterine sinuses consist solely of the delicate inner membrane of the veins, which is connected to the muscular tissue of the uterus by a fine cellular or connecting tissue. They do not present a solid resisting substance, which would be liable to be mechanically injured during the contraction of the muscular tissue of the uterus. That the muscular tissue may be injured by the violent expulsive efforts to which it is sometimes liable—that it may subsequently inflame—that fever and even death may follow such injury—will not, I think, be doubted; but, I would submit, this can scarcely be considered to be injury "of the solid vessels mechanically".

Thus, whilst I feel I must dissent from Dr. Ferguson on the original causes which produce this disease, I freely assent to the proposition that the phenomena of puerperal fever originate in a vitiation of the fluids, as well as with the following observations. "Neither does the malady depend solely on primary inflammation of the uterine veins; for these are, in a great number of cases, perfectly healthy. The cause, therefore, of puerperal fever is, I think, simply a vitiation of the blood, which cause is demonstrably sufficient to produce all their phenomena; that phlebitis, or peritonitis, or metropéritonitis, are only secondary effects of this one cause. For, if any one or more of these be assumed as constituting the essence of puerperal fever, abundant examples may be found of puerperal fever in which the cause fixed on is absent. Thus, to the believers in the identity of peritonitis and puerperal fever, we can show puerperal fever in a perfectly healthy peritoneum. To those who insist on inflammation of the uterine veins as constituting puerperal fever, we can show the genuine disease without this condition." (Page 81.)

If it should be shown by further observation that the sinuses of the uterus remain pervious in cases of puerperal fever, then I think the various phenomena observed in this disease may be satisfactorily accounted for. And the following remarks by M. Dance, in his valuable papers on *Uterine Phlebitis*, which I did not see until the previous observations were made, confirm me in the belief that the sinuses are pervious. He gives the following as the result of some observations made "on the bodies of women who died a few days after their confinement". "If we throw an injection, even a coarse one, into the inferior cava, above the emulgent veins, it directly flows in abundance into the cavity of the uterus, and soon escapes at the vulva—an important fact, which tends to prove that the large veins are quite open in the cavity of the uterus after the confinement, and freely communicate with the large veins of the abdomen; which serves to explain the propagation of inflammation from the one to the other. If we afterwards examine the internal surface of the uterus, at the part which corresponds with the insertion of the placenta, we directly perceive that it is principally at the points where the matter of the injection has escaped. Large fragments of this matter are in part imbedded in the walls of the uterus, and in part project into its cavity. On detaching these, after cleaning the sur-

face, we immediately perceive the entrance of the uterine sinuses—that is to say, a certain number of venous orifices, of variable size, some of which might admit the end of the little finger, separated from each other by bands in appearance muscular, and situated at the bottom of a small depression, and which appeared closed by a crescent valve. On raising this membrane, which is nothing more than the natural membrane of the veins divided obliquely, we penetrate into the large canals, which, after a short and oblique course, communicate with the innumerable veins situated in the walls of the uterus. It follows from this, that, after the separation of the uterus, large and numerous channels permit the inflammation to extend into the uterine veins, which veins themselves present the conditions favourable for the propagation of the inflammation." (*Archiv. Gén. de Méd.*, 1828, p. 480.) Hasse also remarks: "It (phlebitis) develops itself with uncommon rapidity whenever, after expulsion of the fœtus and of the placenta, the uterus does not contract properly; so that an extensive raw surface, with open-mouthed veins, is exposed." (*Pathol. Anat.*, Syden. edit., p. 28.) Dance certainly does not say that these observations were made in cases of puerperal fever; but it appears not improbable that such was the case, from the statement that the women died a few days after their confinement; and, whilst I could scarcely admit that this pervious condition of the uterine sinuses explains the extension of inflammation from those vessels to the abdominal veins, I am glad to have such confirmation of the fact that in these the uterine sinuses are pervious; and further, as remarked by Hasse, that this pervious condition occurs when the uterus does not contract properly.

Such a condition of the vessels as this closely represents the state of the vessels in an amputated limb; and it can be matter of little surprise that the symptoms and pathological appearance which so frequently follow in women where this condition of the uterus exists should bear so close a resemblance to the symptoms and pathological appearances observed in cases where death takes place after amputations or other surgical operations. The close analogy between these two conditions has been most ably traced by Dr. Simpson; but I cannot avoid repeating that, in contrasting these states, a natural condition of an amputated limb has been compared with an unnatural state, an uncontracted state of the uterus after delivery; which to my mind vitiates the whole ground of comparison.

With regard to the symptoms which may follow deleterious impregnation of the general system through the introduction of noxious fluids into the veins, the experiments of Gaspard and Cruveilhier upon animals have placed it beyond doubt that phenomena analogous to those of puerperal fever may be induced by the introduction of putrid pus and similar fluids into these vessels. The latter eminent pathologist has further observed, that the quantity of the injection, whether in artery or vein, and the vigour of the animal, modified the result in the most singular way; a small quantity being eliminated by intestinal or urinary secretions, while a large dose killed.

Taking all these circumstances, then, into consideration, we may consider that where the uterus is very lax, and admits of a ready flow of noxious fluids through the sinuses, we will have the phenomena, occasionally observed, wherein a previously healthy woman is stricken down, as if by some fell pestilence, in a few hours; or, as Dr. Demman expressed it in 1768: "The progress of the disease is sometimes extremely rapid. Instances have occurred where women have died even within twenty-four

hours of the first attack; and I have seen a few who never grew warm after the rigor."

To the same class of cases we may refer Dr. Armstrong's "peculiar congestive disease", where "the shock in some instances is so great that the secretions are all suspended, and the patient sinks with rapidity;" and Dr. Mackintosh's cases of "intense inflammation", where "she shivered about eight hours after delivery, and continued to sink, having pain in the epigastrium and tumefaction of the abdomen, with diarrhoea. Coldness over the whole surface of the body preceded her death, which followed in a few hours."

When the amount of deleterious fluids introduced into the system is smaller in quantity, there will be induced cases of puerperal fever, which are too frequently observed, and where the system, after a vain struggle with the poisonous infection, succumbs in a few days or a few weeks; the chief morbid appearances found in the body being extensive peritonitis of a peculiar character, with copious exudation of soft friable lymph and much serosity. The course of some of these cases would also appear to indicate that the poisoning took place in successive periods, in the intervals of which the system partially recovered, and the symptoms became alleviated.

It is probable that the effects of uterine phlebitis, metropéritonitis, distension of the lymphatics with purulent fluids, etc., may be the result of a yet smaller amount of deleterious infiltration; the effect produced being more local; in many cases the blood being coagulated, and the fibrine softened; in other cases, local inflammation is set up as a consequence of these first changes.

In other cases, again, where the amount of poisonous infection is still further diminished, we have examples of low febrile conditions extending over an indefinite period, with purulent infiltration occurring in various parts and organs of the body, "*à l'insu du malade et du médecin*"; whilst, in yet smaller increments, this vitiation of the fluids may induce a long continued febrile state, accompanied by troublesome and anomalous symptoms.

It will readily be conceded, also, that each of these states may be much influenced by a variety of concomitant circumstances—as the original constitution of the female; her state of health at the time; the character of the fluids secreted by the interior of the uterus; the effect of any severe loss of blood; any depressing influence of the mind, or of the situation in which she is living; her habits of living; the existence of any diathetic diseases, epidemic influences, etc. These, and a variety of other causes accidental at the time, may induce a great variety of diseased states and many pathological appearances after death, which may well lead to that utmost inextricable conflict of opinion which characterises the literature of this disease. Nor will it excite surprise, if the effects are most frequently observed and most fatal amongst the ill-clad, ill-fed, ill-nourished, and sometimes improvident mothers of families, of spare means, who form the majority of those received into our maternity charities.

In this sketch of the principal phenomena observed in the different cases of puerperal fever, no reference has been made to the subject of contagion, or to the occurrence of epidemics. On this point, Dr. Churchill has remarked: "The opinions of those most experienced in the disease vary very much. Drs. Hulme, Hey, Armstrong, Dewees, and Campbell in their works deny its contagiousness; Dr. Gordon, Professor Young, Mr. Coely, Drs. Ramsbotham, Rigby, Lee, and Copland, etc., affirm it. Dr. Hamilton thinks it so contagious that it may be communicated

to a third person." (*Essays on the Puerperal Fever*, Syden. edit., p. 38.) And I must admit that I have grave doubts on both these subjects. To no subject does the truism, that *post hoc* is not always *propter hoc*, apply with greater force than to the present. For example, a physician of Leith examines the ovaries of a woman who had died of puerperal fever in the lodgings of another physician in Edinburgh. It does not appear that he had any other relation to the case than this. The three next cases of labour he afterwards attended in Leith were attacked with the disease. A medical gentleman, after having lost several cases of puerperal fever, got rid of the disease in his practice by changing his clothes and using chloride of lime, etc. But again it returned, after wearing a pair of unfortunate gloves he had previously worn. A general practitioner lost many patients from puerperal fever. He delivered no more cases for one month; but the first patient he attended afterwards was attacked with the disease, and died. "I rather think," observes Dr. Churchill, "this proves too much." (P. 39.) It does appear incomprehensible that a disease which is not communicated to the attendants of those suffering from it, or which is not communicated from one woman to another in an adjoining bed in our lying-in hospitals, should be, in occasional cases, so virulently contagious. As Dr. Murphy remarks, "Puerperal fever selects its victims. In the same hospital, and in the same ward, it will not extend from bed to bed, but is found scattered in different directions." (*Lectures on Midwifery*, 1862, p. 681.)

Another set of cases may probably admit of a different explanation. Mr. Robertson of Manchester relates that sixteen cases of puerperal fever occurred in one month in the practice of one only out of twelve midwives in connexion with the lying-in hospital of that town; the disease being limited entirely to her patients, but not limited to one particular district, being scattered through different parts of the town. "Again, little more than half of the thirty women delivered by this midwife during the month before mentioned took the fever. On some days, all the women she delivered escaped; on other days, out of three or four, one or more of them were seized." (P. 441.) If the disease was so eminently contagious, why did fourteen women escape, and sixteen be attacked with the fever in the same month, and all in the practice of this one midwife? May it not have arisen from the mode in which this midwife managed her patients—in a manner similar to the anecdote related by the late Dr. Merriman? "During the time that I held the office of physician-accoucheur at the Westminster General Dispensary, of the twelve stated midwives belonging to that charity, one in particular was very frequently in the habit of sending to me for assistance in consequence of retention of the placenta; so that I was called by her to such cases nearly as often as by all the others together. I had often endeavoured to discover the reason why this midwife should be so unfortunate in her patients; but I could obtain no satisfactory explanation of the frequency of the occurrence in her practice. A few years after I had retired from the dispensary, the daughter of this midwife requested that I would give her some instructions in midwifery; in the course of which I strongly pointed out the propriety of leaving the expulsion of the shoulders to nature, after the birth of the head, as preparatory to a proper contraction of the uterus, and more ready and complete separation and expulsion of the placenta. When I next saw her, she told me she had mentioned to her mother what I had taught her on this subject, and that her mother had said 'she thought it the greatest nonsense in the world to allow the poor

woman to wait for a pain to deliver the shoulders, when it was possible to finish the labour, by a little assistance, without delay. For her part, she was always used to bring the child as soon as the head was born; and so she should still do.' The anecdote at once explained the mystery; and I marked it down, as an excellent illustration of Mr. White's judicious and convincing remarks." (*Synopsis of Difficult Parturition*, p. 298.)

In other examples, it is more than probable that the disease communicated was some acute specific disease. "Dr. Collins mentions an instance in which a patient was admitted into the Dublin Lying-in Hospital, labouring under a bad form of typhus fever. Two puerperal females, who occupied the adjoining beds, were attacked with puerperal fever, and died. In another instance in the same hospital, a similar accident happened. A patient labouring under typhus fever was admitted into a small ward of the house, which contained only four beds: all the three other women were attacked with puerperal fever, and two of the three died." "In the Dublin Lying-in Hospital, a case of typhus was brought in by mistake, and immediately dismissed. Puerperal fever appeared in forty-eight hours afterwards, although the hospital had been free from it for a year before." (Dr. Murphy.) In these cases, however, the disease was communicated from bed to bed, exactly in the way we know typhus fever to be communicated; whilst we further know that puerperal fever is not communicated from individual to individual, "but is found scattered in different directions."

In an important communication to this Society, Dr. Tilbury Fox showed, from cases which occurred at the General Lying-in Hospital from 1833 to 1858, both inclusive, that typhus fever, typhoid fever, remittent fever, scarlet fever, erysipelas, abscess in the breast, constipation, after-pains, muscular irritability, etc., have often been included under the term puerperal fever. (*Trans. of Obstet. Soc. of London*, vol. iii, p. 368.) Then we have the remarkable epidemic recorded by Dr. Ferguson, which prevailed along the banks of the Thames in the winter of 1827-28, and which only required for its successful treatment two doses of Dover's powder; and the still more remarkable statement of Dr. Tyler Smith: "It (puerperal fever) would not so often happen, if all accoucheurs recognised the fact that erysipelas, typhus, scarlatina, small-pox, hospital gangrene, putrid sore-throat, diphtheria, the *post mortem* and other poisons, were excessively prone, if brought near the lying-in woman, to originate puerperal disease. He did not question but that any of the agents which produced zymotic maladies might cause puerperal fever." (*Obstet. Trans.*, vol. iii, p. 403.) Here seven and more distinct specific diseases are said not only to alter their nature when communicated to a lying-in woman, but, by a singular agreement amongst them, they all undergo the same identical transformation. Such a conclusion, however, is opposed to all the known facts relating to the history and course of acute specific diseases—however prone the puerperal female may be to take on any of these diseases, or be influenced by epidemic causes, when brought into contact with them.

These examples might be largely amplified; but I feel they are sufficient to show that the observations require further clinical examination, which can alone enable us to diagnose and separate from each other the various diseases at present included under the one term puerperal fever; the only apparent link being, that they attack the female during the puerperium.

[To be continued.]

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

British Medical Journal.

SATURDAY, MAY 6TH, 1865.

A NEW HOSPITAL AT LIVERPOOL.

WE have received a copy of the Second Annual Report of the Hospital for Cancer and Skin-Diseases, founded in 1862 in Liverpool; Lord Stanley appearing as President, Mr. J. Seaton Smyth as Honorary Surgeon, one Mr. Sked as Treasurer, and Dr. Stookes, with five other gentlemen, as Committee. If we are to believe the Report, the institution is already a very flourishing one; and, as neither "fees nor letters of recommendation" are required, "the institution" (as we are assured) "has been a charity in the purest and fullest sense of the term." A discriminating public have, it appears, so fully entered into the views of the benevolent institutors, that Mr. Sked, the Treasurer of the Cancer Hospital, and Manager of the Mercantile and Exchange Bank, now says that the establishment must be enlarged. At present, if we are rightly informed, the hospital is represented by some back or outlying premises of the benevolent surgeon who does gratuitously its medical operations. Mr. Smyth's operations, indeed, appear to exceed the ordinary bounds of medical benevolence, and, therefore, should be especially recorded. Says Mr. Sked, "As the fact may not be generally known, the Treasurer" (*i.e.*, Mr. Sked) "takes this opportunity of stating that Mr. Smyth has himself contributed to the foundation, establishment, and necessary expenses of the hospital, upwards of £500." It is not, however, clear to us, from the Report, whether the £500 has been contributed to the hospital which is to be, or upon the building which at present represents it.

The "Medical Report" (which, by the way, bears no signature) is lengthy. It opens with the announcement that when "this institution was established, there was not one out of the metropolis specially devoted to the treatment of these diseases." The word *these* reminds us of the story which says, "This Turk he had an only daughter"—no Turk or diseases having been before alluded to in the Report or story. *These* diseases, however, we find, on referring to the Appendix, to be cancer and every kind of skin-disease, *plus* spina bifida, housemaid's-knee, morbus coxarius, hydrocele, fistula *in ano*, club-foot, varicocele, fatty, fibrous, and cystic tumours, phi-

mosis, etc.; so that, it appears, all is fish that comes to the net; or, as quaint old Spenser, in his *Faëry Queen*, says:—

“Als at his back a great wyde net he bore,
With which he seldom fishéd at the brooke,
But used to fish for fooles on the dry shore,
Of which he in faire weather wont to take great
[store.]”

The Report is a specimen in its way; and we especially allude to it, in order that those of our profession, who may feel inclined to emulate the philanthropy displayed by the getters-up of this institution, may know where to find a suitable *ready writer's* appeal to the feelings of the charitable. We will give a few extracts from it.

“Biblical records attest the prevalence of these diseases in the East, and with what severity they were inflicted as a divine punishment. If we have not, as in patriarchal times, men by word or touch stricken lepers from head to foot, have we not leprosy amongst us yet—however modified, still fearful enough to excite feelings of pity and abhorrence in the breasts of friends and strangers? If we do not observe many emulating the patience of Job, have we not hundreds around us similarly afflicted, covered with boils equally intolerable, and, in the carbuncular form, much more malignant?”

How comes it, the writer asks, that these cutaneous diseases are so common in Liverpool? He answers thus.

“There is no denying, at least disproving, the statement that more than one-half of them are more or less contagious. We have notes of not a few healthy-looking servants, who, when they came under observation, were leprosy on every covered part of the body; nurses, rosy-cheeked, and highly recommended, who, with the slightest possible irritation of the skin, had communicated to whole families a form of itch more common than agreeable—not to speak of similar interchanges of questionable civilities between servants themselves. We have had cases, again, wherein malignant ulceration had been traced to petty hucksters, with suppurative cancer of the face, whose hands, inadvertently smeared with the virus, had unfortunately served a customer with more than could be digested in sweetmeats and vegetables. And then what of baths, that were to have regenerated the species? Is it not notorious that the spread of skin-disease has kept pace with their multiplication? Leprous, syphilitic, and itch bathers following each other in rapid succession may produce a modification or diversification of the several complaints.

“Have we forgotten the memorable visitation of the Egyptian frigate *Scheah Gehald*, whose crew infected three attendants at the Paul Street Baths with typhus fever and malignant skin-disease, or in other words ‘the plague?’”

The author of this appeal then gives a telling sketch of what cancer can do on the human face divine, and winds up with a quotation from *A Treatise on Cancer*, which he published in 1858. In thus modestly alluding to his own literary labours, the writer adds a few words, which, by reason of their incomprehensible sublimity, will naturally strike awe into the minds of the public, to whom the Report is addressed, and doubtless obtain for the author veneration and respect.

As the old nurse says of the doctor in Molière, “What he says must be something wonderfully clever, *car je n’y comprends goutte!*”

“There is a law which operates towards the conjunction and blending of opposites in all things, by which the primal traits of the original forces become so fused or commingled as to preclude the development of each in its entirety and render a declension from the original type certain. This law holds good with regard to temperament in persons of opposite constitutional traits procreating a progeny assimilating one or other of the original types, and producing two varieties; viz., Hybrid Hæmasthenic and Hybrid Neurosthenic, classed according to their proximative affinities.”

Whether Mr. Smyth is or is not the author of the Report, and of this beautiful conceit, we leave others to tell; but, as he signs himself F.R.C.S., we will not suppose him capable of writing so much trash, and of addressing such a vulgar appeal to the benevolent, until he or some other assures us that his ink produced these things. Lord Stanley may be the President of the “Hospital”, but surely not the patron of a medical Report of this kind.

At present, it does not appear that the staff of the hospital is formed; the only medical officer being J. Seaton Smyth, F.R.C.S. But there is, we see, a physician who lends a helping hand as member of Committee—viz., Alexander R. Stookes, M.D., M.R.C.P.; and he, we take it, will naturally become physician to the future hospital; for every honorary surgeon requires an honorary consulting physician. We doctors always hunt best and most comfortably in couples.

We congratulate the people of Liverpool on their new institution, and have no doubt whatever that it will fully answer all the intentions and hopes of its very benevolent founder. We have so often pointed out in these pages the immense services rendered to suffering humanity, and the high exaltation of the profession which is obtained, by the gift of gratuitous medical services, that we need not again speak thereof here; neither need we hold up to universal commendation the self-sacrificing spirit, the pure and absolute benevolence, which preside over, or rather are the sources which stir up, medical men to give the gift. We will only, as in justice bound, record this last specimen of medical and surgical philanthropy; and request our brethren and the public, in this age of testimonials—of plate-service, silver teapots, and inkstands-giving—not to forget the labours of a gentleman who not only bestows his gratuitous medical labours upon every comer, but who also contributes £500—we mean “upwards of £500”—to the cause whereon his heart and hopes are evidently so warmly set. Let us, however, beg of him on another occasion not to allow the modesty of the writer to prevent him from fixing his signature to the Report. As the name of Dr. Stookes stands on the

Committee-list, and that of J. S. Smyth (or, as Mr. Sked calls him, Dr. Smyth) as honorary surgeon, and as either of these gentlemen might have written a "Medical Report" for the institution they are attached to, we know not to which of them the honour must be apportioned.

ANTHROPOLOGY AND ETHNOLOGY.

Dr. HUNT, the energetic President of the Anthropological Society, occupies many pages in his second anniversary address in discussing the meaning of the words anthropology and ethnology. Now, seeing that the great objects of the two existing Societies in London, the Anthropological and the Ethnological, are identical, with the exception that the former is also a publishing body, his remarks, on the face of them, will be looked upon by many as "much ado about nothing"—*vox et preterea nihil*. *Ἀνθρωπος* may be an older word than *ἔθνος*, as man necessarily claims priority to race; and consequently anthropology, or the science of man, may be said to take precedence of ethnology, or the science of the races of men. If, indeed, there be but one race, and not several and different races, in the great family of man, then it must be conceded that the title Anthropological is the appropriate one for a Society having for its object the science of man; but, on the other hand, if the races of man be many and different, then it is equally clear that Ethnological is the proper and befitting designation for a Society which has for its object, like the Ethnological Society of London, the science of the races of man.

Notwithstanding his remark, "that no two persons appear to be agreed as to what the word ethnology means," Dr. Hunt cannot be ignorant of the fact that there were established Societies, bearing the name of Ethnological Societies, in England, France, and America, long before the Anthropological Society of Paris was called into existence. The Ethnological Society of London had its origin from the Aborigines Protection Society, which was presided over by Sir Thomas Fowell Buxton, and was founded in 1843, to promote the study of ethnology. Dr. Hodgkin, a most zealous member of the Aborigines Protection Society, took an active part in its inauguration. Deputed by the Aborigines Protection Society, he also went to France, and there was instrumental in assisting his friend Dr. W. Edwards to establish the Société d'Ethnologie de Paris. This Society, however, during the Revolution of 1848, became defunct. On its resuscitation a few years ago, it took the modern title of Société d'Anthropologie de Paris.

Dr. Hunt was for some years the Honorary Secretary of the Ethnological Society of London, but became dissatisfied with the proceedings of the Council. In his dedicatory epistle to Dr. Paul Broca, Secr-

taire Général de la Société d'Anthropologie de Paris, etc., he says: "Finding myself unable to give my cordial support to a Society whose apparent objects were so utterly at variance with my own views—views in which I was not without supporters—the idea occurred to me of establishing in this country a really scientific Society, which, taking yours as a model, might become worthy of a great nation." Hence arose the Anthropological Society of London, with Dr. Hunt as its President. Whether such a Society was really wanted for the interest of science, we leave others to decide.

One fatal mistake, as he calls it, with which Dr. Hunt charges the Council of the Ethnological Society, is the admission of ladies to its evening meetings; but he forgets to mention the specified limitation of such attendance to those meetings in which there is nothing on the paper or subjects to be discussed which would be likely to offend the modesty or shock the delicacy of the female mind.

Notwithstanding the treatment which the Anthropological Society met with at the meeting of the British Association last year at Bath, Dr. Hunt still looks hopefully forward to the recognition of anthropology in a separate section in future years. Ladies, however, he must remember, have free admission to all the sections of the British Association; and no section has hitherto been more popular with the ladies than that of ethnology.

It must be confessed that the establishment of the Anthropological Society of London has given a fresh impetus to the study of ethnology. Competition is the order of the day. Both the parent Society and its offshoot appear to be flourishing. The Ethnological Society is in efficient activity, and has just issued another volume of its *Transactions*; and, whatever may be the opinion of Dr. Hunt as to the scientific value of the papers it contains, competent judges have not been slow to appreciate it.

We last week remarked that the late refusal of the Royal College of Physicians to take into consideration the condition of our army and navy medical brethren was a sign of its retrograde development. We were not aware, when we made the remark, that the proofs of the fact were so near at hand and so patent. This present College, which boasts of its liberal aspirations, its comprehensive tendencies, its desire to encircle in its arms the whole British medical family, and its tender regard for the interests of all branches of the profession, is, it turns out, after all, far less liberal than the old College of Paris. The old conservative College, in the close-borough days (as they were called), of Dr. Paris, had, we are proud to say, both courage and liberality enough to take an interest in, and actually to do a good work for, their army and navy medical brethren. We have great

pleasure in recording the fact that, on March 25th, 1850, it was proposed by the late Sir J. Forbes, and seconded by Dr. Wilson, that petitions be presented to both Houses of Parliament in favour of the claims of assistant-surgeons of the navy; and that the College thereupon appointed a Committee to draw the petition, and ordered the seals of the College to be affixed thereto. Still later, again, we find that on March 4th, 1857, a memorial was presented to the College, signed by a large number of army medical officers, containing an earnest request to the effect, that if the President and Censors, after full consideration, should think their position insufficient, they should express their conviction to the Secretary of War. It was, therefore, resolved by the Censors that letters be written, and they were written accordingly, to the Secretary of War (Lord Panmure) and the Director-General. All this, it will be observed, took place before the year of grace, and before the College entered upon its present career of liberal promises. This fact seems to illustrate well the old saying, that a Radical in power usually turns out a bigoted Tory. We might add to the above facts, that in 1855 the College received and referred to its Censors a petition from the medical students of England respecting grievances of the assistant navy surgeons; and moreover was actually not above receiving at the College a deputation from the students.

MR. RICHARD QUAIN has published *Observations on Medical Education*, being the introductory lecture delivered by him at the University College, London, for the session 1864-5. To the lecture he has made numerous additions, which are, in fact, suggestions to the Medical Council of Education. Mr. Quain, who has so long been a teacher, can scarcely fail to give valuable information on the subject of which he treats. Mr. Quain, amongst other things, expresses strongly the opinion that the "hospital resources of London are not, and, under the existing system, cannot be, used for the purposes of medical education, so as to bring out the largest attainable amount of good for the public and the profession." He considers that they are not properly organised for teaching—what should be the real end and aim of all medical education—the practical management of injuries and diseases. For teaching the elementary sciences, in which the first examination for degree or diploma are held, Mr. Quain would wish to see in London, not eleven schools—not a school at every hospital—but two or three schools established. At one of these schools, the student should be occupied until he has passed his first examination; and then he should proceed to the scene of practical instruction, the hospital. Mr. Quain also details the way in which pupils' studies should be directed there. We need hardly say, that we thoroughly go with this view of Mr. Quain. His opinions are the opinions

which have been on several occasions expressed by ourselves in these pages. It is out of the question to suppose that great teachers can be found in every one of the eleven schools of London; and absurd also to suppose that good teachers will continue to teach when not duly remunerated for their labours. We remember how we were some time ago taken to task for expressing these matter-of-fact opinions; and have, therefore, great pleasure in finding them supported by so high an authority as Mr. Quain.

"But it is unreasonable to expect that such men, that great teachers of physiology, anatomy, chemistry, etc., should be had in such number as the many schools in London and the provinces would require. It would be unreasonable to expect that such men should continue to cultivate and to teach those sciences, considering how ill remunerated their services are under the present system. The sciences are naturally, almost necessarily, soon given up for those pursuits which lead to practice and its emoluments. Men who might become great masters under favourable circumstances, embark in hospital and private practice. So they are lost to scientific investigation, and fail of the influence which is exercised by great teachers."

Mr. Quain concludes this part of his pamphlet with an appeal to medical officers of hospitals, asking them to come to some general agreement on the subject. Mr. Quain's lecture, with its many additions, is well worthy the attentive perusal of those engaged in education and its regulation. It will, however, we fear, be a very long age before the schools of London will be brought to do the rational act of amalgamation, so as to secure for the student first-rate teachers, and for teachers who would devote themselves to science the means of an honourable existence. Perhaps this question may some day occupy the attention of the Medical Council. So long as schools of medicine are established, not because students are in want of teachers, but because hospital physicians and surgeons are anxious to have students to lecture to—so long, we may be very sure, medical instruction will not be satisfactorily carried on. If Mr. Quain's proposal were carried out, we should then have a few first-rate schools for the instruction of the elementary sciences: we should have first-rate teachers; and we should then have, also, hospital physicians and surgeons engaged mainly in clinical instruction.

THE Royal Victoria Dispensary of Northampton is an institution whose working deserves the serious consideration of the profession. Its success proves the folly and the evil of the gratuitous medical services which are scattered broadcast over the country. This dispensary is no mushroom affair. It has just issued its twentieth Annual Report; and from it we learn the following telling facts. It is supported mainly by the working classes, but fostered by "those who believe the best way of helping the poor is by teaching them to help themselves." In 1844, only £23

were received from the patients. In 1864, "it is the pleasing duty of the Committee to state that the free members have contributed during the year no less a sum than £1,245; and that, after payment of all expenses of drugs and medical appliances, a sum of £918 has been divided among the three medical officers." We may add, as a remarkable fact, that the Governors, in their Report, thank the medical officers, and acknowledge their services and kindness to the patients in terms which are rarely seen in Reports of those institutions where gratuitous services are the order of the day.

THE Bourton and Cotswold Village Hospital has published its fourth Annual Report. It is in a flourishing condition. We have already, on several occasions, spoken of the great utility of these small hospitals; and wish them, therefore, every success. Our only regret is, that they should be tainted with the vice of gratuitous medical services. In the Report before us, we find that not only do the medical officers give their time and skill gratis, but that, up to the present time, they have "provided medicines gratuitously". Let it be remembered that no one has yet ventured to state in print, and defend, the reasons upon which gratuitous medical services are supposed to be founded.

M. REMAK, in the Berlin Medical Society, lately remarked that, many years ago, he attributed diphtheritic disease to an affection or injury of the sympathetic nerve. In diphtheritis, as already pointed out by Bretonneau, Maingault, and Trousseau, one of the first symptoms constantly observed is two peculiar swellings at the angle of the lower jaw, which are not connected with the lymphatic or salivary glands, but rather appear as an infiltration of the cellular tissue. M. Remak, therefore, concludes that the superior ganglion of the sympathetic is affected, and referred to a case where there were present, in a marked and apparently fatal degree, diphtheritic paralysis of the palate, the pharynx, the larynx, the extremities, and the muscles of the eye, and where he successfully operated by galvanism on the upper ganglion of the sympathetic.

Rokitansky, Skoda, Oppolzer, Fritsch, etc., have been summoned by the Government to deliberate concerning the St. Petersburg epidemic. They met; but, having (as the *Wien. Med. Woch.* of the 22nd instant says) no information on the subject, adjourned without reporting. The journal adds: "We have just received news from St. Petersburg, that the epidemic has assumed a dangerous character, and is spreading widely."

Reminiscences of Schönlein, by the pen of Virchow, are announced as shortly to appear from the Berlin press.

Great alterations, worthy of note have been lately made in the Paris Maternity Hospital. The lying-in wards have been so disposed as to be capable of being used alternately. Open fire-places have been adopted in place of former stoves. Each subdivision contains only six beds. When one division is in use, the adjoining one is left vacant and thoroughly ventilated. A circulation of air is also kept up between the beds. All the wards have been repainted in oil. The linen used is immediately removed from the neighbourhood of the wards. The water-closets are made after the English fashion. All direct communication between the infirmary and the lying-in wards is prevented. The physicians and students must visit these wards before those in the infirmary; and they cannot, after visiting the sick wards, again enter the lying-in wards until after some time has elapsed. Precautions as regards the making of autopsies have also been made.

The heads of the Vienna University are highly conservative—that is, have a strong taste of the paternal government under which they hold office. We lately referred to their determination of not holding the five-hundredth anniversary of the University on the proper day, because that day was unpleasant, on political grounds, to political authority. We now find that they have excluded the name of Virchow from the list of celebrities on whom they have decided to bestow the honorary title of Doctor. Virchow is a Berlin Liberal, and, besides this, offended the medical pride of the Viennese doctors by telling them, on one occasion, that they did not find the trichina because they did not know how to look for it.

During 1864, there were vaccinated, or revaccinated, 69,560 soldiers in the Prussian army. Of these, 59,396 had distinct, and 7,265 indistinct marks, and 2,899 no mark at all, of previous vaccination. The results of the vaccination were, 43,596 regular, 10,505 irregular pustules, and in 15,459 no pustules at all. Of the latter kind, on revaccination, 4,897 succeeded, and 10,392 were followed with no results. From this it appears that, in 69,560 men, the vaccination produced regular pustules in 48,493, or in about 70 per cent.

M. Dupin is the most rapid speaker in the French Assembly. He speaks at the rate of twenty-four lines of the *Moniteur* per minute; M. Thiers, at the rate of twenty-two lines; M. Rouher, of eighteen to twenty; and M. Jules Favre, of fifteen lines per minute.

On February 26th, twenty-five medical men assembled at the hospital at Brescia, invited by Dr. Rudolphi to witness anæsthesia produced by electricity. Of ninety-four patients operated on, six only manifested signs of its influence, and these were hysterical females.

THE CEREBRO-SPINAL MENINGITIS EPIDEMIC.

At the meeting of the Pathological Society of London on Tuesday last, Dr. SANDERSON, on behalf of Mr. Simon, who was unavoidably absent, exhibited the pathological results of two cases of the so-called epidemic cerebro-spinal meningitis which has recently prevailed in the neighbourhood of Dantzic.

One of the specimens was the spinal cord of a child, aged 3½ years, who died on the eighteenth day of the disease. The illness commenced in the usual way on March 26th, with flushing of the face, intense pain in the head and back of the neck, obstinate and repeated vomiting, which symptoms were soon followed by unconsciousness. Since the beginning of April, there had been strabismus. When first seen by Dr. Sanderson on April 11th, the patient was lying on her side, with the head retracted and the lower limbs drawn up. The general surface was pale, and the body much emaciated. The pulse and breathing were rapid, and the latter embarrassed. The pupils were insensible to light. The eyes, which were usually open and lustreless, squinted inwards. The patient gave no sign of consciousness when addressed by name; but when she was lifted in bed, pitiful cries of pain were uttered, the countenance became distorted, and it was observed that the head remained fixed in its original position of retraction. On the 12th, the breathing was more rapid and difficult, and the physical signs of hypostatic congestion were ascertained to exist; and on the following morning the child died.

The principal lesions discovered after death were the following. The pons Varolii was covered with a thick layer of concrete exudation, consisting entirely of pus-corpuscles, which extended forwards to the chiasma, backwards to the anterior surface of the medulla, and laterally to the inferior surface of the cerebellum and into the Sylvian fissures. The ventricles were distended with purulent fluid containing flakes of concrete pus. Under the arachnoid covering the convolutions on the convexities of both hemispheres, some of the intergyral spaces were occupied with similar concrete exudation. The posterior aspect of the spinal cord was covered with a layer of similar character, which extended from the cervical swelling to the cauda equina. The anterior surface of the cord was free from exudation. With the exception of collapse and excessive hyperæmia of the bases of both lungs, the other organs were healthy.

The particulars of the second case were not communicated in detail. It was stated that the patient, an adult male, aged 42, was admitted into hospital on the second day of the disease, and died on the tenth day. After the usual initial symptoms, rigor, vomiting, intense headache, and pain in the back of the neck, the patient became delirious, and subsequently passed into a state of stupor, from which he could be roused without difficulty. Dyspnoea came on about the seventh day, and gradually increased till death. In this case, as in the other, there was little pain, excepting when the patient was raised in bed. The head was constantly retracted; but there was no tetanic contraction of the muscles of the nape. The characteristic eruption of herpes labialis appeared on the seventh day.

The *post mortem* appearances, as regards the brain and spinal cord, resembled those already related, with the exception that here there was very little exudation on the base of the brain, but a considerable deposit on the pia mater covering the upper sur-

face of the cerebellum, from which point it extended forwards to the velum interpositum.

In answer to questions, Dr. SANDERSON stated that the facts observed at Dantzic afforded no ground for believing that the disease was communicable from person to person, or that it had anything in common with typhus fever, excepting in so far as each disease was no doubt dependent on a specific poison; that no eruptions resembling those of typhus or typhoid fever were observed; that impairment of the respiratory function was usually the immediate cause of death; and that, in general, the blood was found uncoagulated after death. In two cases, the spleen was excessively hyperæmic and soft as in typhus.

Dr. MURCHISON's attention had been devoted to the subject of epidemic cerebro-spinal meningitis long before the epidemic at Dantzic had been heard of. He thought that the appearances described by Dr. Sanderson left no doubt as to the existence of inflammation of the membranes of the brain and cord in the specimens which he had exhibited. But the important points to determine were, whether this inflammation was primary, or whether it was merely a local complication of some general abnormal condition; and, in the latter case, what was the real nature of the primary disease. Most pathologists admitted that there was such a disease as primary inflammation of the brain and cord independent of tubercle; but all practitioners knew full well that the disease was extremely rare; and that, when the lesions in question were found after death, they were most commonly due to some blood-disease. Dr. Murchison had found these lesions in cases of typhus fever, (see *Lancet*, April 22nd), scarlet fever, and pyæmia; and a gentleman was present who had found similar appearances in a large number of cases of yellow fever. When, therefore, we heard of so many as 1,200 persons dying of this affection in Dantzic and its neighbourhood within a few months, there could be no doubt that the lesions of the nervous centres were secondary to some general disease of the system. The question then was, What was this general disease? Was it, as had been stated, a disease which of necessity gave rise to inflammation of the cerebro-spinal membranes, and which had scarcely before been known in Britain? Dr. Murchison believed not.

The epidemic at Dantzic had been stated on good authority to be the same as the "epidemic cerebro-spinal meningitis" which had been described by many French and American writers, and which had been so common in America during the present war. Assuming this to be the case, we had ample materials for forming an opinion. Dr. Murchison had studied the accounts of these epidemics with great care, and had come to the conclusion that it was more than probable that most of them—he did not say all—were typhus fever complicated with meningitis, such as he had witnessed at the London Fever Hospital. This opinion, moreover, was the same as that held by some of the highest authorities on fever in America and France, such as Drs. Upham and Gaultier de Claubry. The signs of inflammation of the membranes of the brain were as marked in the American cases as at Dantzic; but this important observation had been made in America, that these signs were not always present, even in cases where their existence had been suspected from the previous symptoms. The other *post mortem* signs were those of typhus; viz., a fluid condition of the blood, enlargement and softening of the spleen, and hypostatic congestion of the lungs. Dr. Murchison would be glad to know what was the condition of the blood, the spleen, and the lungs, in the cases observed at Dantzic. A rash

had also been noted in a large number of the American cases, many of the descriptions of which corresponded in every particular with the eruption of typhus. (See *Lancet*, April 22nd, p. 418.) The etiology of the two diseases constituted another most important point of resemblance. Both in America and on the continent of Europe, the intimate relation between the occurrence of epidemic cerebro-spinal meningitis and overcrowding, with bad ventilation, had been a matter of general observation. If this remark did not apply to the Dantzic epidemic, then it differed not only from typhus, but from most epidemics of cerebro-spinal meningitis on record.

Dr. Murchison then proceeded to notice some objections which might be raised to his view of epidemic cerebro-spinal meningitis.

First, he had heard it said that the symptoms and whole course of the disease differed from those of typhus. After considerable experience in typhus fever, he could not assent to the soundness of this argument; and it must be borne in mind that typhus fever complicated with meningitis presented different symptoms from typhus not so complicated.

Secondly, it might be argued that inflammation of the cerebro-spinal membranes had been the rule at Dantzic and elsewhere, whereas in English typhus it was undoubtedly a rare exception. But it had been shown that in the so-called "epidemic cerebro-spinal meningitis" of America, cerebro-spinal meningitis was not always present, and with this fact before him, Dr. Murchison was not prepared to admit that six or eight autopsies, which were all that had been made out of 1200 fatal cases, were sufficient to decide the question in reference to the Dantzic epidemic. A more important fact remained to be stated. Outbreaks of undoubted typhus had been known to occur in England, in which almost every fatal case had been complicated with cerebral meningitis. About thirty years ago, a remarkable outbreak of this sort had occurred in an asylum for seamen in the East of London. The epidemic was described by the late Dr. Roupell, the author of an excellent work on typhus. Dr. Roupell's description of the rash and of the other symptoms made it clear that the fever was typhus. Many of the cases proved fatal, and they were dissected and recorded by an eminent pathologist, Mr. George Busk, who had assured Dr. Murchison that Dr. Roupell's description was perfectly correct, and that in almost every one of the cases lymph or pus was found on the surface of the brain.

Thirdly, it had been stated that there was no evidence of the disease at Dantzic being "personally communicable." Contradictory statements, however, had been made on this point, and it was worthy of consideration that many cases had proved fatal at Dantzic before the stage at which typhus probably becomes contagious. The communicability of typhus varied greatly according to circumstances. Dr. Christison and the late Dr. Alison had attended upwards of 280 cases of typhus in private houses, and in only one instance had the disease spread. Few medical men, however, would be induced by this fact to subscribe to the opinion of some persons, that typhus was not contagious. But after all, if the disease at Dantzic was not communicable, then it unquestionably differed from many of the epidemics of cerebro-spinal meningitis, already on record.

Lastly, it had been argued that typhus was unknown at Dantzic; but one of the most frightful epidemics of typhus ever known had occurred there, and it was a remarkable fact that the present epidemic had appeared almost simultaneously with an epidemic of typhus and relapsing fever in the adjacent country of Russia.

In conclusion, Dr. Murchison observed that, if he

had ventured to express his views in opposition to those of his friend Dr. Sanderson, he had done so solely with the hope that by free discussion light might be thrown on a disease, which still required elucidation.

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

THE Medico-Chirurgical Society met on Wednesday, April 5th, in their Hall in George Street. After the exhibition of pathological specimens, Dr. J. B. Tuke, the recently elected Superintendent of the new Fife-shire Asylum, read a most interesting and valuable paper on Puerperal Insanity. The paper was based upon the statistics of 155 cases of the disease which have occurred during the last eighteen years in the Edinburgh Asylum. These cases having, at the time when they occurred, all been most accurately recorded in the asylum case-books, the deductions from them are of such a nature as to be fully relied on. Dr. Tuke remarked that the greatest confusion had been caused by the practice which had prevailed of classifying, under the one general term of puerperal insanity, all cases of insanity occurring during pregnancy, during the puerperal state, and during lactation. Differing greatly in its etiology, insanity occurring at these different periods manifests differences in form; and differences, it would appear, also exist in the results of treatment.

Dr. Tuke arranged his facts under the three heads of insanity of pregnancy, puerperal insanity, and insanity of lactation. During the period over which the statistics of Dr. Tuke extend, the proportion of cases of so-called puerperal insanity (using the word in its old and usually accepted sense) admitted into the asylum, was 7.1 per cent. of all female cases. Of the 155 cases, 28 were instances of the insanity of pregnancy, 73 were cases of true puerperal insanity, and 54 were cases of the insanity of lactation.

The most usual form of the insanity of pregnancy appears to be melancholia, mania occurring comparatively rarely. Of Dr. Tuke's 28 cases, 15 were instances of melancholia, only 2 of mania.

Moral insanity he pointed out to be not unfrequent during pregnancy, the most frequent form of it being dipsomania. Insanity appears to supervene much more frequently during the first than during any subsequent pregnancies. Of 28 cases of the insanity of pregnancy, 9 occurred during the first pregnancy. Insanity seems to occur at those periods of pregnancy which have generally been looked upon as most critical. Of 28 cases, 3 occurred during the third month, 5 during the fifth month, and 9 during the seventh month. Hereditary tendency exerts great influence on the production of the insanity of pregnancy; for, in 12 out of the 28 cases, hereditary predisposition was ascertained to exist.

The immense majority of patients affected with the insanity of pregnancy recover; of the 28 cases,

21 recovered. The results most to be feared are that the attack shall become chronic or pass into dementia.

Under the term puerperal insanity, Dr. Tuke included 73 cases; and in only two of these did the symptoms develop themselves at a later period than a month after labour. It appears, from his researches, that acute mania is undoubtedly the most frequent form of insanity observed at this period. Of 73 cases, 53 were acute mania, only 15 being cases of melancholia. First confinements appear to be most frequently complicated by puerperal insanity than by others; the tendency to the disease decreasing with every succeeding pregnancy. Of 73 cases, 31 occurred during the first confinement. Age exerts a powerful predisposing influence; there being a decided increase of liability after 30 years of age. Complicated labours powerfully predispose to it.

In 23 out of 73 cases, the labour was in some degree complicated.

Dr. Tuke pointed out that the results of treatment of this form of insanity were usually most satisfactory; the great proportion of cases being discharged cured within a period of six months after admission. The mania in these cases is usually very violent; but is not of long duration. When it lasts longer than four or six weeks, recovery is doubtful. After the acute mania has subsided, slight symptoms of dementia usually set in; these, however, soon pass off, and the patient appears as if waking from a long dream.

The number of cases of the insanity of lactation was 54; of which 39 recovered, 12 became demented, and 1 died; two remaining under treatment. The usual form of insanity is melancholia; 39 out of the 54 having been cases of this form of insanity. The patients were, as a rule, anæmic; many suffered from exophthalmia.

After the conclusion of Dr. Tuke's paper, Dr. Sanders shewed a most interesting case of a rare form of nervous disease to the Society. The subject of it is a man, about 35 years of age, who is affected with a remarkable disorder of the voluntary movements. When the patient is kept perfectly quiet, as during the night, nothing is noticeable. If caused to move, or in any way agitated, the most violent oscillating and somewhat rhythmical movements of nearly all the muscles of the body, with the exception of those of the face, take place. If the patient attempt to walk, these movements are so excessively violent that he nearly falls, and when he reaches a seat he can only with difficulty maintain himself in a sitting posture. Dr. Sanders pointed out that there was no paralysis of voluntary movements and no loss of muscular power; none of the sensory functions are in the slightest degree implicated. There is no tenderness over the spine; no affection of the heart.

The history of the patient is a curious one. Some months since, he fell from a height of twelve feet and sustained certain injuries, from which he recovered; no disorder of movements having made its appearance. A few days after returning to his work, he

again fell, and, although not injured, appeared to sustain a great fright. He immediately began to shake so violently that those who saw him thought him to be in a fit. These shaking movements have since continued.

In his very excellent and learned commentary on this case, Dr. Sanders maintained that the disorder was most probably only a functional one. He pointed out that the affection had no real resemblance to paralysis agitans, as might, at first sight, have been supposed. Besides there being no loss of muscular power in this case, there is a total absence of the scolytæ festinans, the bending forwards of the trunk, which, as Parkinson showed, is an essential feature in paralysis agitans. The case differed, Dr. Sanders likewise pointed out, from chorea, in the movements being rhythmical and not irregular, and in the muscles of expression being free from disordered movement. Although differing, to a certain extent, from chorea, the disease was one closely allied to it; and should be placed along with that class of nervous disorders which had been named by Galen and Sylvius *tremores*—a term which has been also used by Romberg, and serves as a link between the diseases which may be arranged under the terms paralysis and convulsions. Dr. Sanders suggested, that the disease affecting the patient which he had shewn to the Society might perhaps be conveniently named pseudo-paralysis agitans, or dystaxia agitans.

It is stated, that Dr. Pritchard's trial may possibly take place on Monday, May 8th. It is, however, doubtful whether the law-officers of the Crown will be able to get up the case by that date; if not, the trial will be postponed until the end of June or the beginning of July.

In a few days' time, Dr. Douglas MacLagan will commence his duties in the Royal Infirmary as Professor of Clinical Medicine.

NOTE ON TOBACCO SMOKING. Tobacco smoking is a process of *distillatio per decensum*, in which the vapours of the substance submitted to distillation, are not, as is usually the case, caused to descend by their own tension, but by the downward flow of a current of air, induced by the continuous production of a partial vacuum beneath the distilled body. The air which enters the mouth of a pipe issues from its stem after passing through a layer of ignited tobacco, carrying with it, among other things, watery vapour, carbonic acid, and nitrogen, together with the vapours of, or the products of the action of heat on, nicotine, a gummy matter, a resinous body, and a bitter principle. If the contents of a pipe be partially smoked and then examined, three distinct layers will be found. The first and uppermost consists of the ash of tobacco; the second consists of carbonised tobacco—that is to say, of tobacco which has been submitted to the action of heat sufficiently intense to cause its volatile parts to pass away, but not sufficiently intense to cause the oxidation of its carbon; the third layer consists of tobacco unacted upon. If a pipe is smoked by means of an aspirator, and the distillate examined, the smoke is found to be alkaline, and a quantity of water collects in the recipient, in which are suspended dark flakes of brown matter, and upon which an amber-coloured oil floats.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Rose Hotel, Canterbury, on Thursday, May 11th.

Notices of papers or cases to be communicated, should be sent immediately to the Honorary Secretary.

ROBERT L. BOWLES, L.R.C.P.,

Honorary Secretary.

Folkestone, April 24th, 1865.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE fourth meeting for the eighth session, 1864-65, was held at the Committee-room of the Union House, Dartford, on April 28th; FLAXMAN SPURRELL, Esq., in the chair. Twenty members and visitors were present.

Withdrawal of a Member. Albert Hind, Esq., of Gravesend, sent in his resignation.

New Member. Augustus Ward Allinson, Esq., of Woolwich, was elected a member, subject to the regulations of the Association respecting confirmation at the Branch annual meeting.

Communications. The following communications were read.

1. Case of Fibrous Disorganisation of the Pylorus. By John Grantham, Esq.

2. Case of Tracheotomy performed in Laryngitis. Laryngoscope employed in this case. Expulsion of a piece of mutton-bone by cough; presumed to have fallen into the larynx after the operation. By C. H. Allfrey, M.D.

3. Morbid Specimen of Cancer of the Prostate, from a subject in which there was Cancer of the Liver. In the spongy portion of the urethra there was cancerous deposit, superficial in position and slight in amount. By J. Cooper Forster, Esq.

4. Morbid Specimen of Epithelioma of the Cervix Uteri removed by the *Ecraseur* Seven Weeks after Parturition. By J. Braxton Hicks, M.D.

5. Demonstration of the Use of the Spiroscope. By A. Gardiner Brown, Esq.

6. Demonstration of the Use of the Laryngoscope. By C. H. Allfrey, M.D.

7. Demonstration of the Use of the Ophthalmoscope. By Chas. Bader, Esq.

Next Meeting. Adam Martin, M.D., was elected chairman of the meeting to be held at Rochester in September.

Dinner. The members and visitors adjourned to dinner at the Bull Hotel.

A PILFERER'S DEATH. An inquest has been held on the body of a labourer at Fenning's Wharf, who came by his death in a terrible manner. Daniel Crummings stated that deceased came to him and asked if a "drop" could be got out of some casks which they both supposed contained brandy or wine. They both had a "suck at the monkey," as it was called, and while the witness was somewhat burnt in the inside by what he took, the other man died in a few hours. Mr. Arkless, the Custom-house gauger, said the spirit in the cask sucked by deceased was pure Hamburg spirit 66·8 over proof, and was, in fact, "liquid fire." It was shown by the evidence of Mr. Lacey, a surgeon, that death was caused by the collapse.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

APRIL 6TH, 1865.

JAMES HAKES, Esq., Vice-President, in the Chair.

Ovarian Disease. Dr. WILSON showed a specimen.

Foreign Body in the Female Bladder; Calculus. Dr. GRIMSDALE narrated the following case. A young lady, aged 15, full grown, and somewhat prematurely developed, commenced in July 1864 to complain of pain during micturition. She became hysterical, and was suspected to be guilty of masturbation. She would not, however, submit to a thorough examination until a fortnight ago, when Dr. Grimsdale was called to see her in consultation. She was placed under the influence of chloroform; and, on introducing a sound into the bladder, a foreign body was at once detected. There was a considerable tumefaction in the neighbourhood of the pubes, but rather to the left side; it was hard, and rather suggestive of being some growth connected with the symphysis. On the following evening, the patient being under the influence of chloroform, Dr. Grimsdale proceeded to operate. The urethra was rapidly dilated with Weiss's instrument, and the finger introduced into the bladder, when it immediately came upon a hair-pin abundantly covered with a phosphatic concretion. The pin was of an unusual length; and the point penetrated the coats of the bladder in a position corresponding to the tumefaction already noticed. The pin was then seized by a pair of forceps, and the concretion broken off it; but it was found quite impossible, by reason of its great length, to turn the pin in the bladder for the purpose of seizing its curved extremity; and it was consequently necessary to extract it point forwards through the urethra—a rather difficult proceeding. On the second day after the operation, the patient was able to pass water voluntarily, and she soon made a complete recovery. On measuring the hair-pin, each prong was found to be exactly four inches long. The indurated spot felt near the symphysis was doubtless caused by inflammatory action; an effort of nature to expel the foreign body through the parietal walls. All this entirely subsided in a few days. Dr. Grimsdale concluded his remarks by advocating rapid dilatation of the urethra in the treatment of these cases.

Dr. Balman, Dr. Nottingham, the President, Mr. Steele, and Dr. Telford, took part in the discussion.

VACCINOGENOUS COWS. Dr. Warlomont of Brussels is forming an establishment for keeping cows to supply vaccine matter; or, as they are called, vaccinogenous cows.

INCREASE OF NATIONS. Official returns lately issued show the rate at which various countries increase and multiply. In Great Britain in the year 1862 a living child was born to every 28 persons. In France (1861), only one child to every 37 persons; Austria (1862), one to every 42; Prussia (1860), one to every 25; Belgium (1861), one to every 32; Sweden (1859), one to every 29; Denmark and the Duchies (1862), one to every 31; Bavaria (1861), one to every 29; Hanover (1861), one to every 31; Spain and Balearic Islands (1861), one to every 25; Greece (1860), one to every 35; Chili (1862), one to every 24.

Correspondence.

MEDICAL ETIQUETTE.

LETTER FROM WILLIAM THELWALL, Esq.

SIR,—Will you oblige me by publishing the following in your JOURNAL? I am, etc.,

W. THELWALL.

Farndon, Cheshire, April 3, 1865.

I was called on Monday, March 13th, to visit a gentleman who was thrown from his horse. On the following day, a consultation being desired, I wrote to Dr. McEwen and Dr. Dobie; but, both being from home, the messenger brought Dr. Waters, who arrived about 5 P.M. Dr. Waters wished to see the patient again the same evening, and came about 11 P.M., bringing with him another practitioner, Mr. John Harrison. I need not say how astonished I was, as no one ever asked Dr. Waters to bring any one with him. The brother of the patient remarked to me at the time the intrusion of a stranger, and seemed much annoyed. After examining into the case, they went to the other side of the room and conversed together *sotto voce*. They came the following day, and, indeed, continued their attendance until the death of the poor fellow on the Friday following.

The same evening (Friday), Dr. Waters wrote a letter to me, wishing to obtain a *post mortem* examination. Mr. Eden, a retired practitioner and friend of the family, who had remained at the inn during the week that Mr. — was ill, forwarded the letter of Dr. Waters; and he (Mr. Eden), who remained in Chester all day on Saturday, received a telegram that the friends were agreeable.

Dr. Waters and Mr. John Harrison, forthwith proceeded to Churton, where the body lay; and, at 5 P.M., made a *post mortem* examination, without in any way communicating with me, which they could easily have done in twenty minutes.

About 10 P.M. the same evening, Mr. Eden came to my house, and informed my son that a *post mortem* examination had been made. This was the first intimation I had of the matter.

Mr. Churton, the coroner, had informed Mr. Eden that an inquest would be held; but, in spite of this, the examination was made.

I subsequently received a note from Dr. Waters, from which I extract the following remarks.

“Nicholas Street, Chester, March 23rd, 1865.

“Dear Sir,—I find that I and Mr. Harrison got into trouble with the coroner and annoyed you by the *post mortem* examination of our poor patient. I was not aware that I was doing any wrong towards the coroner; and as I would not willingly be guilty of any discourtesy towards you, I write this note to explain how it happened that the *post mortem* examination was so suddenly performed. I wrote to you, intimating my wish that it should be permitted, feeling assured of the existence of more internal mischief than met the eye or was apparent on the surface.

“As for the *post mortem* examination being performed in your absence, I wrote to you as the proper person to move in the matter. The following morning (Saturday), Mr. Eden called on me, and said that he had no doubt the request would be granted; that my letter had been sent to the father; and that they expected a telegram conveying assent. I then asked when it might be done; he replied, that the mother would object to it on Sunday. I then proposed 5 P.M. for leaving Chester, and that was arranged; for we

assumed that the consent would be given. I left all arrangements respecting you to Mr. Eden, on the supposition that you and he must have spoken together on the subject.

“On arriving at Churton, you were not there. My impression was, that you did not care to be present. Mr. Harrison and I decided on Saturday as being free to go. I am very sorry if you think I have been in any way wanting in courtesy to you. I should be truly sorry to be guilty of it.

“The *post mortem* examination was suddenly decided on in Chester. It appears that there was no way of communicating with you; for, until Mr. Eden mentioned it, I did not suppose you were waiting to be summoned. Had any of us thought so, we should not have neglected it.

“Believe me, yours truly,

“EDWARD WATERS.”

THE COLLEGE OF PHYSICIANS.

SIR,—The time has long gone by when the Fellows of the Royal College of Physicians thought that, by separating themselves from the great body of practitioners of this country, they enhanced their own status. The fact of the College having appointed a Committee to investigate the alleged grievances of their brethren in the army and navy is a sufficient proof that they consider that they have common interests with that large body of excellent, deserving, and, I regret to say, ill-used body. Carefully as that Committee has investigated the charges brought against high authorities, we have full assurance that the general rumours and allegations have not been exaggerated, and that the College has not been engaged in seeking out a mare's nest. There may possibly be among us dissentients as to the exact method to be pursued in redressing the grievances complained of; but I apprehend there can be none as to the justice of the cause we are engaged in, and the propriety of this ancient corporation seeking to ameliorate the condition of those to whom the health and strength of the British army are mainly entrusted.

The greatness of our College is secured from the moment that the entire medical profession are made to feel that the same pulse beats in all, and that an injury done to one of its members is reflected by the vigorous action at once called forth in this ancient corporation.

This, sir, is not a mere abstract question of right and wrong, which can be disposed of by an argument of debaters; it is not one merely of professional etiquette and sensitiveness. I place it on the still broader ground of national importance; and I call upon the Fellows of the College to make it their own personal question, because they are Englishmen, as well as medical men.

Far be it from me to underrate any portion of the material of which the British army is composed; but the higher my estimate of all its constituents is, the higher necessarily becomes that of the medical department, upon which, above all others, the efficiency depends. I will not weary you with statistical details as to the former and present mortality of the two services; but I may remind you of the great fact that, owing to the sanitary improvements which our professional brethren have introduced, the mortality in the army has been reduced during the last few years from an average much above that of the general population to a level with the healthier rates prevailing in the latter. If, then, so much depends, for the daily comfort and the fighting efficiency of our troops, upon the due surveillance of the medical

officer, what justification can be offered for the habitual and contemptuous disregard of his feelings of which he has so long and justly complained? The curriculum through which the military surgeon passes is as expensive as that of the average combatant officers; his intellectual calibre is equal, at all events; and his devotion to his high calling is unquestioned. And I maintain that the estimation which the medical officers generally enjoy among their messmates is not in any way calculated to justify the snubbing which dukes and lords in authority are wont to give them. Who is the man that, in the intimate relations of every-day regimental life, is the most generally popular and beloved, but the medical man? It is, indeed, surprising that the Horse Guards have not more completely debarred men from taking medical appointments; and it shows that social influences and social qualities have even more power than "general orders" and "minutes".

But, for the sake of argument, let me admit that the medical officers of the army are socially inferior to the other officers. What follows? It appears to me that it renders action on the part of the medical corporations all the more imperative, in order to secure the entrance of a class of men who shall be able in every way to occupy a better social position. Mind, I do not admit the implied inferiority, except in certain well known cases which the Director-General has himself created. But, if it exist, it reacts injuriously upon every one of us; and it is this aspect which I would implore those Fellows to ponder upon who think the medical officers of the army a section of the profession with whom we have no concern. If the army surgeon be of an inferior mould, the estimate in which he is held by his brother officers will influence the estimate in which we are held by the aristocratic families from which some of the combatant officers are drawn. It operates injuriously upon our social relations, and upon our power for good as professional men. We may not generally perceive this in private life, because not brought up with the feelings of the paramount importance of military rank and precedence, or rather because, belonging to that large body of the public in which seniority and talent are the only patents of precedence, we determine our social status in a different way. But there are few among us who may not have had occasional opportunities of receiving the cold shoulder where the "doctor" alone was in consideration. I am confident that, throughout the upper classes of society, a secret misgiving haunts the majority of its members that the title of Doctor rather diminishes than increases a man's claims to consideration. I do not mention this except as an argument in favour of our doing all we can to raise the social status of the army and navy medical officers.

Let us now for an instant consider how important to the individual medical officer the "apparent trifles" are which form many of the subjects of complaint. Reflect that his intercourse is confined to men whose whole life is more or less under the control of artificial distinctions of rank. He cannot, if he would, emancipate himself from all those petty annoyances which a want of due respect in the hundred occurrences of daily life may cause him. If we meet with derogatory treatment in a patient's house, which scarcely ever happens, we have our own remedy. The army medical officer is isolated, though living with messmates, unless they show him the regard due to his rank, and unless he feels that he is able, if necessary, to enforce it. The army medical officer's happiness is bound up with the exact place assigned to him at mess, at courts of inquiry, at all public and festive occasions. He pays all the dues of his nominal rank, and he receives but a portion of the corre-

sponding advantages; and though often the recipient of the Victoria Cross, and though he saves the life of thousands by good advice, and of his commander-in-chief by the edge of his good sword; though it lies with him to render the army efficient or inefficient, according as he places the camp, or the barrack, or hospital, or attends to the quality of the food and what not; although he is expected to do, and does, all this, still forsooth he is not to be treated with the common justice which every Englishman can claim. He is promised one thing, and receives, as fulfilment of a promise upon which he has staked a life's venture, reduced pay and allowances, diminished honour, diminished hope and self-esteem. Let us not be parties to such a system. *Sed contra*—I say to every Fellow of our College—*sed contra fortior ito!*

I am, etc., A FELLOW.

May 1865.

THE BROMIDES IN EPILEPSY.

LETTER FROM T. HILLIER, M.D.

SIR,—As, in the last two numbers of your JOURNAL, reference has been made to the employment of bromide of potassium for epilepsy, it will probably interest some of your readers if I give a short sketch of two cases recently under my care in the Hospital for Sick Children.

CASE I. A. B., aged 5 years, had had fits since October 1863. At first they lasted less than half a minute, and appeared to consist simply in a feeling of giddiness. Latterly they had increased much in frequency and length, lasting two or three minutes. They were attended with unconsciousness and loss of power; so that the patient would fall, if in a standing posture. There was some rigidity of the limbs during an attack; no lividity, and no foaming. The fits occurred eight or ten times in every twenty-four hours. She was slightly drowsy after the fits, three of which often occurred in rapid succession. Her head was usually drawn to the left in the fits. She was admitted to the hospital on June 4th, 1864. She had during the next five days from eight to fourteen attacks each day. I then gave her five grains of bromide of potassium in water every two hours night and day—i. e., a drachm in twenty-four hours. There was no marked result until June 16th, the fits occurring, on the average, to the number of eighteen in twenty-four hours. I then increased the dose of bromide from five to seven grains every two hours. On the 17th, she had nineteen fits; on the 18th, thirteen; on the 19th, only seven; on the 20th, two; for three following days, one daily; on the 24th, two; on the 25th, one; and after this none. The bromide had no bad effect upon her. She soon after this had a mild attack of measles, but no fits. I heard of her in January last. She was without an attack until Christmas-day, when, after eating a great deal of plum-pudding, mince-pies, etc., she had one severe attack.

CASE II. M. A. M., aged 6 years, had had fits for three years and a half. They had latterly become extremely frequent, sometimes twelve in an hour. The fits now seen began with rigidity, and ended by convulsive movements. She was unconscious throughout. When admitted, she could not raise herself in bed; nor sit up when raised, her head falling backwards or forwards. The left arm was almost absolutely paralysed. She could not raise either of her legs from the bed, nor stand. On December 22nd, I gave her ten grains of bromide of ammonium in water every two hours, or two drachms in twenty-four hours. On the 23rd, she had twenty-nine fits; on the 24th, she had sixteen fits; on the 25th, five

fits; after which *she did not have another*. On Jan. 2nd, she was ordered to take the bromide every six hours only, and one drachm of cod-liver oil three times a day. On January 6th, the bromide was omitted. From this time she steadily improved; could sit up and stand on January 16th; could walk on the 25th; and on February 8th appeared quite well. Her intellect, which had been very dull, was much improved. She was then discharged, and I have not heard of her since.

There can be little or no doubt, in those cases, that very great benefit was derived from *very large doses* of bromide of potassium in one, and of bromide of ammonium in the other. The doses were larger than were given by M. Moreau in adults. I am satisfied that this drug does not suit all cases of epilepsy; but that it has a remarkably beneficial effect in others there can be no question. It will be a point for future observation to determine to what special cases it is suited. If any of your readers have cases similar to those which I have sketched under their care, I hope they will give a trial to large doses of one of the bromides.

I am, etc.,

THOMAS HILLIER, M.D.,

Physician to the Hospital for Sick Children.

32, Queen Anne Street, Cavendish Square, May 1st, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 26th.

Adams, Josiah Oake, Plymouth
Brigstocke, Charles Arthur, Carmarthen
Bywater, Thomas Edward Gagg, Knottingley
Clothier, Henry, Haslemere
Gray, John Henry, Poplar
Grose, Francis John, Bengal
Howard, Frederick Robertson, Halesworth
Hyland, James Kieran, Dublin
Langley, John Thomas, Monmouth
Leake, Jonas Richard, Upper Norwood
Peacock, James Bailey, Leeds
Phillips, Edward England, Bath
Rix, Richard Avery, Beccles, Suffolk
Rogers, Henry Cripps, Newport Pagnell
Rundle, Henry, Plymouth
Spencer, George Outhwaite, Notting Hill
Spooner, Edward Monro, Blandford
Wells, James, Nailsworth
Westmorland, Joseph, Leeds
Wiles, William, Wootton-under-Edge
Williams, Richard Morgan, Merthyr Tydvil
Wright, John Harrington, Woolwich

At the same meeting of the Court—

Broster, Edward Brereton, H.M. Dockyard, Woolwich
Bickford, Thomas Leamant, H.M.S. *Fisgard*, Woolwich, passed their examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College: their diplomas bearing date respectively June 15th, 1855, and March 19th, 1858.

Admitted on April 27th—

Allen, Bryan Holme, London
Beck, Robert Croft, Louth, Lincolnshire
Cole, Edward Francis Jenkins, St. Helena
Cullingworth, Charles James, Leeds
Garnsey, Edwin Charles, Wells, Somerset
Griffiths, Richard Samuel Purnell, Cheltenham
Hackney, John, Myddelton Square
Hampshire, Frederick Knowlton, Kensington
Jones, William Griffith, Llanelly, Carmarthen
Knott, Sydneyham John, Jamaica
Lamb, George, Hull
Lucas, Herbert, Hitchin, Herts
Nunneley, Frederick Barham, Burton-on-Trent
Place, Thomas Lloyd, Wickham Market
Rendle, George, Newington Causeway
Thompson, Joseph, Nottingham
Thurgar, Benjamin Bingay, Torquay, Devon
Tidswell, Thomas Harrison, Spalding
Treves, William Knight, Dorchester
Webb, John Holden, Tunbridge Wells

APOTHECARIES' HALL. On April 27th, 1865, the following Licentiates were admitted:—

Dick, Thomas, Harrington, Cumberland
Fernie, James, Kimbolton, Huntingdonshire
Haydon, Nathaniel Thomas John, Bovey Tracey, Devonshire
Hoffmeister, William, Cowes, Isle of Wight
Hyatt, Brownlow North, Doughty Street, Mecklenburgh Square
At the same Court, the following passed the first examination:—

Arundell, Shirley Woolmer, General Hospital, Birmingham

APPOINTMENTS.

ANNANDALE, Thomas, Esq., elected Assistant-Surgeon to the Royal Infirmary, Edinburgh.
*BILLING, Archibald, M.D., F.R.S., elected Consulting Physician to the Dispensary for Diseases of the Throat.
*FRASER, Patrick, M.D., elected Physician to the Dispensary for Diseases of the Throat.

BIRTH.

AUBIN. On April 26th, at Kingswinford, South Staffordshire, the wife of *Thomas J. Aubin, M.D., of a son.

MARRIAGE.

ELLISTON—POTTER. On April 27th, at the Parish Church, Dartford, *W. A. Elliston, M.D., second son of the late Wm. Elliston, Esq., Surgeon, of Ipswich, to Janet, youngest daughter of R. E. Potter, Esq., of Dartford, Kent.

DEATHS.

KENNY, Mason S., M.D., late of Halifax, at Ballinrobe, aged 77, on April 25.
SAWYER, John J., Esq., Surgeon, of Park Street, Grosvenor Square, on April 14.

DINNER TO SIR JOSEPH OLIFFE. On Saturday last, a dinner was given in Paris to Sir Joseph Oliffe. Lord Gray presided; and Lord Cowley, the Hon. W. Grey, the Hon. Spencer Cowper, Mr. Falconer Atlee, and others, were present.

PRESERVATION OF LEMONADE. The spontaneous change which this liquid undergoes prevents its being kept longer than a few days. It is suggested by M. Ladi to employ the sulphite of magnesia as a means of preserving it for a longer time; the gradual oxydation by which it becomes converted into the sulphate of magnesia appearing to prevent the alteration. A small quantity only is said to be sufficient. (*Amer. Jour. Pharm.*)

HOSPITAL FOR WOMEN. Her Royal Highness the Princess of Wales has graciously signified her pleasure to become the patron of the Hospital for Women, Soho Square, and has given a donation in aid of the proposed new wing. The rate of mortality of medical cases was 7 per cent.; viz., of males, 9.5 per cent.; of females, 2.4 per cent. The rate of mortality of surgical cases was 6.3 per cent.; viz., of males, 6.4 per cent.; of females, 6 per cent.

BELFAST. The sanitary condition of Belfast is not so bad as that of Cork, but it is far from being satisfactory. At a meeting of the Building and Hospital Committee of the Union, Dr. Reid thought that the epidemic raging in Russia was the same as they often had in Belfast—spotted fever, typhus, and relapsing fever. Consequently, he did not think it necessary to alter their arrangements. Mr. Tierney thought the epidemic might be attributed to the bad food people got in Lent. The epidemic was a humbug. What the poor wanted was a good supply of water. The streets were in a disgraceful state, with pools of water lying before the doors. Dr. Mapother had given the mortality per 1,000 in six places in Ireland, and Belfast stood pre-eminent for the greatest mortality—the rate being 28.9, while in Dublin it was only 24.6.

THE HÔTEL-DIEU. In 1313, under Philippe le Bel, the deaths in the Hôtel-Dieu amounted to eighty a day; and not very long since four and even six patients were placed in one bed in that hospital. The new hospital will cover 22,000 yards. It will contain 716 beds in eighteen halls, containing six beds each; nineteen, containing six beds each; three, from ten to twelve beds; and eighty-four rooms, containing from one to two beds, all supplied with 100 cubic metres of fresh air by the hour for each bed.

UNIVERSITY OF LONDON. The Senate, at a meeting held on April 26th, elected the following gentlemen as Examiners for the ensuing year, commencing on the 1st of July next. *Chemistry*: Henry Debus, Ph.D., F.R.S.; and Professor A. W. Williamson, Ph.D., F.R.S. *Botany and Vegetable Physiology*: Rev. M. J. Berkeley, M.A.; and Thomas Thomson, M.D., F.R.S. *Practice of Medicine*: Professor Edmund A. Parkes, M.D., F.R.S.; and Francis Sibson, M.D., F.R.S. *Surgery*: Professor John E. Erichsen; and John Hilton, Esq., F.R.S. *Anatomy*: Professor Geo. V. Ellis; and Professor Peter Redfern, M.D. *Physiology, Comparative Anatomy, and Zoology*: Professor Thomas H. Huxley, Ph.D., F.R.S.; and William S. Savory, M.B., F.R.S. *Midwifery*: John B. Hicks, M.D., F.R.S.; and William O. Priestley, M.D. *Materia Medica and Pharmaceutical Chemistry*: Frederick J. Farre, M.D.; and Samuel O. Habershon, M.D. *Forensic Medicine*: Professor William A. Guy, M.B.; and William Odling, M.B., F.R.S.

THE GARRISON HOSPITAL AT CHATHAM. The range of buildings hitherto used as a garrison hospital for the troops of the line at Chatham being no longer required for that purpose, in consequence of the hospital at Fort Pitt being sufficiently large for the entire garrison, orders were some time since received from the War Office directing the conversion of the garrison hospital into quarters for the troops of the infantry regiments at that station. The building so appropriated has been completed, and handed over to the officials connected with the barrack departments. The hospital will provide accommodation for 350 men, twelve in each room. All the separate barrack-rooms into which the building has been divided are light, lofty, and exceedingly well ventilated both by day and night. Each room is lighted with gas, and there is an abundant supply of water for the troops to whom the quarters are appropriated. The buildings have been inspected, prior to the troops taking possession of them, by Major-General Sir Robert Walpole, K.C.B., and the other officers of the staff of the garrison.

THE SCOTCH LAW OF LUNACY. At Aberdeen lately, an old man was found guilty of murder. He pleaded guilty twice over; but the case was proved, nevertheless, as if he had not pleaded at all. The defence set up was insanity; and it did appear that the prisoner had fallen into ill health and become subject to epileptic fits, and entertained delusions as to his property. The Lord Justice Clerk told the jury that a delusion did not relieve him from criminal responsibility, unless the act of murder could be traced to this delusion. The result of it would be to make most inmates of lunatic asylums criminally responsible. The Lord Justice Clerk also distinguished between bodily and mental disease; but where the one begins and the other ends he did not say, and no man knoweth. The jury seem to have been satisfied with his distinction; for nine of the fifteen thought there was not sufficient evidence of insanity, though there could be no doubt of disease involving the brain. They did not even recommend him to mercy. His only chance of escape now lies with the Lord Justice Clerk.

BRITON MEDICAL AND GENERAL LIFE ASSOCIATION. At the general meeting of shareholders and members of this Association, held March 30th, it was stated in the Report for the year ending December 31st, 1864, that the proposals for new assurances had been 3,260 in number, and the amount proposed £318,888. Of these, 2,454 had been completed, and that number of policies issued, assuring £621,885, and producing in new annual premiums the sum of £20,060:14:3. The gross income of the Association had increased to £124,091:7:4; and, after the payment of all outgoings, the balance of income over expenditure for the year was £30,560:10:10. The assets of the Association amounted to £247,503:8:3. The Association has suffered somewhat heavily from the highly increased mortality in the past year. The claims had been two hundred in number, and amounted to £60,810:8:6. Mr. Francis Webb, Dr. W. Tyler Smith, and Mr. Thomas B. Jones, were re-elected Directors. Dr. E. H. Sieveking was elected a Director, in the room of William Manton, Esq., deceased. A dividend, at the rate of six per cent. per annum on the paid up capital of the Company as increased by the bonus, was declared. Thanks were passed to the Directors, to the Medical Officers and Solicitors, to the Consulting Actuary, to the Actuary and Secretary of the Association, to the Provincial Superintendent, to the District Managers and Agents, and to the Chairman; with which the proceedings terminated.

NEW YORK INFIRMARY FOR WOMEN AND CHILDREN. The New York Infirmary for Women and Children has long been under the professional care of Drs. Elizabeth and Emily Blackwell. Drs. Valentine Mott and Willard Parker are the consulting surgeons of the infirmary. The report for 1864, just issued, shows that during the last year 5,437 persons were relieved. The last legislature of New York enlarged the charter of the infirmary so as to confer collegiate powers upon it; and an effort is being made to endow a Woman's Medical College in connexion with it. The effort to introduce women into the medical profession has not thus far been very successful, and leads to grave doubts whether there is a real demand for them; but, if we are to have women practitioners of medicine, it is certainly very desirable that they should be properly educated. Most of the attempts to educate women in this direction have been in connexion with hybrid schools, where everything but legitimate medicine is taught. We are not, however, we confess, of those who think that the medical profession is exactly a legitimate sphere for woman's usefulness. (*Phil. Med. Press.*)

A POOR-LAW MEDICAL OFFICER'S DUTY. Dr. Stalard in a pamphlet on Workhouse Hospitals, speaks thus of the duties of the Poor-law medical officer:—"In the first place, he is required to be a fully qualified practitioner. The position of union surgeon is rather damaging than otherwise to the holder's reputation. Neither the Poor-law commissioners, nor the guardians generally, encourage the practice of surgery, or the admission of acute cases into the workhouse hospital. A proper staff of nurses, etc., would in that case be absolutely necessary. Any professional zeal manifested by the surgeon is too often checked by remonstrance as to the expense incurred. The duties of the workhouse surgeon ought to be commenced before two o'clock in the day, that he may inspect the applicants for admission, who have to be washed, clothed, and accommodated before night. It is his first duty to see that no contagious disease enters the house. Every person not vaccinated must have that operation at once performed. The next visit is to the surgery; and notice of his

arrival having been given, he examines every inmate who expresses a wish to consult him. Amongst these there will be a large proportion of malingerers; others solicit change of diet, abstinence from work, extra beer, and other indulgences which the medical officer can alone grant. Then come the children from the schools, all of whom require constant supervision. The casual ward, the lying-in ward, the insane ward, and the nursery, have all to receive a visit; and, last of all, the hospital.

EXTRACT OF FLESH. Liebig speaks in very high terms of his *Extractum Carnis* in the *Annalen der Chemie und Pharmacie*. Since the introduction of this extract of meat into the Bavarian *Pharmacopœia*, its great efficacy has been practically confirmed. In the court-pharmacy here nearly 5000 pounds weight of beef are annually employed for this object. In hospitals, the physician will, by means of the extract of meat, be enabled to give his patients a soup quite free from fat and of any strength he may desire. A pound of extract of meat is sufficient, when boiled with slices of bread, potatoes, and some salt, to afford a meat soup for 128 soldiers, such as is not to be had of equal strength in the best hotels. The employment of the extract of meat would be of the highest importance to travellers. The introduction into Europe of the extract of meat at half or a third of its present price from countries where meat is of scarcely any value, would be a true blessing to the European population. In 1862, I had a visit from Herr Giebert, of Hamburg, an engineer, who has spent many years in South America, and among other places in Uruguay, where hundreds of thousands of sheep and oxen are killed solely on account of their skins and fat. Having seen my chemical letters, in which the extract of meat is described, he travelled to Munich, to learn the mode of its manufacture. I introduced him to the manager, Prof. Pettenkofer, who made him acquainted with the minutest details of the process. Herr Giebert returned in 1863 to Uruguay, but it was nearly a year before he could, with the apparatus made in Berlin, overcome the many difficulties which attended the arrangement and introduction of a new branch of industry, and commence the manufacture. A letter received from him a month ago, informed me that the first produce of his manufacture of extract of meat had been sent off to Europe. The first sample of about eighty pounds of extract of beef and thirty of mutton, arrived in Munich some days ago, and we have the great satisfaction to be able to say that its quality is excellent, as was to be expected from the flesh of half wild sheep and oxen. The price is a third of the present price in Europe. A number of facts testify to the unchangeability of the extract of meat under the most unfavourable circumstances in damp unoccupied cellars, and in moist warm air; if the product is pure, it is not at all inclined to mould, and I have specimens before me from the court-pharmacy and from Principal Friedel (of the Sanitary Society), which were kept from eight to fifteen years, closed with a loose cork and paper, and on which not a trace of injurious change is perceptible. (*Dublin Med. Press.*)

SUICIDE BY BATTLE'S VERMIN KILLER. One evening lately a middle-aged lady alighted at the Dawlish Station and proceeded to the hotel where she represented that she came from America. She retired to rest, and on the following day was found dead in her bed, apparently having poisoned herself with Battle's Vermin Killer, packet labels of which were found by her bedside. It has since transpired that the deceased was the wife of a stationer at Devonport. Her husband said she left home in good spirits. His eldest child told him of her leaving, but

he did not think much about it. She had shown symptoms of mental derangement. She had a spinal complaint and suffered severely from pains in the head. At times she had paroxysms. Four years ago she attempted to drown herself in a tank. She underwent an operation at New York, when the operator told him she would probably put an end to her life. She often had dizziness in the head. The coroner said it was very desirable that an Act of Parliament should be passed making it more difficult than at present to get poisons. Several paper wrappers of Battle's and Simpson's vermin killer found in the room were produced. Dr. Baker of Dawlish was called in to see the deceased when she had been dead two or three hours. She was lying on her back, the head thrown backwards, the arms drawn up towards the head, and the fingers drawn forcibly towards the palms of the hands. There was apparently great palor and extreme rigidity of the whole body. The face was thin and pallid, especially the gums and mouth. Between the teeth, which were partially closed, was an almond in two pieces. The eyes were closed but the pupils were extremely dilated. The spine of the body was completely curved. On two pocket-handkerchiefs of the deceased's were distinct traces of a blue powder. On his way home he purchased a packet of Battle's vermin powder and found it to contain about forty grains of a bluish powder which contained about four grains of strychnine, which was quite sufficient to cause death. The packet was properly labelled. The late Mrs. Vyse of Ludgate Hill, poisoned her children with the same kind of powder, which on being analysed was found to consist of starch, Prussian blue, and strychnine. As Dr. Baker could not state positively that poison was the cause of death, it was decided to adjourn the inquest. At the adjourned inquest Mr. Coroner Cuming stated that he had ordered a *post mortem* examination. Dr. Baker had sent the contents of the stomach to Dr. Herapath, of Bristol, for analysis. The coroner had not given any instructions for this to be done, and now objected to the county being put to the expense. He said there could be no doubt that the case was one of suicide, therefore an analysis was unnecessary. Dr. Baker said that the coroner had left the case with him, and he was not prepared to state the cause of death unless the evidence of Dr. Herapath was taken. The coroner replied that he would not let medical gentlemen act as Dr. Baker had done without the coroner's instructions. Dr. Baker then gave the result of his examination. He found no marks of violence nor anything except poison to account for death. Dr. Herapath said he would forego his usual fee. He then stated that death had been caused by arsenic. Dr. Herapath adds: That the deceased had three or four parcels of rat poison in her reticule or about the room, some of which were empty, others in reserve. Two papers of Simpson's vermin killer had been disposed of and one parcel of Battle's had apparently been used, "some blue stains being found in the mouth and at the angles of the jaw, whilst the pocket-handkerchief was marked with blue stains also." The rigidity and contortions of the dead body led Dr. Baker to infer that strychnine was the cause of death. Dr. Herapath found arsenic in abundance in the stomach, but no strychnine. He also found traces of arsenic in the liver. If strychnine were taken it never entered the stomach at all. He thinks it probable, however, that the two first packets did not kill her as quickly as she expected, and she took the third packet, but the contents never went further than the mouth, some being ejected in consequence of the bitter taste, and an almond being taken to get rid of this; but enough remained to kill by absorption from the mucous mem-

brane of the tongue. The coroner would not have Dr. Herapath's evidence as he had given no orders for a chemical analysis. Battle's papers, of course, contain strychnia; the others probably consist of arsenious acid.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Henry Lee, "On Acute Inflammation of Veins"; Dr. George Harley, "On Intermittent Hæmaturia"; Dr. Dickinson, "On Intermittent Hæmaturia."—Zoological.—Ethnological.
WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Microscopical.—Geological.
THURSDAY. Royal Society.
FRIDAY. Royal College of Physicians, 5 P.M. Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."—Astronomical.—Royal Institute.

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THERE were thirty-nine medical men in the Convention which condemned Louis XVI to death. Of these, seventeen voted for his imprisonment; and twenty-two for his death!

A NEW BIMONTHLY JOURNAL, called the *North American German Medical Journal*, printed in German, has just appeared under the editorship of Dr. Meisburger. It is printed at Buffalo.

A GOOD MODEL.—The following model advertisement is taken from the *Surrey and Hants News*.

"Doctor P——, Physician and Surgeon, has removed to ——— Terrace, F—— (opposite ———'s Nursery). At home, as usual, for patients, from 9 to 11 morning, and from 6 to 9 evening. Particulars as to his terms can be obtained at his residence. Dr. ——— makes no charge whatever for medicine."

ERRATUM.—SIR: At the bottom of my letter on Epilepsy, in your last impression, I am made to be of Wolverhampton instead of Northampton. I am, etc., S. W. D. WILLIAMS.
Northampton, May 2nd, 1865.

COMMUNICATIONS have been received from:—Dr. T. SNOW BECK; Dr. P. LESLIE; Dr. SIEVEKING; Dr. ALDERSON; Mr. J. S. GAMGEE; Mr. J. T. HESTER; Mr. A. B. STEELE; Dr. GEORGE JOHNSON; Mr. W. J. COULSON; Dr. HILLIER: THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. HARRISON; Mr. STONE; Mr. W. M. CLARKE; Dr. FREDERICK J. BROWN; Dr. E. L. ORMEROD; Dr. W. H. RANKING; Mr. T. J. AUBIN; Dr. H. SIMPSON; Dr. S. W. D. WILLIAMS; Mr. T. ANNANDALE; and Mr. JABEZ HOGG.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

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T. WATKIN WILLIAMS, *General Secretary*.

Birmingham, May 1865.

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An Inquiry

INTO THE

NATURE OF THE CHANGES CONSTITUTING FATTY DEGENERATION OF THE HEART.

BY

EDWARD L. ORMEROD, M.D., F.R.C.P.,

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In the medical address delivered at Cambridge last year, I endeavoured to shew that fatty degeneration of the heart was a pathological and not merely a chemical process imitable in the laboratory by artificial means. The experiments then adduced seemed fairly to justify the conclusions:—1. That fatty matter cannot be made from the muscular tissue of the heart by any of the received processes for converting animal substances into adipocere; indeed, that, on the contrary, the fatty matter of adipocere is derived from the fat already existing in the tissues operated on, and is not a newly formed substance. 2. That though the first stage in fatty degeneration and chemical decomposition be the same, both alike inducing so-called granular degeneration, yet that, so far, there is no fatty formation in either process.

The present inquiries were instituted with a view to determine more exactly the nature of this granular degeneration. In the first instance, my attention was directed to the muscular structure of the heart, as the tissue in which granular degeneration is most characteristically displayed. A more extended observation, however, seemed to show that the laws of degeneration are the same for both species of striated muscular fibre, the voluntary muscles and the heart alike. The results indeed are modified by the structural differences between the two kinds of fibre to a certain extent; but these very differences, instead of disproving in any way, rather help to prove more clearly the general identity of the process of degeneration in them both, allowing us to test the correctness of our conclusions by reconsidering them from a different point of view.

It is, however, rather as supplementary to the observations on the heart, than as having an independent value of their own, that I have brought forward any observations on fatty degeneration of the voluntary muscles. Our knowledge of this subject is as yet imperfect, as regards the mutual relation in which the successive changes stand to each other. However distinctly we may recognise the several phases, we cannot yet arrange them so as to present a continuous history of the disease, from its first beginning to the complete obsolescence of the muscular tissue. Their pathological meaning, too, is not altogether clear at present. Perhaps they may express merely fatty degeneration; but their frequent connection with typhus, as Dr. Zenker has shown in his admirable monograph (*Die Veränderungen der Willkürlichen Muskeln in Typhus Abdominalis*), and with cancer, as he generously reminds us that Dr. Bennett (*On Cancer*, p. 105) had previously noticed, favours the belief that they may have some special connection with particular forms of disease; and at least there is need of more observation to bring our know-

ledge of the microscopic pathological anatomy of voluntary muscle up to the level of that of the muscular structure of the heart.

Fatty degeneration of the muscular fibres of the heart commences by a change known as granular degeneration. I believe that the term granular disintegration would more correctly express the nature of this change; for the appearance is due to a disintegration or disruption of the sarcolemmal elements contained in the primitive fasciculus. This is the first step towards fatty degeneration. It may be induced by other than pathological causes; namely, by commencing putrefaction, and by decomposition under artificial conditions. The arrangement by which the natural process is most readily imitated, is a prolonged maceration in dilute alcohol. By this the sarcolemmal elements are disintegrated along the longitudinal lines of cleavage—to adopt Mr. Bowman's nomenclature. By prolonged maceration in dilute nitric acid, disintegration is effected in both the longitudinal and transverse directions, and the fasciculus is resolved into small squarish powdery fragments. By varying these processes the results may be modified; and by such means the muscle may be disintegrated or disrupted at will, in either direction and to any extent, independent of any fatty degeneration. And we may thus obtain an insight into the nature of the pathological process, where, from the disintegration not having been pushed as far as in our chemical experiments, the appearances are more equivocal.

The granular fasciculi which result from the pathological process, or from any of these chemical reactions pushed only so far as to imitate it, require a high power to display the exact nature of the changes which have taken place. With a magnifying power of about 240 diameters only, it seems as if the transverse striæ had been replaced by longitudinal rows of dots, divided here and there by other rows of larger and darker dots, and by fine lines. These appearances are explained by the application of a power of 450 diameters or more, which shews that the transverse striæ are not really lost. They are paler indeed than in the normal condition, but they preserve their normal distance from each other. The primitive fasciculus seems to be split into ribbons of unequal width by longitudinal fissures interrupting the transverse striæ. In consequence of these interruptions, such striæ as catch the eye with a lower power seem to run into rows of dots, and this false impression is heightened by the rows of larger and darker dots which occupy some of these longitudinal fissures.

The examination of this altered structure of the heart is much facilitated by the use of glycerine, according to Dr. Beale's directions. Unfortunately, this medium, so very useful in unravelling the fasciculi, greatly obscures their transverse markings. But this is remedied to some extent by the application of ether, which dissolves away the large dark dots in the fissures, and brings the transverse striæ again into view, drawing them at the same time nearer to each other, so that eight now occupy the space where only six were found before the ether was applied. As the various objects in the field come out more distinctly, some longitudinally striated fasciculi may perhaps be recognised among the degenerated fibres; and from the ends of some of these which have been broken during the manipulation, ragged filaments may be seen projecting, just as in degenerated voluntary muscle. These filaments vary in length and breadth, but all have the transverse markings; some are broader; some so fine that they might be fairly said to represent the old so-called ultimate fibre of muscle, their dimensions scarcely admitting of the presence of more than a single row of the component

granules. It is scarcely necessary to remark that, though the demonstration of these changes is facilitated by the use of these reagents, the changes are wholly independent of their employment. Without the use of ether, the transverse striæ may be brought again into view by means of a condenser and a narrow stop.

As the process of degeneration advances, the longitudinal fissures become fewer and more distinct, and the granules, too, larger, fewer, and less regularly arranged in rows. All traces of transverse striæ disappear, the longitudinal markings fade in the progress of the disease, and the primitive fasciculus now appears as a granular mass, preserving only its original outline. Now fatty degeneration has fairly begun, and oil globules are to be seen in and about these altered fasciculi, apparently resulting from the coalescence of the larger, darker dots above mentioned.

Life does not last long enough with a heart thus involved, for one to be able to say exactly what is the ultimate end of fatty degeneration of its muscular structure. The disease will generally be found to have advanced furthest in the little pale specks to be seen on the inner surface of the left ventricle. Here single fasciculi sometimes present partial dilatations, but more commonly they shrink away. Bundles of irregular shrunken fibres, which occur in connection with fatty degeneration, or the cicatrices which appear to the unassisted eye, may probably represent the obsolete muscular fibres in which this process has been completed. But this termination of fatty degeneration is more familiarly known in the voluntary muscles. In one bundle of the heart's fibres, as in a single voluntary muscle, there is nothing to hinder the completion of the process; but, as might have been anticipated, the more widely the degeneration is diffused through the heart, the less progress will it be found to have made.

The ultimate results are mostly the same, whether the disease commenced, as is usual, from the interior of the heart, and in connection with cachexia or anemia, or whether it have originated in inflammation and have started from the outside. But the steps of the process, or at least the collateral phenomena, are not absolutely identical in all these cases. In fact the specific pathological influence does not seem always to cease with the first injury to the fasciculus. But the exceptions to the ordinary mode of progress of the disease requiring particular notice are not many.

One striking exception occurred in a poor girl who died of pyæmia. In the muscular structure of her heart were red patches, looking like ecchymoses, of a deep purple mixed with grey in the centre, becoming gradually paler at the edges. In the grey part there was a mixture of pus and blood, with fragments of muscular fibres. Surrounding this was a zone, in which the muscular fasciculi had lost all traces of striæ both transverse and longitudinal; they were simply granular all over. Then, for a space, the fasciculi were longitudinally striated, as in degeneration of the voluntary muscles. Outside this the muscular structure presented the normal appearance. Within the radius of two or three lines the chief appearances of degeneration of voluntary muscle were perfectly reproduced in miniature. The only character which was not adequately represented here, namely, the redundancy of small nucleolar bodies, was very strikingly shewn in the heart of a boy who had fatty degeneration commencing from the outside, consequent on rheumatic carditis.

Generally, it may be said that the process of fatty degeneration of the voluntary muscles is the same as that of the muscular structure of the heart. Yet

there are readily appreciable differences in the details of the process in these two tissues respectively. These differences seem referable to a certain extent to the structural differences of the fibre, and notably to the greater development of the sarcolemma in the voluntary muscles. The first stage of fatty degeneration of the voluntary muscles, as far as I have been able to satisfy myself, is characterised by swelling of the affected fasciculi. For a greater or less length they appear uniformly dilated to about twice the size of the healthy fasciculi, smooth on the surface, seemingly wanting the transverse striæ, but streaked longitudinally; and from the broken ends of each such fasciculus loose strings hang out like the strands of a rope, as if it had undergone thus far, complete longitudinal disintegration. A higher power shews here, as in the muscular structure of the heart, the existence of the transverse striæ, only paler than natural. They are not interrupted by the longitudinal markings. They are approximated to half the normal distance, sixteen of them occupying the same space as eight do in a healthy part. Ether does not cause them to approximate more closely, though it seems to shrink up the fasciculus; and it displays the longitudinal markings very clearly, at the same time that it extracts fatty matter from its interior.

This longitudinal cleavage would seem to hold nearly the same relation to fatty degeneration of voluntary muscle, as granular disintegration does to that of the heart. Nearly, for it passes more directly into fatty degeneration than the corresponding change in the heart does, ether readily extracting oil from the streaked fasciculi. And it is more specifically a pathological process, being much less readily imitable by any artificial reactions. For chemical decomposition and putrefaction do not induce this particular appearance, but seem, as far as I have observed, to pass over it to a further stage, converting the fasciculus into a finely granular mass, which retains only the outline of its former structure. This process of conversion may be traced in some of the transverse striæ which have survived the rest. These appear distinctly granular, broad, and uneven; as if falling to pieces under the action of the dilute nitric acid, which has disintegrated the sarcolemmal elements elsewhere. The striæ seem to persist longest just beneath the sarcolemma. Some fasciculi which appear granular, owe this deceptive appearance to the striæ on the two opposite sides of the flattened fasciculi crossing each other diagonally, the regular arrangement persisting on the surface for a while after the sarcolemmal elements in the interior have been deranged or dissolved entirely away.

Sometimes these large, pale, waxy-looking fibres occur alone; more commonly, however, broken fragments of fibres are found mixed with them, swollen, like them, to twice the size of the neighbouring healthy fasciculi, but marked in a different way. Some of these are minutely granulated, the fasciculi thus marked being much more brittle than those which are longitudinally streaked. Others are neither granulated or streaked, but cracked or broken transversely, and often connected at either end with a string of sarcolemma, as if they had partially escaped from their investing membrane. They have a singular affinity for the colouring matter of carmine, which tints them more deeply than any of the other structures which the altered tissue presents. Besides these, the field appears to be sprinkled over with little nucleolar bodies, some few of which are the nuclei of the muscular tissue; others, more numerous, are apparently the rudiments of fibro-cellular structure; others are of uncertain nature; and many are undoubtedly collections of oil-globules, arranged like rows of squarish beads. These are removed by

ether, which clears the field a good deal, while acetic acid has very little effect in this way. And with these are a number of loose oil-globules, which have been set free during the manipulation of the tissues. The changes which occur in connection with typhus, as figured by Zenker, are precisely those which I am now speaking of as constituting the various stages of fatty degeneration. (Taf. iii, figs. 1-2; taf. iv, fig. 1.)

Not to lengthen these remarks needlessly, I may yet venture to add, in a few words, to this statement of facts, the conclusions which seem fairly deducible from them.

I believe that the first step towards fatty degeneration of muscular tissue is disintegration of the sarcous elements into filaments or discs, as circumstances may determine. The actual fatty degeneration is secondary to this, and is a consequence—not a cause—of the disorganisation (the functional death) of the fasciculus. In the further changes and ultimate obsolescence of the fasciculus it may play an important part, particularly by resolution of the sarcous elements in the oily matter infiltrated among them through the sarcolemma; but the disorganisation of the part precedes its degeneration.

Inflammation, anæmia, cachexia, want of nutrition, and all the other causes to which fatty degeneration of the heart has been ascribed, have thus much in common that they disorganise the muscular tissue. The disintegration and the fatty degeneration which ensue, may be modified by the abiding influences of the original exciting cause of the disease, but they are transacted by the ordinary agency of the living body quite irrespective of these various possible causes. The actual fatty degeneration depends on the amount of fatty matter in the blood available for this purpose; and it is conceivable that, for want of an available supply of fatty matter, disintegration should not be followed by fatty degeneration at all. Indeed, this seems actually to occur sometimes; the change under certain circumstances does not pass beyond the stage of so-called granular degeneration.

Now, if this be true, a question suggests itself, whether this explanation be limited to fatty degeneration of muscular tissue, or whether it has a wider bearing. For instance, is fatty degeneration of the liver or kidney an infiltration of disorganised cells with oily matter, or a destructive accumulation of oil in healthy cells? Further, is the physiological accumulation of fat in adipose tissue explicable on the same principle, namely, that healthy cell-walls, sarcolemma, or other such tissues are impermeable to fat, and that the accumulation of fat in any part implies that the vitality of the tissue containing the fat has been lowered?

I am not prepared to offer any answer to this question at present. It demands as particular an inquiry into all possible cases of fatty accumulation and degeneration, as I have endeavoured to carry out in respect of the single case of the heart. Beyond all others, the instances of acute fatty degeneration of the brain and liver need careful investigation, more than those where this principle obviously applies. The study of these and such instances is more likely to lead to a just estimate of the value of this principle, than an accumulation of cases where the facility of its application tends to conceal its deficiencies.

TYPHUS IN MALTA. A severe form of typhus fever has lately been very prevalent in several of the country districts in Malta. Its virulence has now abated; and, from a report made by order of the Governor, it appears that it was due to overcrowding in ill-ventilated apartments.

Original Communications.

VENESECTON IN DISEASE.

By W. O. MARKHAM, M.D., F.R.C.P., Physician to St. Mary's Hospital.

THERE is an old and very true saying, that no reputation is better than a bad one; and the saying precisely fits the article venesection, as a remedy in disease. The true estimation of this remedy is, I am satisfied, not admitted, mainly because of the evil reports which attach themselves to the word through its historical connexions. I have no doubt whatever, that if venesection were a modern invention, it would be in much more frequent use than it now is. The remedy thus suffers; and in two ways.

1. The proper uses and right application of venesection are not generally recognised, because the erroneous idea which was attached to its employment in past days is still very much attached to it now; viz., the idea that by its use the supply of aliment to the fire which is raging in and consuming the inflamed structure is cut off.

2. It seems to be still generally assumed, as it was in former days, that the use of venesection is synonymous with the disuse of what are called restoratives; and that those who employ venesection must, of necessity, also at the same time employ low diet, purgatives, and whatever else is comprised under the old idea of antiphlogistic.

So long as these erroneous ideas, which naturally run together in men's minds, prevail; so long as venesection and low diet are regarded as things necessarily connected; so long as venesection is employed with the idea of directly controlling the inflammatory process *in loco* by cutting off the fuel which feeds the flame—so long, in my opinion, will venesection be in bad repute.

My distinguished friend, Professor Bennett of Edinburgh, has not altogether emancipated his mind, as it would seem, from the ideas here referred to. In a very instructive paper lately written by him, On the Treatment of Pneumonia by Restoratives—a paper which appears to have been called forth by a lecture on Venesection by myself lately published in these pages—Professor Bennett gives the result of his long experience in the treatment of pneumonia. He does so to show the good effects of the restorative treatment; and because he observes, “that an effort is being made to restore the dangerous practice of bleeding in pneumonia.”

Perhaps, in the lecture referred to, I somehow failed to make my meaning clear. I would, therefore, in explanation, wish to say, that Professor Bennett has quite misinterpreted my meaning; and that I really believe there is *au fond* very little difference of opinion between us as to the practical use of venesection in pneumonia.

In the first place, I have not recommended venesection as a cure for pneumonia. According to my views, venesection has no directly beneficial influence over the local inflammation, and is not used to cure the pneumonia; but solely and wholly to relieve certain accidents which have arisen out of the pneumonia; viz., the congestion of the heart and of those portions of the lungs which are not the seat of inflammation. To administer restoratives, therefore, both before, during, and after the venesection, is a perfectly legitimate practice. To suppose that the employment of venesection means the non-employment

of "restoratives"—to regard the two things as antagonistic—is to go back a hundred years for our principles of pathology.

In the sense inferred, therefore, it is quite a fallacy to say, that an "effort is being made to restore bleeding in pneumonia." I do not look upon venesection as of any use *quoad* the pneumonia; nor do I believe it has any directly beneficial influence over any inflammation of the body. I advise its employment in pneumonia for the sole purpose of relieving the patient from the pain and perils of asphyxia—from the dangers of a defective or impeded respiratory action; and, consequently, *only in those cases of pneumonia in which the respiration is seriously interfered with.* But such cases are exceptional ones in pneumonia; exceptional, therefore, also, is the application of venesection in pneumonia.

A consideration of these plain facts will, I am sure, satisfy Professor Bennett, that to compare the employment of venesection, combined with the proper use of restoratives, as here recommended in the treatment of a few severe and exceptional cases of pneumonia, with the employment of venesection, together with blistering, purging, vomiting, and starvation, in all cases of pneumonia—is to bring together in argument things of totally different signification.

Happily, I find proofs in Professor Bennett's own paper, that he himself takes very much a similar view of the matter. He admits that the employment of venesection in certain cases is of service. In fact, he says very much what I myself have said. His words are:

"No doubt, also, small bleedings to the extent of eight or twelve ounces, give relief; but in debilitated persons are dangerous; and in all tend, by weakening the strength at a period when the depressed system is struggling to regain its equilibrium, to prolong the convalescence and favour dangerous sequelæ. Still a small bleeding may be employed as a palliative, with caution, to relieve engorgement of the lungs and congestion of the right side of the heart, although it is very rarely required."

In conclusion, I would just like to ask for the proofs, that there is danger in a moderate loss of blood in any case of pneumonia. Whence has Professor Bennett obtained the practical evidence which has satisfied him of the truth of his assertions of the danger? Assuredly, he has not obtained the evidence from his own observation during the last twenty-five years, as he himself does not employ venesection; and assuredly, also, he can draw no fair or legitimate conclusions as to the dangers of venesections, or as to the true effects of venesection, by judging of it from the results of practice of those who have employed it in conjunction with a starving diet, and calomel, and purging, and blistering.

When Professor Bennett talks of the dangers attending the loss of a few ounces of blood in pneumonia, I cannot help asking him to explain how it is that we daily see so many patients in hospital, surgical and medical, the feeble as well as the strong, losing without apparent injury—and often, and especially in lung- and heart-diseases, to their very great relief—large quantities of blood? What proof do these very numerous facts daily under our eyes afford of the danger of the loss of a few ounces of blood?

And one other question I would put to my friend. Of what real use to us are statistics of the results of treatment of pneumonia, as indicative of the comparative remedial value of bleeding and of restoratives, when the statistics are founded on cases in which the bleeding was employed in conjunction with starvation? Almost all the statistics, drawn especially from French authors, are of this kind, and therefore valueless. Surely, to say that venesection

is the cause of the great mortality in pneumonia, in cases where the patients were at the same time both bled and kept upon starvation diet, is a very illogical and inadmissible conclusion.

ON PUERPERAL FEVER.

By T. SNOW BECK, M.D. Lond., F.R.S., Member of the Royal College of Physicians, London.

[Read before the Obstetrical Society of London, February 1st, 1865.]

[Concluded from page 460.]

If the views which have been deduced from this examination of these cases be correct, it follows that one of the principal objects in the prevention of puerperal fever will be to procure a complete and permanent contraction of the uterus after the birth of the child and the expulsion of the placenta.

In the majority of cases of parturition, the uterus contracts readily and firmly; but, in other instances, I must admit that I have found it much more difficult to obtain the complete and persistent contraction than is generally supposed. In our most esteemed works on midwifery, the subject is treated very shortly. For example, the accoucheur is directed to lay his hand on the abdomen, in order that he may satisfy himself that this viscus "is in a safe and proper state of contraction." (Merriman.) Again: "The hand should be placed upon the abdomen to ascertain (from the size of the uterus) whether there are twins; if not, we may proceed to apply the binder, which should embrace the hips inferiorly and the whole abdomen." (Churchill.) Or: "The left hand should be immediately applied over the fundus, in order to maintain a moderate pressure upon the uterus while it is descending towards the pelvis. This should never be neglected; because it ensures a uniform contraction of the uterus, and often the expulsion of the placenta into the vagina." (Murphy.) "In ordinary labour, friction is made with the hand over the hypogastric region: this is repeated from time to time, in order to excite the contractility of the tissue of the organ, its 'degorgement,' and the expulsion of any coagula it may contain." (Cazeaux.)

Certainly other means are recommended on the occurrence of hæmorrhage, or in exceptional cases; these means being, to firmly grasp the uterus with one hand, whilst with the other we apply cloths dipped in cold water suddenly to the genitals; to use cold enemata and cold drinks; to pour cold water from a height on the abdomen; to apply pressure by means of a pad placed beneath the binder; to administer ergot of rye; to have recourse to galvanism or electricity; to irritate the organ to contraction by introducing the hand into its cavity; and, lastly, to inject cold water into the uterus. I must, however, admit that in my experience most of these means have failed to effect the object in view. I have not found the external application of cold, cold enemata, cold drinks, or any amount of pressure which could be applied by means of the binder, of much practical good in effecting a firm and persistent contraction of the uterus where there has been any tendency to a lax state. When carefully applied, the binder is, no doubt, a source of much comfort to the woman who has been recently delivered, by supporting the relaxed state of the abdominal walls and giving support to the back. But I have found so little real good from any amount of pressure which could be employed through this means, with the aid of pads or otherwise, whilst the difficulty of applying it and the discomfort it occasioned were so considerable, that I have ceased to employ it for this purpose. When coagula form in the interior of the organ, it is often

required to introduce the hand to remove them; and no doubt the hand is a powerful stimulant to induce contraction, especially when aided by firm external pressure on the uterus, through the means of an assistant. But even these too often fail, as they notably did in the first case recorded; and, when they do induce contraction, it is often not persistent. I have had little experience in the injection of cold water into the cavity of the uterus, or in the application of electricity; yet I do not doubt but they are efficient means to induce contraction. The most trustworthy agent appears to be the local application of cold by means of ice passed up to the orifice of the uterus, and the administration of ergot of rye. Pieces of ice of the size of a hen's egg, or rather larger, are passed up to the orifice of the uterus, and held in that position. The first one or two pieces quickly dissolve, in consequence of the heat of the part; but, when this becomes partly reduced, a firm and persistent contraction is generally the result, though occasionally even this powerful agent will fail. And I may add that, although I have used it now in a great number of cases, I have never seen the slightest inconvenience to result from its employment. Combined with the application of cold direct to the uterus, I have found the administration of ergot of rye a useful addition. It appears to ensure the firm contraction of the organ, and, what is of much importance, to render it persistent.

For some years past, I have carefully observed the state of the uterus immediately after childbirth, considered as a means of obviating that enlargement of the organ which too frequently follows childbirth or abortions, as well as preventing many of the ills to which parturient women are liable. And I am firmly convinced that many of the dangers and evils which women suffer after delivery may be prevented by procuring a complete and persistent contraction of the organ. It would appear that, when the vessels are at all pervious to the circulation of blood within them, the presence of this fluid interferes with those changes which are necessary to reduce this organ to its condition previous to impregnation; and, to this end, I have been led by experience to administer the ergot of rye in all cases after the removal of the placenta, even if its employment was not indicated before this period of the labour. The combination I have found most useful has been that of the tincture of Indian hemp, powdered ergot of rye, and borax, mixed with some stimulant and aromatic. One to four doses of this mixture has been given at one or two hours' interval, according to circumstances, and with the best results; for, although they occasion a considerable amount of after-pains, yet the comfort afterwards experienced, and the pleasing convalescence, more than compensate for the pains induced.

I believe it is generally considered that, when the uterus is so contracted as to prevent any further hæmorrhage, this is sufficient to ensure the safety and well-being of the woman. But I have found that it is necessary to carry the contraction beyond this point before we can consider that we have ensured the safety, much less the well-doing, of the parturient women; and I have been led to think that this arises in many instances from a relaxation of the muscular tissue subsequent to the removal of the placenta, and after it has been fully contracted. The second case recorded appears to be an example of this condition of the organ; for here the labour progressed naturally; no hæmorrhage occurred; yet the uterus was found, after death, to be in so relaxed a state as to permit fluids to be injected along its vessels from the large abdominal veins.

If these views be confirmed by the experience of

others, the treatment of women immediately after delivery appears of much more importance than has been commonly supposed; and this extends to the diet, as well as to other matters. It would appear, by reason of a general belief that puerperal fever and other diseases of childbed women were purely inflammatory affections, which required to be treated by large bleedings and means calculated to prevent or reduce inflammation, that women during the puerperum were kept on a low and depressing diet. But these opinions are now generally considered to have been erroneous; and that, instead of keeping the female to a low and depressing diet, she requires a good diet and nourishing support, in order to relieve her from the physical fatigue and mental anxiety of the labour, to restore her health from the waste occasioned by the previous months of pregnancy, and to enable her to pass through those subsequent changes which have yet to take place. To this end, it would appear that a liberal diet is necessary, and, in some cases, even the addition of a stimulant. Of course, the regulation of these matters depends much upon the previous habits and state of health of the woman, as well as upon the season of the year and other incidental circumstances; but I am convinced there is not that danger in a liberal supporting diet which was at one time so generally believed, and that a stimulant similar to the "caudle" of old may frequently be given with much advantage. This appears to be confirmed by the remark of Dr. Ferguson in his valuable essay already referred to. "The late matron of the hospital," he observes, "Mrs. Wright, remarked the effect of the hospital diet on the patients as often very depressing; and knowing, from the habits of this class of people, that gin was to many of them the common substitute for meat, she was induced to change the hospital dietary for a caudle in which gin was the staple. *We shortly after this had a marked diminution in the intensity of the epidemic.*" (P. 168.)

It is a general remark, that primiparae are more liable to be attacked with puerperal fever than women who have previously borne children; and many explanations have been offered to account for this fact. But it appears to have been overlooked, that much of this greater liability may be attributed to the circumstances which are brought into action in a first confinement. In many women, the uterus does not take on the changes consequent upon pregnancy and delivery with the same degree of completeness, so to speak, or with equal facility, as in others. In some, the uterine organs are so badly developed as never to become impregnated. In others, the uterus appears to be only capable of a certain amount of development; for, after it has grown for a few months, it becomes thin, appears overstretched, and in a short time abortion takes place. I have known women to miscarry time after time, and generally about the same period of pregnancy, from apparently this cause. In other cases, again, the female goes the full period; but the uterus appears so ill developed as to be incapable of power sufficient to expel the child without artificial assistance, or of maintaining a sufficient amount of contraction afterwards to ensure the safety of the mother. The aptitude, as it has been termed, to bear children, is thus sometimes wanting in females; but this is only discovered when they become pregnant with the first child. Another source also exists in the fact that first confinements are, as a rule, more laborious and more exhausting than subsequent pregnancies. And to these causes we may not improperly attribute a large amount of the greater proclivity to this disease observed in primiparae.

May we not attribute to the various causes which

have been glanced at the greater frequency of puerperal fever in hospitals, and amongst the poorer classes who are attended by midwives? I understand it to be the rule in these institutions, that, after the child is born, the soiled things are removed, a binder is applied, and some gruel given. If the after-pains be severe, a soothing dose of laudanum is then administered. Little or no attention appears to be paid to ensure the complete and permanent contraction of the uterus; and as little attention is paid to the diet necessary to meet the habits and state of health of the women who frequent these institutions. Is this the explanation to the following passage from Dr. F. Churchill's learned introduction to the Sydenham edition of *Essays on Puerperal Fever*? "I would remark, then, in the first place, that there appears some special connexion between the epidemics of puerperal fever and lying-in hospitals. I do not mean exactly to assert that these epidemics always originate with, and are kept up by, the hospitals; but I refer to the fact that we have no record of any epidemic independent of them in early times. . . . No doubt it has since been observed in private practice in London, Edinburgh, Sunderland, Leeds, etc., etc.; but its extent in these cases is, after all, comparatively limited, except in very sickly times; and it is often confined chiefly to the practice of a few individuals. In Dublin, the higher ranks have been singularly free from attacks of this disease. Dr. Joseph Clarke, whose account of puerperal fever as it appeared in the hospital is here reprinted, practised for forty-four years in this city, during which time he attended 3,847 cases of midwifery, and yet in that number he met only three cases of acute peritonitis, and three others whose disease appears doubtful, but which might possibly have been uterine phlebitis. And this singular fact, which is to me inexplicable, is confirmed by the experience of Drs. Collins, Johnson, and others, as they have assured me." (P. 32.)

When, in spite of all the care we may take of the woman during her labour, and for the first twelve hours or so afterwards, poisonous infection of the system occurs, the treatment becomes essentially modified. And here the remarks of Cruveilhier, as quoted by Dr. Ferguson, apply with much force: "What treatment shall we oppose to purulent infection? To this question experience is as yet dumb, while theory would seem to point to diffusible stimuli and tonics; to ammonia, quinine, and to sudorifics; to hot external applications; to the vapour-bath; to purgatives, especially to emetics; to tartarised antimony, in large doses; to vesicatories; and to strong diuretics. Calomel has been extensively employed to create a fluxion from the intestinal mucous membrane; but all these means have failed as signally in my hands as in those of others. Yet when the injection of putrid matters into the veins of living animals has been followed by abundant and very fetid evacuations, they have usually got well. It is a fundamental fact of pathology, that the intestinal canal is chiefly affected in diseases caused by any miasmata. The ancients expressed this truth by saying that the intestinal canal attracted the poison of febrile diseases. I am certain that diseases resulting from purulent infection would not be stamped with the seal of incurability, and that nature, seconded by art, would triumph in the majority of cases, if the pus, which is incessantly renewed, did not incessantly renew the sources of infection."

The principles of treatment, which the review of these cases would suggest, would then appear to be: (1) to prevent the further injurious impregnation of the system, either by obstructing the further flow along the uterine sinuses, or by removing the noxious

fluids from the interior of the uterus; (2) by supporting the system during the struggle in which it is engaged, and by meeting any accidental complication which may present itself; and (3) perhaps a further source of treatment is now afforded which may enable us to counteract, to some extent at least, the deleterious impregnation which has already taken place.

1. The metamorphosis or disintegration which takes place in the muscular tissue of the uterus after childbirth prior to its removal do not, it is said, commence before the fourth or sixth day; and, as the symptoms of injurious impregnation usually show themselves on the second or third day, it is not improbable that means might still be found to induce that further small amount of contraction in the organ which is necessary to close effectually the uterine sinuses. A continuous current of electricity, of low intensity, might have this effect. But I fear the other means already adverted to do not afford much chance of success; for it is undeniable that a truly efficient agent to induce the permanent contraction of the uterus is still a great desideratum.

The same object may be attained by the coagulation of the blood in the sinuses; and there is good reason to believe that this is not unfrequently the result of noxious fluids being mixed with the blood. We also know that any great depression of the system favours this coagulation; and it is not impossible that the copious bleedings which are said to have been employed with such good results may have acted in this way. "When I took away," says Dr. Gordon, "only ten or twelve ounces of blood from my patient, *she always died*; but when I had the courage to take away twenty or twenty-four ounces at one bleeding in the beginning of the disease (i. e., within six or eight hours after the attack), *the patient never failed to recover*." But, whether this be the result of these copious bleedings or not, there are few, I think, at the present day, who would have the boldness to have recourse to them, or who would forget the experience mentioned by Dr. Farre in his *Journal*, and quoted by Dr. Gooch. "At the East End of London, not far from the river, the disease (puerperal fever) proved still more fatal during the month of March (1825). One surgeon informed the editor that he had lost seven, another four, in all of which the disease was treated at the instant of its formation by active blood-letting. A physician-accoucheur, who attended in consultation many of these cases, stated to him that, out of thirteen cases, eleven died; that all which had been bled died; and that the only two which recovered had not been bled, having been treated by turpentine." "The experience of the last four years has brought me," observes Dr. Gooch, "to this conclusion, that the sanguine hopes which were entertained, a few years ago, that the peritoneal fevers of lying-in women are always of an acute inflammatory type, and always to be cured by early bleeding and purging, as they were not borne out by the reasoning employed, so they have not been confirmed by subsequent experience." (*On some of the most important Diseases peculiar to Women*.)

The removal of the noxious fluids from the interior of the uterus appears to afford an important means of treatment, and to furnish one of the objects mentioned by Cruveilhier. "I am certain that diseases resulting from purulent infection would not be stamped with the seal of incurability, and that nature, seconded by art, would triumph in the majority of cases, if the pus, which is incessantly renewed, did not incessantly renew the sources of infection." But, in using these means, the remarks of Dr. Denman, though written so long ago, should be borne in remembrance: "I have seldom attempted to inject

medicines of any kind into the vagina and uterus; though, from a consideration of the state of these parts, and of the fetid humours discharged from them, it is reasonable to expect that emollient or gentle detergent injections might be useful. However, if these are advised, there should be great caution both in the composing and administering of them." (P. 60.)

On this subject, M. Piorry remarked, in the discussion on the treatment of puerperal fever before the Imperial Academy of Medicine at Paris in 1858: "It is indispensable to cleanse, by means of injections carefully employed, the uterine cavity from blood and putrid sanies which it contains. During five years I have not seen one female perish who has been attacked with puerperal peritonitis; and, in all women who have been confined, uterine injections have been carefully employed." (*Bullet. de l'Acad. Impériale de Med.*, vol. xxiii, p. 461.) M. Hervez de Chégoin also observed: "The injections of the uterus, of which I have spoken, ought to be placed in the first rank (in the treatment); and, as I have said, their efficacy depends upon their proper use—that is to say, the care of the physician to seize the suitable moment. It ought to be directly upon the occurrence of the first indication, so slight and so important, and upon which I have fixed the attention." (P. 470.)

The substances which offer the greatest probability of success are a weak solution of the sulphites or hyposulphites in tepid water. A long elastic tube may be passed to the fundus of the uterine cavity, and the interior of the organ carefully washed out with a weak solution of sulphite or hyposulphite of soda, by means of the ordinary enema apparatus; care being taken that no force be employed, and that all air be excluded from the apparatus prior to its introduction, by passing the fluid through it several times. The noxious fluids may thus, to a great extent, be removed; and, should any of the injected fluid gain entrance into the uterine sinuses, it will probably be more beneficial than injurious. This washing out of the uterine cavity may be repeated each day, or at shorter intervals, according to the circumstances of the particular case.

2. The means to support the system during the struggle, and to meet any accidental complication, are too well known to require any remarks.

3. As Cruveilhier observed, after detailing the various means employed to combat purulent infection, "all these means have failed as signally in my hands as in those of others." But, since that period, the researches of Dr. Polli of Milan, and of Dr. Mariano Semmola, upon the action of the sulphites, have rendered it probable that these agents may be found of much value in the treatment of injurious impregnation of the system, even after this has taken place. Both these observers concur in the opinion that these agents possess a remarkable power in putrid infections of the system, when they are not the result of specific disease. They are given in divided doses, to the amount of from three to four drachms in the twenty-four hours; and the sulphites of magnesia or lime would appear to be the most suitable for internal administration. I have given lately these remedies in some cases, in doses of one scruple to one drachm every two or three hours, with encouraging results; but my experience of them is too limited to admit of any opinion.

In concluding these imperfect observations, I would remark, that I am fully aware there are many points of much interest in this important subject which have not been touched upon; but to notice all the points would have been to go over ground which has been most ably handled by others, as well as to

render this notice too lengthy. No one can be more convinced than I am of the imperfect nature of the present communication; but I thought it better to submit the observations as they are, to be tested by the experience of others, than to wait until I had accumulated further facts myself. Of the facts, I believe they will be found to be correct; but the deductions drawn from them must be tested by further clinical experience and the observations of independent observers.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

NOTES ON CANCER: THE ADVANTAGES OF AN EARLY OPERATION IN CERTAIN CASES: CASE OF OPERATION FOR CANCER OF THE NON-DESCENDED TESTICLE.

By W. MICHELL CLARKE, Esq., Surgeon to the Bristol General Hospital.

[Read October 17th, 1864.]

I SUPPOSE that few men have passed many years in the active pursuit of medical practice, without having frequently meditated, and sadly too, upon the subject of cancer. What is its origin, what its nature, what relation does it bear to the patient's constitution, and what to external injury or irritation? These are questions that we must have often put to ourselves; but I need not say to you that they are questions which, in the present state of our knowledge, we cannot answer. Cancer is at this day almost as intractable as to the information it will yield us of its source and nature, and also as to its treatment, as it has been in all medical history.

Indeed it seems, at present, quite useless to spend much time in the consideration of such questions as I have mentioned; although there are one or more, such as the question of the hereditary or constitutional origin of cancer, and its causation by external injury or irritation, about which much may be learned from the writings of various authors, and much that is useful is ascertained.

But, even with reference to these limited points, it must be evident to every one who has seen much of the disease, that the cases which present themselves differ from each other almost as widely as distinct diseases differ. No one can doubt that, in such cases as we not uncommonly meet with, where the disease simultaneously invades many and distant organs, or in such rapid succession that they appear to have been attacked at once, it must have had its origin in a constitutional dyscrasia, and that local irritation can have had but little to do with the production of such a malady; whereas, on the other side, how difficult is it to recognise a diathetic causation when the disease, beginning from a blow or some other injury to an external part, remains for a long time local, and may even be arrested by the interference of the surgeon. And yet such perplexing cases do not only occur, but they present themselves to our observation almost every day.

This great variety in the characters presented by different cases of this terrible disease has given rise to opinions as various upon the subject of its treatment. That there is no medicine capable of curing it, all will allow; but whether in any case surgery should interfere, has been, and still is, argued with very shifting results as to the conclusion.

No doubt this disease is one of our greatest opprobria; and the most enthusiastic professor of medicine within the ranks of legitimate consideration must admit, that no cure by any drug can be avouched for it, although out of the pale of respectable doctors there have been, and I suppose ever will be, people who can cure cancer as readily as any other malady.

The opinion that I have formed is that, although we can do much to assuage, and although we may be permitted very materially to smooth the patient's path to the grave, by removing the frightful pain and the abominable fœtor, and in some other ways, we cannot for a moment stay the progress of the disease by medicine.

The consideration of this matter, in a surgical point of view, presents itself to us in more than one aspect. We may hold that the removal of a cancer, when this object is attainable, is desirable as a means of prolonging life, or we may assert it as a means of relief and comfort. As a means of cure, it is almost, though not quite, as hopeless a proceeding as the administration of medicine. I have myself but very slight hope of ever obtaining a cure by the removal of a cancer; but I think that, in cases where the disease at the time of the operation is altogether local, a prolongation of life may fairly be hoped for. And when we come to view the operation in another light—namely, as a means of relief—I do not think too much can be said of its benefit. The patient's mind is eased of a terrible incubus; and for months, and it may be for years, he may go on in comparative comfort, and at last perish from a form of the disease far less agonising than that in which an external cancer proceeds, through ulceration and exhaustion, to destroy him.

I do not think that the statistics that we have upon this question of the surgical treatment of cancer are of a character to guide us; for before we can judge of the propriety of an operation, we must be made minutely aware of the progress that the disease has made, of its previous duration, and especially as to whether the lymphatic glands be already involved, or whether they still remain altogether free from the disease.

I am certainly, at the present time, more in favour of operating for the removal of cancer in favourable cases—in any, that is, where the disease, so far as can be ascertained, is local at the time of the consultation, where the lymphatic glands are free, and especially where we can cut wide of the disease so as to ensure its entire removal—than I was when I had had less experience of it.

I have had under my notice in the last four or five years, five cases of carcinoma of the breast. Of these, four were operated upon; one died in less than twelve months after the operation; the three others remain alive, and free (apparently) from their disease. In two of them, more than two years have elapsed since the operation; and of these two, one has remained quite well and active, except for an ulcer on her foot, on account of which she has lately come again under my notice, and which was caused by varicose veins, the result of pregnancy twelve years since, and not at all connected with the disease for which I operated. In the second of these cases, the patient seems at present free from the disease, although, in the course of this summer, I removed a small recurrent tumour of the size of a horse-bean from the neighbourhood of the scar. The fourth of the cases was operated upon twelve months ago last June. She is now under my care for a very troublesome neuralgic affection of the ulnar nerve; but shows no other sign of a return of her disease. In one of the five cases, I declined to operate for the

following reasons. The patient was of advanced age (68), and had given symptoms of fatty degeneration of the heart. The cancer, moreover, was a good deal diffused through a large gland, and the removal of it would have entailed a severe operation. I thought, also, that at this age the disease would pursue its course slowly; but in this I was mistaken, for my patient died in about twenty months from the time at which she first consulted me; and, although the tumour never proceeded to ulceration, there was all the disagreeable and harassing distress that is always produced by the existence of a hopeless malady; and it was far more painful to watch the gradual decline of life, than in cases where the disease has been removed, and where, for a time at least, the patient is free from the constant thought of her trouble.

Now, in this form of cancer, the hard cancer of the breast—a form of the disease which as frequently, or perhaps more frequently than any other, comes under our consideration for operation—my experience, and it is by no means limited to the observation of my own cases, is altogether in favour of the removal of the disease; and, in my opinion, it is very unfortunate for the credit of surgery, and also for the sufferers, that the operation is so often so long delayed as it is. I have assuredly no hope, that the extirpation of the disease, however early accomplished, will cure patients of cancer, except in a few rare instances; but I feel very sure that the relief obtained, and the prolongation of life, will be in proportion to the period at which the operation is undertaken. The remarks just made apply even more forcibly to that form of the disease which, attacking the skin most commonly, has been named, and is commonly known by the name of, epithelioma—a form of the disease which is very dissimilar, both in clinical history and in microscopic characters, from the hard and soft cancers.

In this form of the disease, the natural duration is longer, and more also may be hoped from an early operation; and it is often a matter of regret to me to be called to give an opinion in cases where the disease has already advanced very far, and lasted many months or years, and in which no operation has been attempted, or where the disease has been stimulated to more active growth by the application of ineffectual caustics. Such a case was the one of which I have shewn you a photograph, which was kindly taken for me by my friend, Mr. Lansdown. In this patient, the disease began, as it so commonly does, in a wart fourteen or fifteen years before the patient came under my care. It had sometimes appeared stationary; and then had grown more rapidly under the irritation of a blow or some injury, illustrating again a common feature in this form of cancer. He had been under the care of several surgeons, and had been treated with caustic applications. He said that no one had liked to remove it; and certainly, when he came under my notice, it was not a very enticing case to interfere with; but he was suffering so much from the tumour growing along his eyelids and into his eye, that I advised him upon that ground, if upon no other, to have it removed, and to this he gladly enough consented. He went through a severe attack of erysipelas during his convalescence; but got well, and the huge gap that was made in his face filled up, and left a not very visible scar, as may be seen from another photograph that Mr. Lansdown kindly took for me after his recovery. This patient still remains alive, and quite free from his disease. The tumour has been removed more than five years.

Now, in this, and in numerous other cases of epithelioma that I have seen, there can be no doubt that it would be better practice to cut away the disease

much earlier, and at a time when, from the size of the tumour, the operation could be attended with no danger. It seems a cruel thing to let the disease advance to a great size; and yet we are constantly having to deal with instances in which the chief question at the consultation is, whether the mischief has not gone too far to be entirely removed.

The other most common form of cancer—for I have nothing to say about colloid or melanotic cancer in particular—viz., soft cancer—is, as you all know, by far the most hopeless form of this terrible disease. There are a few cases undoubtedly on record in which the disease has been stayed by an operation; but I have never seen any, and yet there are points in which it can never fail to be interesting. The way in which, when occurring internally, it displaces different organs, obstructs the vessels, and presses upon and destroys the functions of nerves, is often very instructive to map out and trace; and, in other cases, great interest attaches to the unusual circumstances of situation in which the disease is developed, as in the following instance, which I shall give somewhat in detail.

I was consulted in January 1862 by a patient who told me that he had something the matter with one of his testicles. Upon examination, I found that both were retained in the groin, and that the right was the seat of an oval tumour, which measured four inches and a half long and three inches and a half broad. It was painless, not tender, and quite free from inflammation. From the first, I suspected that this would turn out to be carcinoma of the undescended testicle; but, as the diagnosis could not be determined at once, and as it was possible that it might only be chronic inflammation, I prescribed iodide of potassium. I continued this until March, when the tumour had increased an inch each way, and looked to the eye much fuller and larger. I now thought it desirable to interfere more actively, and to ascertain the precise nature of the swelling; and, my patient having previously consulted Mr. Paget, who agreed with me upon the propriety of my doing so, I made an exploratory puncture with a hydrocele-trocar, and succeeded in bringing away in the cannula a small piece of cerebriform-looking tumour, which presented the general and microscopical characters of soft cancer.

I recommended the speedy removal of the tumour; and accordingly, three days after, I proceeded to the operation, in which I was ably assisted by my friends Mr. Lansdown, Dr. Marshall, and Mr. Corbould. I made an incision, and freely exposed a large white oval tumour, over which largely dilated veins ramified. The testicle was easily lifted from its bed, and the spermatic cord found just behind the external abdominal ring. It was held by Dr. Marshall with forceps, and I cut it through; it was very thick and enlarged, and covered with large dilated veins. The abdominal cavity was not at all exposed, nor was the peritoneum in any way injured. About nine ligatures were required; and of these, four or five were applied to the vessels of the cord. The wound healed for the most part by first intention, but continued to discharge from its extremities for about six weeks, at the end of which time my patient appeared quite well. His respite, however, was not long; for, in about nine months from the time of the operation, he began to suffer from symptoms which indicated a return of the disease in the lumbar glands. In these there gradually developed a large tumour, which, by its interference with the neighbouring organs, and especially with the stomach, caused a fatal termination in about sixteen months from the time of the operation.

There are three or four cases of cancer of the non-

descended testicle recorded; but it is a condition but rarely met with.

I have already said that I have not seen any case in which I could say life had been prolonged by an operation undertaken for the removal of soft cancer; but there are one or two cases recorded in which a cancerous testicle has been removed, and the disease has not returned; and if in any case such a result could be hoped for, it would be in such an organ as the testicle, where the disease remains for a long time enclosed within, and limited by, a dense capsule, and where, as was the case in the instance that I have just detailed, the disease was set up by an injury.

But, in these cases of soft cancer, we can promise our patient but very little. The bare possibility of his being one of the very uncommon instances of perfect recovery, some comfort, and the prospect of his being spared the loathsome ulceration of an external cancer,—this is all. In the other forms of cancer we can do more; because, even if the disease return, its natural duration makes the comfort and relief afforded by the operation better worth having; and this is specially the case in epithelioma. It is remarkable, however, even in this, the slowest of the carcinomatous diseases—so slow in its progress sometimes, and so little malignant, that one wonders whether it should be considered a cancer at all—cases every now and then occur which bring out its relation to the other cancers very clearly. Thus I had not long since a man under my care for a disease of the cheek, which presented all the general characters of epithelioma; but, upon microscopic examination of the tumour after its removal, it presented appearances so like those given by soft cancer, mixed with epithelioma, that I ventured to foretell a very early return of the disease; and, before the incision had healed, it did return, and spread with fearful rapidity.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

CASES OF EMBRYOTOMY.

By JAMES V. BELL, M.D., Rochester.

[Read at Gravesend, March 30th, 1865.]

MRS. F., aged about 30, already the mother of three children, was expecting her fourth confinement in March. About five weeks ago, a soldier in the next house committed suicide by shooting himself; some circumstance connected with his funeral frightened her much. She said she was well up to that time; but far from it after. On January 28th, symptoms of labour commenced. The waters broke while she was getting into bed, but only slight occasional pains followed without any forcing efforts, during the whole of the two following days. On the morning of the 31st, about three o'clock, Mr. Steddy was sent for by the nurse, and tried to turn, but was unable. He regarded evisceration as the alternative, and sent for Mr. Fayle to assist him. Mr. Fayle was himself at a confinement, and sent the note on to me. I went at 10 A.M. and found the right arm of the child protruding through the ostium externum, and quite purple. On making examination, I found that with my right hand I could reach the head, which was situated anteriorly and posteriorly I could reach the angle of the scapula, but the uterine efforts caused by the introduction of the hand prevented anything further. I accordingly gave her three equal doses of tincture of opium amounting in all to half an ounce, at intervals of twenty to twenty-five minutes. Slight drowsiness was produced at the end of forty minutes, which increased in ten minutes after the third dose, and was attended with contrac-

tion of the pupils. I now endeavoured, first with my right hand, and then with my left, to reach the feet, but could not; the cramping influence of the uterus prevented my right hand from reaching beyond the left scapula, though with the left I could reach the buttock, but no further. The head was driven forward over the brim of the pelvis. It was now about half-past eleven; Mr. Fayle came in, and tried to turn, ineffectually.

Whatever might have been gained by waiting, if the child had been presumed to be alive, it could be of no use to delay any measures which could be employed safely for delivering the mother, now that the child was unquestionably dead. Therefore, with the sanction of Messrs. Fayle and Steddy, I resolved to perforate the thorax and eviscerate. This done, I hoped that there would have been room to secure the feet; but the uterus clasped its contents so tightly, that the hand was powerless against it; nor did there appear to be any appreciable advantage from the empty thorax and abdomen. There could be no objection to further spoliation of a dead child, so I took first a hernia-knife, and then a probe-pointed bistoury, and tried successively with these, introduced under shelter of the fingers of the left hand, to decapitate, by bringing the instruments to bear on the interval between two of the cervical vertebræ. As, however, the right hand also had to be introduced within the uterus, its power was rendered null and void; in fact, the bistoury was turned off the child's neck on to my sheltering thumb. I then be-thought me of the perforator; and in running it between two vertebræ and separating the blades; the head was severed from the body. The next pain brought the body into the world, and immediately succeeding the feet came the head. The drowsiness produced by the opium lasted more or less with intermissions during the rest of that day and the next; but no bad symptoms of any kind marred her recovery.

Another case which I had on February 26th, illustrates the good effect of not delaying embryotomy when it has to be performed.

Mrs. B., aged about 20, is a very small made woman of a very small made family. A sister of hers required craniotomy twice, and with her third pregnancy I brought on labour at the seventh month. Another sister, somewhat larger made, had had craniotomy for the first child, and the forep for one or two after. But this one was the smallest of the three. I went in the afternoon between three and four o'clock, and found the os uteri dilated, or rather quite dilatable; for it was kept from actually dilating by the bony conformation of the pelvis. The waters broke, and a large loop of cord came down under pressure of the head. I was unable to return it, and the questionable pulsation in it was soon without question non-existent. About eleven o'clock I tried the application of the long forceps. I could, with difficulty, introduce the very narrow blades by passing them obliquely into the outlet of the pelvis, but the completion of this application was very difficult, the pelvis being almost horizontally placed. I at last succeeded in locking them, and tried for about an hour exerting traction on the head, without any advance. I then sent for my partner, Mr. Fayle, that I might have the sanction of another for craniotomy, which I thought indispensable. He first tried traction with the forceps, but there was no advance. Accordingly about two o'clock A.M., I perforated in the sagittal suture, and, having broken up the brain and used the blunt hook, completed the delivery. My patient recovered without a bad symptom, except a slight feverish attack on the tenth day, which was only transitory.

Reviews and Notices.

LECTURES ON THE PATHOLOGY AND TREATMENT OF LATERAL AND OTHER FORMS OF CURVATURE OF THE SPINE. By WILLIAM ADAMS, F.R.C.S., Surgeon to the Royal Orthopædic and Great Northern Hospitals, etc. Illustrated by Five Lithograph Plates and Sixty-one Wood Engravings. Pp. 334. London: 1865.

THE eleven Lectures, of which this book consists, were delivered by Mr. ADAMS at the Grosvenor Place School of Medicine, in the Session 1860-61; and most of them have been since published in a contemporary.

The first Lecture begins with some Introductory and General Observations; in which the author states his reasons for delivering a course of lectures on Lateral Curvature of the Spine. He complains that there has been, in respect to this affection, a general deficiency of knowledge on the part of medical men, attributable to "the absence of any facilities in the Hospitals of this Metropolis for the clinical study of cases of spinal deformity." Hence our knowledge of the pathology and treatment of the disease is imperfect; and hence, too, the principles of treatment are opposite and antagonistic.

"A continuance of this state of things necessarily leaves open a very wide field to the pretensions of irregular practitioners. It cannot but be admitted, however, that the cause of the evil rests with the medical profession, and it is equally clear that we have the remedy in our own hands; but, so long as the pathology and principles of treatment of lateral curvature of the spine remain undetermined, we must never cease to be surprised that the public, who are never slow to discover the defects and uncertainties in medical practice, should believe—as one of the most able and scientific English authorities on spinal deformity, Mr. John Shaw, has observed—that 'these unprincipled practitioners have secrets for the management of distortions, with which surgeons are not acquainted'; and that the occasional success of the empiric, after failure under the direction of an eminent surgeon, by means diametrically opposite to those previously recommended, should 'confirm a parent's suspicion that the knowledge of the *quack* is superior in such cases, to that of the surgeon'." (Pp. 5-6.)

Mr. Adams then notices very briefly the so-called "systems" of treatment of distortion which have arisen out of empiricism; these being the systems of *complete recumbency*, *muscular exercises* or *gymnastics*, *cutting the spinal muscles*, *mechanical extension*, and *mechanical treatment* by means of spinal instruments. The last, Mr. Adams observes, forms, in conjunction with other means, the basis of modern orthopædic treatment.

He then goes on to refer to the improvement that is now taking place, and to the establishment of special hospitals for the treatment of distortions. On these institutions, Mr. Adams rightly observes, rests much responsibility.

"The profession generally will look to the surgeons of these special hospitals for such an extension of knowledge as careful investigation and practical experience will necessarily lead to, and they have also a right to demand their assistance in dispelling

the fallacies with which special branches of medical knowledge are invariably surrounded."

It is, Mr. Adams observes, the duty of the surgeons of these institutions to make them schools of instruction both to students and to the profession generally, and thus utilise them for the benefit of the poor of the country.

After an explanation of the object of the lectures, the remaining part of the chapter is occupied with a description of the healthy anatomy of the human spinal column. In the course of these remarks, when speaking of the normal—*anterior and posterior*—curves of the spine, Mr. Adams expresses his agreement with the opinion of Mr. Bishop, that the spine is weaker by being curved than it would be if it were straight; and that, in consequence, curvature in the mesial plane, as Mr. Bishop has observed, most commonly occurs at the sixth and seventh dorsal vertebræ, which are most distant from the vertical axis; and also that the weakness of the spine from curvature explains the prominence of the spinous processes of two or three lower dorsal vertebræ which is frequently observed in growing girls, but which, the author observes, is often a cause of unnecessary alarm.

Many anatomical writers speak of the existence of slight lateral curvature as a normal condition. Mr. Adams, however, founding his opinion mainly on observations made by him as demonstrator of morbid anatomy at St. Thomas's Hospital during twelve years, states any lateral deviation to be extremely rare; and in this opinion he agrees with Dr. Little. He says that he has known the belief that slight lateral curvature is a normal condition to be productive of mischievous consequences.

In the second lecture, the author speaks of the Physiology of the Spine in Relation to the Production of Lateral Curvature. He denies that there is any analogy between the articulations of the human spine and the joints of the limbs—such analogy being destroyed by the presence of the intervertebral cartilages; and consequently, he says, no analogy can be drawn between distortions of the spine and those of the limbs, such as some writers, Dr. Little especially, have endeavoured to trace. Mr. Adams fully discusses the physiological import of the oblique articulating processes, and of the ligaments and muscles of the spine. The theory, that unequal elongation and contraction of the ligaments produces lateral curvature, is denied by Mr. Adams, who adduces Mr. Skey's observations in support of his remarks. The muscles he considers as not being in a state of active tension when the spine is erect, but in a state of "vigilant repose"; and he holds that they do not act, primarily, in causing spinal distortion. But,

"As soon as the equilibrium of the spinal column is disturbed, and the body inclined to one side, the spinal muscles on the convexity of the curve are called into increased action and put violently on the stretch; they become tense and prominent, while the muscles in the concavity of the curve remain soft and flaccid. The latter circumstance appears to me to prove that the spine is *not* drawn into a curved posture by the active contraction of the muscles, in the same way that the arm or the leg is flexed when the biceps and hamstring muscles respectively become prominent and tense; but that the spine bends passively as a flexible column in consequence of disturb-

ance of its equilibrium, the result either of some alteration in the angle of its base of support—some tilting of the pelvis—or of some alteration in the distribution of the weight it has to support above." (P. 55.)

In the next page, he repeats that he has not been able to satisfy himself that morbid lateral curvature is ever produced by muscular action. He admits, however, that there is an apparent exception in wry-neck, which is produced by spastic contraction of the sterno-mastoid muscle; but even here, he says, the curvature "is a secondary and late effect of wry-neck, and depends as much on mechanical conditions as on physiological causes." The same reasoning, he says, is also applicable to the spinal curvature ultimately resulting from hysterical contraction of the scapular muscles.

In the third lecture, *Anterior and Posterior Curvatures of the Spine* are spoken of.

The fourth lecture contains an account of the External Characters and Morbid Anatomy of Lateral Curvature. In the fifth, the author continues his remarks on the Morbid Anatomy of Lateral Curvature, and speaks of the Changes undergone by the Bones and Cartilages, of the Deformity of the Chest and Pelvis, etc. In the sixth and seventh lectures, he discusses the General Pathology, Etiology, and Mode of Production, of Lateral Curvature; speaking also, in the seventh lecture, of the Symptoms. In the eighth lecture, he continues his remarks on the Symptoms, and also comments on the Complications and Natural History of the affection. The ninth lecture treats of Diagnosis and Prognosis; the tenth, of the Classification of Cases, and of the Principles and Various Symptoms of Treatment; and in the eleventh, the author describes in detail the Treatment which he believes best suited to the various forms of Lateral Curvature.

On all these points, Mr. Adams writes clearly and instructively. As an enlightened observer, he does not admit that any one class of causes produces spinal distortion, or that any one mode of treatment is equally applicable to all cases; but he points out how the disorder may arise from different sources, and how, accordingly, this or that remedy or combination of remedies is likely to be useful. Frequently, he expresses dissent from the opinions of his colleagues and of other authorities on various orthopædic matters; but there is no more than we must expect until the principles of the pathology and treatment of curvature of the spine are fully established. Towards fulfilling this desirable end, Mr. Adams has endeavoured to contribute his share; and we thank him for what he has done.

NOTES FOR STUDENTS IN CHEMISTRY; being a Syllabus of Chemistry and Practical Chemistry. By ALBERT J. BERNAYS. Fourth Edition. Pp. 92. London: 1865.

THIS little work contains a complete syllabus of the names, symbols, and properties of every important element and compound, organic and inorganic. The proof of the utility of the volume is shown by the fact that it has reached a fourth edition. Students, when reading for examinations, having no time to look up the larger manuals, are able readily to refresh their memories and find out their weak points by means of these Notes. Being quite unintelli-

gible to the mere tyro, the book does not dispense with handbooks for *learning* the science; and, differing from most of the minor manuals, it embraces the whole science of chemistry. A book which has already found such favour with the student scarcely requires recommendation from us. The merits of such a volume are shown by its success. Dr. BENNAY'S experience as a teacher has enabled him to give the student, in these Notes, just the aid which he requires for advancing or confirming his chemical knowledge.

British Medical Journal.

SATURDAY, MAY 13TH, 1865.

THE BRITISH PHARMACOPŒIA.

It is disappointing to find that a work promulgated with so much ceremony and at so great expense as the *British Pharmacopœia*, should have proved so unworthy a substitute for the works which it is meant to supersede. As a new edition is said to be forthcoming, we may perhaps usefully give a specimen of one or two of the most important errors in it.

As to the method of prescribing, it appears to us that the general discontent excited by the adoption of the new system of "grains" has a very solid foundation. It seems a somewhat arbitrary measure, that a small committee of physicians, assisted by some chemists and druggists, should alter the method of prescribing which has hitherto been adopted without inconvenience by the whole body of physicians. And all this innovation, causing considerable inconvenience to physicians, is introduced for no better purpose than to save the druggist a small arithmetical calculation in his operations. To this fault in the *British Pharmacopœia* may, we believe, in part be ascribed the neglect it has received at the hands of the great majority of English prescribers.

A more vulnerable point, because attended with greater danger, consists in various anomalies which disfigure its pages.

One of the most striking of these is the mistakes made in regard to the combination of chlorine with mercury, which have been lately especially noticed by Dr. Odling, in his lectures at the Royal College of Physicians.

In the *London Pharmacopœia*, the two combinations of mercury with chlorine were given as follows.

"Hydrargyri Chloridum (Calomelas, Ph. 1788)."

"Hydrargyri Bichloridum (Mercurius Corrosivus Sublimatus, Ph. 1746)."

In the *British Pharmacopœia*, they are given as follows.

"Calomelas.

"Hydrargyrum Corrosivum Sublimatum."

But in the *Materia Medica*, or first part of the

British Pharmacopœia, the first of these is called, "Hydrargyri Subchloridum, Hg² Cl"; the second, "Chloride of Mercury, Hg Cl." This alteration in the nomenclature of these important preparations, though supported by no less an authority than Gmelin, is now known to be incorrect. The most recent investigations of Dr. Frankland, of the Royal Institution, and of Dr. Odling, one of the most rising chemists of the day in London, gave the first chloride as Hg Cl, and the second as Hg Cl².

The verification of this view stands thus, as pointed out by Dr. Odling.

"Equal volumes of the volatile chlorides contain unequal volumes of chlorine.

"Calling the amount of chlorine in a standard volume of hydrochloric acid (i), the amount of chlorine in the same volume of calomel is (i); the amount of chlorine in the same volume of corrosive sublimate is (ii) 2; whilst the amount of chlorine in the same amount of antimony is (iii) 3, etc.; and so we have

H Cl	Hg Cl ²	Corrosive	As Cl ³
Hg Cl		Sublimate	Sb Cl ³

"The quantity of mercury which unites with twice 35.5 parts of chlorine to form corrosive sublimate, as with once 35.5 parts of chlorine to form calomel, has the same specific heat as

"An atom of silver, which forms Ag Cl;

"An atom of tellurium, which forms Te Cl²; and

"An atom of arsenic, which forms As Cl³.

"In corrosive sublimate, the chlorine is divisible into two parts; in arsenious chloride, it is divisible into three. Thus we have

"Chloramide, Hg Cl As;

"Iodoeyamide, Hg Cy I;

"Chlorethide, Hg Et Cl."

Calomel, therefore, as the *British Pharmacopœia* barbarously denominates this preparation, is a true chloride of mercury, and corrosive sublimate is a bichloride.

By this it is clear, that the *British Pharmacopœia* records an error in calling corrosive sublimate a chloride of mercury; but, putting aside the fact of this error, we must remark on the exceeding imprudence of giving a name which, by long custom, belongs to a harmless compound, to one which is as dangerous a poison as arsenic.

The excuse which will be made, that all who prescribe ought to adopt the new nomenclature, and prescribe strictly according to the *British Pharmacopœia*, will be no guarantee against accidents, because it is certain that many physicians will not abandon the custom they have always followed; and, again, many persons keep old prescriptions by them for years, continually getting them dispensed for use.

Hence, the "ignorance" which we observed in the reports of the discussions in the Medical Council to have been attributed to others, must in some degree attach to the authors as well as the critics of the *British Pharmacopœia*.

But, further, we are tempted to inquire how the Committee justify the use of the word "Calomel."

Setting aside the known prejudice of the non-medical public against the remedy, if prescribed under that name, we ask, Whence is the word derived? From the two Greek words, *καλος*, *good*, *μελας*, *black*. But, surely, this derivation cannot suit a word which is to designate a *white* powder! True, it has been hinted that the word "calomel" is of Arabic origin; but if such were the case, how is it that calomel in its genitive case, exactly follows that of the Greek word *μελας*, genitive *μελανος*.

It is evident, that the word is of Greek origin; and it was, in fact, introduced into medicine about two hundred years ago, and at that time represented the compound of sulphur with mercury, Hg S, Sulphide of Mercury, or Æthiops' Mineral, *which is a black powder*.

More than sixty years ago, the learned Dr. Turton, in his *Medical Glossary*, under the word "calomel", says, "I had hoped that the College of Physicians, in the appropriation of names to medicines, would not have neglected an absurdity like this."

Let us hope that, in the contemplated new edition of the *British Pharmacopœia*, the Committee may see fit to exclude the "absurdity" from the work.

In regard to the expense at which this new boon has been afforded to the medical world, we are at length able to state the authorised version of its cost, as printed by the Treasurers of the Medical Council.

The amount paid for compilation and printing	£6229	6	5
The receipts from sale, etc., to same date	5022	14	0

Leaving a balance against the Council, "due on account of publishing the *British Pharmacopœia*," of..... 1206 12 5
 With a stock in hand of 10,917 copies of the 32mo. edition—a stock not likely to be sold off on the eve of a new edition.

The *London Pharmacopœia* was produced at a cost to the Royal College of Physicians of, for each edition, little more than £200; of which £100 was presented to Mr. Phillips, the chemical authority of the College, and £100 to the editor of the work; and to each of the Committee, a small compliment in the form of a silver inkstand, they having declined other payment.

Every Fellow of the College received a copy of both editions (8vo. and 32mo.); and the funds of the College were increased by the sale of the work, on an average, by £50 annually.

"Look on this picture and on that!"

It is proposed that the new edition shall be of a size medium between 8vo. and 32mo. This form would save expense in paper, as compared with the very costly large edition; but a great want would still be felt by students, who cannot well do without a smaller and more portable, as well as a cheaper edition.

As a proof that smaller editions will be remunerative, we may mention that a large remaining number of unsaleable copies of the 8vo. edition of the *London Pharmacopœia* were rendered saleable by being cut down to a smaller size, for the especial use of students, and were all sold off; the ready sale proving the existence of the demand.

WHAT can legislation, Medical Councils, and the press do for our profession, while it insists on deliberately committing suicide? At another page will be found a short correspondence, which indicates descent, and contains a sad commentary on our professional *esprit*. The British Medical Association, and likewise the medical men of Reading, took active steps to obtain from the Postmaster-General the due remuneration of medical men for examination of lives under the Government Insurances and Annuities Act. That due remuneration would have been given, in accordance with their action, is certain, if members of the profession had not themselves interfered by offering to do the work at something approaching to the wages of a mechanic. The British Medical Association and the Reading gentlemen were met with the unanswerable remark, "We have offers by hundreds and hundreds from medical men, who are ready to do the work at 2s. 6d. per examination; nay, who beg and pray to be appointed on such terms." "And more than this," said Lord Stanley of Alderley; "here is the *Lancet*, which says 2s. 6d. is a 'sufficiently liberal' charge under the circumstances." How can we ever hope to see the status of our profession elevated, in the face of such telling facts as these? Nothing can be more manifest than that the Postmaster-General was ready and willing to have given a fitting remuneration, if the profession had demanded it. And who can blame a public official, if, in a free-trade age, he accepts the lowest tender from gentlemen whose fitness for the work to be done is guaranteed to him by the diplomas of Colleges and Halls?

OUR attention has been called to the fact—more eloquent than words, as indicative of the condition of the Navy Medical Service—that on the 8th inst. six surgeons were appointed to different ships, in lieu of assistant-surgeons.

"G. Bellamy, surgeon, additional, to the *Cumberland*; J. C. Eastcott, surgeon, additional, to the *Excellent*; W. Anderson, surgeon, additional, to the *Asia*; A. L. Archer, surgeon, additional, to the *Indus*; R. W. Beaumont, surgeon, additional, to the *Fisgard*; C. F. Godfrey, surgeon, additional, to the *Victory*."

These surgeons are appointed to do assistant-surgeons' duty; and for the manifest reason, that assistant-surgeons are not to be had at any price. This very important fact entirely supports the truth of a remark made in the rejected Report of the Com-

mittee appointed by the College of Physicians to inquire into the condition of the army and navy medical officers; viz., that the service, in respect of its supply of medical officers, has arrived at very much the same state which it was in previous to and during the Russian war. If there had been candidates for the navy medical service forthcoming, those surgeons would not have been appointed. Was the Committee wrong which asked the College to take cognisance of a state of things which has brought the service to such a pass? We may add, that we have had it as the undoubted opinion of one of the persons best fitted to know the facts of the matter, that, if another war were to break out to-morrow, the medical service of the army and navy would be found equally as unable to cope with the emergency as it was during the Russian war.

THE *Wien. Med. Woch.* says of the Czarewitsch's death:

"Professor Oppolzer has returned from Nice. On his arrival there, he found the imperial patient in a dying state. He remained an hour with him, and, after examination, pronounced his disease miliary tubercular meningitis, the result of chronic disease of the spine. He visited the patient with Karrel, Pirogoff, and Zdekauer. On the following day, and before the *post mortem* examination was made, the diagnosis was written down, and, at Pirogoff's request, witnessed by Princes Schuwaloff and Dolgorucki, and by General Adlerburg. This was done on account of a different diagnosis having been made, and because some of the Court were of a different opinion as to the nature of the disease. Pirogoff performed the *post mortem* examination; Oppolzer dictated; and Karrel wrote down the statement of appearances. On the *dura mater*, between the first and second lumbar vertebrae, was found a vascular fibrous tumour; and towards the *cauda equina*, several small tubercular granules. The second and third lumbar vertebrae were carious. A small abscess was found in the right *psaos* muscle; at the base of the brain, miliary tubercular inflammation and softening of the brain-substance; a large quantity of serum in the ventricles; and two obsolete cavities and several granules were found in the right lung. The left lung was sound. On the following day, after reading their report, the Emperor sent for Oppolzer, Pirogoff, and Zdekauer; and, in the presence of his whole family and of the Court, asked them whether, if they had been called in earlier, they could have saved his son; or whether the organic disease was incurable. To which they replied, that the case was hopeless. Thereupon the Emperor turned to his family and said: 'We must bow with humility and peace to the will of God.' The Emperor then thanked Oppolzer, and bid him remain another day in Nice, in order to examine the other imperial children; which he did, and declared them all to be free from tubercular disease, and in perfect health."

M. VELPEAU, in the name of M. Ollier, has presented to the Academy of Sciences a portion of a humerus twelve *centimètres* long, and comprising the superior articular head of the bone. This piece of bone had been taken from the arm of a young girl whose shoulder had been the seat of suppuration for several years.

The periosteum was preserved, and the bone had been reproduced. M. Velpeau showed photographs which proved that the arm could be moved in all directions; that there was no deformity; and that, therefore, the articular head of the bone had been restored. This fact, said M. Velpeau, proves the possibility of the reproduction of the bony epiphyses by the periosteum, and the error of those who maintain that such reproduction can only occur in cases of necrosis.

Professor Gilewsky of Krakau lately related to the Vienna Medical School a case of mucous polypus of the larynx in a young woman, which he had removed by dividing the thyroid cartilage. Very little bleeding followed. Professor Türeke said he was convinced that laryngotomy was in many cases the best operation for the removal of laryngeal polypi.

The Belgian Academy of Medicine have proposed the following subjects for their prizes—medals in value from 300 to 1,500 *francs*—for the years 1864 to 1866:—The History of Glycosuria; An Exposition of Scientific Medical Progress in the Learned Societies, etc., of Belgium; The Effects, etc., of Tobacco on Healthy Man; The Characters, etc., of Malignant Pustule, as observed in Animals—its Causes and Treatment; The Chemical History of Digitaline; The History of Van-Helmont's Medical Works, his Doctrines, etc.; The Treatment of Surgical Cancer; The Chemical, etc., Study of *Tenacetum Vulgare*; The Functions of the Parts of the Different Brain, as proved by Experiment, etc. The theses must be written in Latin, French, or Flemish.

In Vienna, during March, sixty-five dead bodies were brought under the inspection of the sanitary police—twenty-five more than in the preceding month. Of these, eleven were cases of suicide, four of accidents, and fifty in which the causes of death were unknown. *Post mortem* examinations of these are made.

Dr. Parkes speaks highly of Mr. Lowne's anemometer, constructed by Mr. Casella of Hatton Garden. It is similar to the instrument of M. Combes, but is much more delicate, is more easily read, and not so difficult of correction. Dr. Parkes thinks the instrument will be of great use in hospitals, mines, etc. By it, in two or three minutes, an observer can learn the amount of air passing into or out of a room; so that the state of ventilation of wards of a hospital may be readily and accurately determined.

M. Pelouze gives the French Academy his observations—the volumetrical analysis of the iron in the blood. Human blood, he finds, contains 51 *milligrammes* of iron in 100 *grammes*. Pig's and ox's blood contains from 48 to 50 *milligrammes*. In birds, the quantity of iron is much less. The blood of the duck contains 34, that of the goose 35, and that of the turkey 36 *milligrammes*.

EXCISION OF THE TONGUE BY MR. SYME.

On the 10th instant, Mr. Syme, in the presence of a very large audience, comprising a large number of practitioners, performed excision of the tongue. The patient, a woman of about 56 years of age, has been affected with malignant disease of the tongue for about two years. The affection implicated nearly the whole of the organ, extending to within a short distance of the hyoid bone. Having made an incision, dividing the skin in the median line from the lip downwards, Mr. Syme sawed through the lower jaw. The two portions being then held apart, he readily and rapidly dissected out the whole tongue. Only a few ligatures were required; and the patient lost but a very small quantity of blood. The wound was brought together by means of silver sutures. The whole operation lasted about twenty minutes. Before its commencement, the patient was kept under chloroform; the administration was, however, purposely not continued during its performance.

After its conclusion, Mr. Syme remarked that the operation for removal of the tongue might be said as yet to be an experiment, as there was uncertainty both as the immediate danger attending it and as to its ultimate success. Mr. Syme remarked that the patient upon whom he had operated six months ago, is still perfectly well, there having been no recurrence of the disease. He alluded to his not having continued the administration of chloroform during the operation, stating that his object was to prevent any passage of blood into the lungs, so as to keep them as free as possible from irritation. The patient, who bore the operation with remarkable fortitude, was able to walk out of the operating theatre, after its conclusion.

EXTRACTUM CARNIS LIEBIG.

At the last meeting of the Royal Medical and Chirurgical Society on Tuesday evening, specimens of this preparation, about which there is so much talk at present, were exhibited, and tasted by the Fellows of the Society. The specimens having been sent direct from Baron von Liebig to Professor Harley, there could be no doubt of their consisting of the genuine article. The substance is of a rich brown colour, and smells very strongly of osmazone—the fragrant principle of cooked meat. In consistence, it resembled very thick treacle; and one pound of it was said to correspond to the soluble matters of thirty pounds of ox-flesh. It was apparently very easily transformed into a savoury article of diet; for several of the gentlemen, after the meeting was over, took a teaspoonful, poured some boiling water over it, added a little pepper and salt, and there and then drank it off, with much apparent satisfaction. There can be little doubt that, if all the specimens are equally good with that exhibited to the Royal Medical and Chirurgical Society, the whole medical pro-

fession owe a deep debt of gratitude to Liebig for having put into their hands a means of giving to their patients the nutritive parts of animal food in a remarkably concentrated form. Professor Harley informs us that the preparation is extensively prescribed, both in hospital and private practice, in Germany; and is actually one of the remedies of the Bavarian Pharmacopœia, under the title of *Extractum Carnis Liebigii*. The specimens Liebig had sent him, however, were those just arrived from Uruguay, where they are prepared by the *Société de Fray-Bentos*. They were beautifully put up in white porcelain jars, which must have contained at least about a pound each.

THE HUNTERIAN SOCIETY: ADJOURNED DISCUSSION ON SYPHILIS.

THE next meeting of this Society is to be devoted to the discussion of a paper read by Mr. Hutchinson at a former one, on the "Medical Aspects of Syphilis." One adjourned meeting has already taken place; but the debate not being concluded, it has been decided to resume it next Wednesday, May 17th. The President invites the attendance of all interested in the subject.

No paper will be read; but the following propositions will be submitted to criticism.

1. Syphilis ought to rank as an exanthematic fever, having its stages of incubation, efflorescence, decline, and sequelæ.
2. The secondary rash (together with iritis, retinitis, condylomata, mucous patches, and superficial inflammations of the mucous membranes) is the exanthem stage.
3. Both primary and secondary stages will, after a certain duration, disappear spontaneously.
4. The evolution of the exanthem cannot be prevented by internal treatment during the period of incubation.
5. The symptoms which constitute the tertiary class are rather sequelæ (more or less accidental) than a true stage. They are irregular as to their time of outbreak, have no tendency to spontaneous cure, and they relapse over and over again after remedial treatment.
6. A very important distinction between the secondary and tertiary symptoms is found in the fact that secondary phenomena are, *as a rule*, symmetrical, and tertiary, *as a rule*, not so.
7. From the symmetry of secondary symptoms, we infer that they depend on a poison circulating in the blood; and from the non-symmetry of the tertiary, that they depend upon defective organisation of the solids rather than upon any free virus still existing in the blood.
8. This statement as to the non-symmetry of tertiary lesions applies only to acquired syphilis. In inherited syphilis some very remarkable differences are noticed. The distinction between the stages is much less marked, and most of the symptoms are symmetrical.
9. Of the symptoms which should be classed as tertiary, the following are the chief: deep or serpiginous ulcerations of the skin and mucous membranes; syphilitic orchitis; nodes, whether of bone, periosteum, cellular tissue, tendon, bursa, or ligament; deposits in the internal viscera, and diseases of the nervous system.
10. The investigations of recent observers have proved that very numerous and important organic diseases are remotely, but directly, consequent upon syphilis, and are to be cured only by proceeding on that supposition.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

EPILEPTIFORM CONVULSIONS: EXTENSIVE HEMORRHAGE INTO THE RIGHT HEMISPHERE. At a meeting of the Pathological Society of London, on February 21st, 1865, Mr. Jabez Hogg showed the right hemisphere of the brain from a patient who died in epileptiform convulsions of thirty hours' duration. The subject of the case was a gentleman, aged 56, short, of full habit, and plethoric. One morning he was found insensible; his breathing was loud, but not stertorous; his pulse was quick, and a little blood flowed from the mouth. While Mr. Hogg, who had been called, was attending to the treatment of the patient, a violent epileptic convulsion seized him, which lasted quite ten minutes, when it subsided. The left side was paralysed. For from fifteen to twenty minutes, there occurred another seizure, and this was again succeeded by an interval of rest; other fits followed in tolerably regular succession. As near as could be ascertained twenty-five occurred in thirty hours. Towards the end they became weaker, but lasted longer; in the last fit he died. On opening the skull and removing the brain, a great quantity of clotted blood escaped from a wound in the right hemisphere, on a level with the section of the skull. The clots that thus escaped remained in the base of the skull, when the brain was taken; and as far as could be judged amounted to about three ounces of blood. The orifice from which the blood had escaped, communicated with a large cavity in the white substance of the hemisphere, extending from its anterior to its posterior extremity filled with clotted blood. The surface of this cavity was rugged, and both white and grey substance were completely broken down and mingled with blood. In this cavity there must have been two ounces of blood, so that altogether there could not have been less than five ounces. The small arteries of the pia mater were quite granular and in a state of fatty degeneration. This unusual amount of hemorrhage, Mr. Hogg considered, was probably due to the epileptic convulsions, which succeeded each other rapidly from the time of the first seizure till death (thirty hours after); some of them lasted as long as twenty minutes. The interest of this case hinges on the extensive destruction of brain-substance and the large amount of hemorrhage. It is a little remarkable in connection with this case, that the patient's relations never heard of his having had a fit at any former period of his life. However, during the summer of 1859, he lost the sight of the right eye by destructive internal inflammation, accompanied by much pain; and at that period he was treated for rheumatism, which extended down the right side of the body. Early in the following year, 1860, he placed himself under Mr. Hogg's care, and finding the sight of the left eye threatened, Mr. Hogg recommended enucleation of the right eyeball. This operation was performed; and the patient made a good recovery; the sight of the left improved, and remained perfect up to the time of the seizure just narrated. It is not improbable that the sight of the right eye was lost during a slight epileptic fit about this time. On examining the left retina, Mr. Hogg found many recent minute apoplectic spots distributed over it, but otherwise the eye was perfectly healthy. The mass which filled up the right orbit was wholly composed of fat and connective tissue;

and the optic nerve had become converted into a very thin but strong fibrous cord; not a trace of nerve-structure could be seen. Loss of speech took place simultaneously with the epileptic seizure. Consciousness certainly returned for a few minutes between the first and second fit, for he attempted to say something to Mr. Hogg, but was unable to articulate. This case was associated with hemiplegia of the left side of the body, and destruction of the right side of the brain. The left hemisphere was slightly congested, but nearly normal. The body was not further examined. Upon emptying the bladder with a catheter before death, the urine was found highly albuminous.

RUPTURE OF AN AORTIC VALVE. At a recent meeting of the Pathological Society, Dr. Wilks produced the very rare specimen of rupture of one of the aortic valves from injury. The subject, a young man, fell from a height on his side; he had lacerated his intestines, and died in three days from peritonitis. He had also great difficulty in breathing, but his heart was not examined during life. After death, one of the aortic valves was found torn from its edge to its base towards its side, as if it had been forcibly torn away from its attachment. Dr. Wilks supposed the rupture was caused by the extensive pressure of the blood on the valve produced by a sudden contraction of the aorta—there having been no direct injury to the chest.

SURGERY.

DISLOCATION OF THE CERVICAL VERTEBRÆ. Dr. Schuh of Vienna relates two cases of this accident, from which he deduces the following conclusions. 1. Although dislocation of an articular process produces but a slight twisting of the vertebral canal and contraction of the same, the accident is followed by disturbances of innervation. In both the patients, the upper limb on the side of the dislocation suffered. In one instance, that of a girl, there were pains proceeding along the course of the nerves arising from the cervical plexus. In the other patient, a man, there was congestion of the head and especially of the face; but the symptom was absent in the girl. 2. The results in the two cases appear to show that the functions of the spinal cord are not restored when reduction is effected with much force or only after repeated attempts; while, if replacement be easy, the disturbances of innervation are likely to disappear rapidly. 3. From the small number of cases recorded, it is not known whether, in the event of the dislocation not remaining reduced, the spinal cord and nerves may gradually accustom themselves to the pressure, so that the symptoms disappear; but Dr. Schuh does not think this occurrence probable. (*Wiener Med. Wochenschr.*, 4 Jan., 1865.)

TREATMENT OF GONORRHOEA. Dr. Thomas B. Henderson lately read a paper before the Glasgow Medical Society, on Two New Specific Remedies for Gonorrhœa. The first of the medicines is the oil of yellow sandal wood. It is obtained by distillation from the wood of the tree *Sirium myrtifolium*, of the genus *Santalum*. It grows in the East Indies. One pound of the wood yields two drachms of the oil. Lindley says: "This oil is said to be used to adulterate the oil of roses." Professor Redwood in his *Supplement to the Pharmacopœia*, on the authority of Dr. O'Shaughnessy, writes: "Sandal wood in powder is given by the native physicians in ardent remitting fevers. With milk it is also prescribed in gonorrhœa." Dr. Henderson has found sandal wood per-

fectly innocuous even in large doses. From twenty to forty minims three times a day, diluted with three parts of rectified spirit, and flavoured with cassia or cinnamon oil, is his ordinary formula. In cases of the disease at the first, second, or third stage, in susceptible persons, he has often seen the most marked suppression of the discharge within forty-eight hours. It is a pleasant medicine, not liable to cause sickness, agreeable to the taste, and grateful to the stomach. In Dr. Henderson's opinion, it is in efficacy equal, and frequently superior, to balsam of copaiba or cubeb pepper. He has used it in many cases during the past five years. The other remedy is the gurgun or gurgina balsam, or wood oil. It is the product of the *Dipterocarpus turbinatus*, an Indian tree. Wood oil is a liquid of the consistence of olive oil, of a dark reddish colour and slight odour. Pereira gives a good account of this medicine when speaking of the adulterations of balsam of copaiba. The description of this medicine which caused Dr. Henderson to try it is contained in Mr. Waring's *Manual of Practical Therapeutics*. It is now several years since Dr. Henderson commenced to experiment with wood oil. He has only used it in cases where copaiba had been fully tried and failed. In every case it was successful within a week. No symptoms of inconvenience in any of the cases were produced. It was given in doses of a teaspoonful two or three times a day, *uncombined*. It is not easily procured in this country. Dr. Henderson is thoroughly convinced that it is an excellent medicine. (*Glasgow Med. Jour.*, April 1865.)

COMPRESSION IN ANEURISM. In a Clinical Lecture on the Combination of Distal with Proximal Compression in Certain Cases of Aneurism. Mr. J. M. O'Ferrall, F.R.C.S., says that he has long since been of opinion that compression of an artery on the distal side of an aneurismal sac should precede or accompany that on the cardiac side of the aneurism. He has often observed arrest of pulsation easily accomplished, attended at the same time with a flaccid state of the sac; but in such cases, the moment the pressure ceased, the sac was filled and throbbled as before. The formation of the coagulum is thus desirable as the first step to consolidation. It therefore appeared advisable to interrupt the current only when the sac was full of blood. These considerations, together with the knowledge of the fact that ligation of the artery on the distal side has sometimes cured an aneurism when the upper or cardiac portion of the vessel could not be reached, led him to try this expedient whenever a fair amount of pressure was not followed by success. He thinks that cessation of pulse in a sac which suddenly diminishes in size and becomes flaccid is less likely to be followed by a permanent cure, whatever time may have been occupied in the compression; and that a sac which retains its volume, and is, moreover, full of coagulum, is less likely to be refilled, however short the duration of the compressing force. When the supply is completely cut off by ligation of the trunk, he believes that the danger of relapse from refilling of the sac by collateral sources is more likely to occur when the sac collapses and becomes flaccid at the moment of deligation, than when its dimensions are unchanged. This firmness of the parietes of the sac is always considered favourable to the success of the operation, as implying the presence of fibrinous deposits, whether we attribute them to stasis of the blood or to inflammatory exudation, as suggested by the researches of the late Dr. Abraham Colles. Mr. O'Ferrall has no doubt, however, that whether a sac be filled by fibrinous deposits of some duration, or by coagulum recently formed, a full sac is very influential in preventing

the ingress of blood from a compressed artery above, or collateral branches from below; the compression below the sac need not, in some cases, last more than a few minutes before the current above is stopped. If, on making the pressure above and arresting the pulsation the sac remains full, the object is attained, and time is merely required to allow the blood then liquid to coagulate in the sac. In other cases, it may be prudent to continue both compressions for a longer time. Three cases have already been treated on this plan with success. The first was published by Mr. O'Ferrall in the *Dublin Quarterly Journal* for November 1846. (*Dub. Med. Press*, March 1865.)

MIDWIFERY AND DISEASES OF WOMEN.

CONNECTIONS OF PUERPERAL FEVER. Dr. Barnes thus sums up the connection between puerperal fever and the local and constitutional conditions derived from pregnancy and labour. 1. Pregnancy induces a degraded condition of blood; throws an excessive burden upon the excreting apparatus; impedes the freedom of the circulation; causes hypertrophy of the heart. 2. Labour adds to the condition left by pregnancy; shock; extensive local injury; an enormous waste of nerve and muscle, the consequence of physical exertion; greater degradation of blood from this conversion of nerve and muscle, and also from the proceeds of the involution of the uterine tissues. 3. Hence a greatly exalted stress upon the excretory organs, and a general deterioration of the solids and fluids, inducing feeble physiological action, and therefore tendency to fall into pathological action; that is, to generate what in the strictest sense may be called puerperal fever.

EXOSTOSIS OF THE SACRUM: CÆSAREAN OPERATION. Dr. Marchant of Yvelles, relates the following case. J. L., from Vaux, aged 31 years, a tall meagre woman, of a strong constitution, had never been seriously ill before her marriage. She was married at 25, and had been four times pregnant. Her first pregnancy occurred in June 1859. Ten hours after labour had commenced, the head was found arrested in the brim of the pelvis; the os uteri being perfectly dilated. Three physicians declared that the sacro-vertebral protuberance somewhat narrowed the diameter of the antero-posterior portion of the superior passage and would retard the labour, which, however, would be effected by the natural efforts. Fifty hours after the commencement of labour, the woman gave birth to a well-formed child, that gave but feeble signs of life, and died. In 1860 she was again delivered, this time by craniotomy. After the extraction of the fetus, a hard bony tumour was found, with a broad basis, and united to the superior half of the sacrum. The transverse diameter of the superior passage having its normal width, the vertebral column showed no deviation. The woman again became *enceinte*. The bony tumour had grown, and increased the constriction of the sacro-pubic strait. She was again delivered by cephalotomy. In 1863, a fourth pregnancy occurred. The development of the tumour had reduced the antero-posterior diameter of the pelvis to five centimètres. This rendered embryotomy as dangerous as the Cæsaean operation, to which the woman resigned herself. She was subjected to an abundant bleeding, baths, a slender dietary, and purgatives, during the last eight days of her pregnancy. When the neck of the womb was effaced, Dr. Marchant proceeded with the operation. On opening the womb, the placenta was inverted. He disengaged it from the anterior part, and the child appeared at the opening through the breech. Hardly had he been extracted from the womb of his

mother, when he began most vigorously to utter his first screams. Having finished the operation by the extraction of the placenta and its appendages, and having carefully sponged the uterine and abdominal wounds, Dr. Marchant reunited the latter by means of the "uniting bandage." The woman had, twelve hours after the operation, violent acute pains, vomiting, pulsation frequent, and was bled to 250 grammes. Twenty-four hours after the operation: the pulse frequent; she had perspiration; the abdomen was painful, slightly swollen. Ten leeches were applied to the vulva; oily ointments were used. From the fourth day the inflammation declined; the abdominal wound began to cicatrise, and the patient recovered her strength. The child also, put out to nurse, was doing well. (*Dub. Med. Press.*)

MEDICINE.

INFLAMMATION AND VENESECTION. Dr. MacCormac of Belfast, says that, at one time, every case of inflammation was treated, without discrimination, by the lancet; and now, and for some time past, an effort is made, he must say equally indiscriminating, to treat every case of inflammation without the lancet. The type or types of inflammation, in his apprehension, are just what they always were. But, inflammatory attacks he does not think now so frequent as they once were. People clothe more warmly, and, thanks to machinery and the various mechanical aids, do not make such violent efforts. There cannot, he says, be any reasonable doubt that violent inflammatory action, in vigorous plethoric subjects, is lessened, often entirely quelled, by three, two, or sometimes even one copious detraction of blood. He who rejects bloodletting entirely, deprives himself of a most potent and often most valuable auxiliary. Some years since Dr. MacCormac was called in to see a gentleman with a feverish attack coupled with an inflammatory affection of the brain. Moved by the clamour against bloodletting, he resolved, most unwisely, to omit venesection. "You would not have done that at one period," said the general practitioner in charge, "you would have taken away thirty or forty ounces of blood from the arm." In due time coma ensued, and finally death. Perhaps the patient might not have recovered under any treatment.—M., a vigorous, robust, plethoric man of 60, was seized with pneumonia. There were great oppression of breathing, a full, hard, rapid pulse, great heat of surface, flushed face, high-coloured cheek bones, and tenacious rusty sputa. Dr. MacCormac leeches, blistered, opened the bowels moderately, gave cooling drinks, and antimonials. The result of this treatment was the loss of the patient.—R., a stout vigorous man, was very largely bled for pneumonia. The countenance, however, continued anxious, the breathing laboured, and the expectoration difficult, while the pulse continued 120. Dr. MacCormac bled no more, but gave mercury and opium every four hours. In twenty-four hours or so the gums were a little sore, profuse sweating came on, the pulse fell to 80, all oppression ceased, and the man did well.—A. was seized with pleurisy, consequent on a blast of cold air from the open hall door on first coming down stairs after her confinement. In the morning she was suffering much, restless, and had been meanwhile plied with hot brandy and water by her mother. Blood was drawn from the arm with much relief, and twelve leeches were applied. In twelve hours there was recrudescence, with great pain and fever. Dr. MacCormac again bled the patient, and then again, for the same reason, six hours later. He now put on a blister, and gave mercury and opium every three hours. In eight-and-forty hours,

there was copious sweating, the gums were a little tender, the pulse had fallen to 80, there was no pain or uneasiness, and the patient, after a severe, not to say formidable attack, in a short time was perfectly herself again.—B. A. was bled by another practitioner with much relief, for typhoid pneumonia. As the pulse was soft, with sweating and copious characteristic sputa, Dr. MacCormac proposed a grain of opium night and morning, and a bottle of port *per diem*. No case could end more favourably.—A young man was seized with ordinary brisk pleuritis. Dr. MacCormac bled him, put him in a warm bed, opened his bowels, then gave him a grain of opium every six hours. He was very rapidly convalescent.—A vigorous man of 76 was seized with acute pleurisy and fever. Dr. MacCormac bled him, put him to bed, and gave him full opiates night and morning, the bowels having been attended to. He did perfectly well, and was presently about again.—Having been hard worked, and greatly exposed during one of our cholera periods, Dr. MacCormac was seized with violent pleurisy in the left side. He could not breathe without great suffering, nor lie on the side. Growing rapidly worse, he sent for a medical friend, and made him take as much blood from the arm as he could bear. He then had applied locally four-and-twenty leeches; and, as soon as it could stick, a large blister, followed by a poultice. As soon as the bowels had been made right, he took full opiates. On the third day he got up after three days fasting. Dr. MacCormac believes that by giving up venesection, we merely tie up our own hands. Judiciously and carefully resorted to, it cuts short, or helps to cut short, inflammation, sparing the patient great suffering, great impairment of strength, loss of time, and the terrible sequelæ which are the very possible, and unhappily, too frequent results of unchecked inflammation. (*Dublin Medical Press*, March 1865.)

MUGWORT IN THE TREATMENT OF EPILEPSY. Dr. Joseph Edmundson, Medical Superintendent of the Lunatic Asylum, Clonmel, says that having had his attention called to an article written by Dr. O'Rourke, detailing his experience of mugwort in epilepsy, he selected from thirty-five epileptics three female and two male patients, and put them under treatment. The mugwort was procured from the Apothecaries' Hall, Dublin. The ale used was of the best quality, and the decoction was prepared by the apothecary of the establishment with scrupulous exactness, in conformity with the directions given in the article referred to. The medicine was administered in the prescribed quantities with unerring regularity. From December 10th the fits altogether ceased in one female case, which he hoped was the result of treatment, but they recurred again on January 24th, and have since continued with their accustomed frequency, and uninfluenced by the action of the mugwort. The male cases were selected with equal care, but as they did not, from reluctance on their part, take the medicine regularly, it would be unfair to record the result. Dr. Edmundson continued its use for fourteen weeks without producing the slightest effect. It is an admitted fact that a particular medicine may have a decided effect with one practitioner and fail with another. Dr. Edmundson believes that the recognised remedies for the treatment of epilepsy—zinc, iron, nitrate of silver, valerian, etc.—generally produce only temporary effects, lessening the violence and frequency of the attacks, or causing intermissions of greater or lesser duration. Hence the necessity of watching our cases to ensure that the mugwort is curative and permanent in its action, which time and close observation alone can test. (*Dub. Med. Press*, March 22nd.)

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	York House, Bath.	Thursday, May 18, 7.15 P.M.
SOUTH MIDLAND. [Annual.]	George Hotel, Northampton.	Tuesday, June 6, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not later than June 17th. Dinner at 6 P.M.

G. H. PHILIPSON, M.B., *Hon. Secretary.*

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

I HAVE recently seen a well marked example of that curious and interesting phenomenon called embolism, so often alluded to and described, but not commonly met with in a form that can be easily recognised during life. A man, aged 40, was admitted into the Northern Hospital, under Dr. Waters, in the advanced stage of phthisis. The right lung was extensively consolidated by tubercular deposition, with cavities; the left was also affected, but to a less extent. About a month after admission, he was seized suddenly in the night, with severe pain in the bend of the elbow extending down the forearm of the right side, with numbness and loss of power of the limb. The next morning, the arm was found to be nearly powerless; the temperature was diminished; and a total absence of pulsation in both radial and ulnar arteries. A small hardened, cord-like substance could be distinctly felt at the bend of the elbow, occupying the brachial artery immediately above its bifurcation; no doubt a plug of fibrine detached from some distant part of the vascular system, and completely obliterating the calibre of the vessel. The pain in the limb gradually diminished; the temperature varied, being sometimes higher and at others lower than the natural standard. Partial paralysis continued; but neither vesication, discoloration, nor any other indication of approaching gangrene appeared. In little more than a week, hemiplegia of the left side came on suddenly, followed by loss of consciousness, convulsions, and death. Unfortunately, a *post mortem* examination was not permitted; but the cause of death was evidently a further development of embolism, the obstruction on the last occasion, in all probability, occurring in one of the vessels of the brain. The patient was, in addition to his tubercular affection, the

subject of albuminuria; but careful examination and inquiry failed to elicit any evidence of disease of the heart or blood-vessels; so that the exact source of the embolus can be a matter of speculation only. One condition of which arterial emboli have been observed as a consequence is gangrenous phlebitis of the pulmonary veins or of pulmonary tissue, either or both of which, it may reasonably be inferred, might have existed in this case.

In the same ward, another case arrested my attention. A sailor, 47 years of age, who had lost his right arm eighteen years ago, was now under treatment for thoracic aneurism. The disease was at once apparent; indicated by a small prominent pulsating tumour in the right mammary region, which the patient had noticed for about six months, having complained of pain in the chest for some time previously. He had the peculiar ringing cough characteristic of the disease; but there were no general symptoms of great urgency or distress. He had been in the hospital three months. During that time, Dr. Waters had adopted the mode of treatment advocated by Dr. W. Roberts of Manchester, to which I alluded in a former letter (January 10th, 1863); viz., the continuous administration of iodide of potassium in large doses, commencing with five grains and increasing it to twenty grains three times a day. Under the observation of Dr. Roberts, this has, in some cases, been followed by very striking and beneficial effects upon the aneurismal tumour as well as upon the general symptoms; but, in the present instance, although the medicine had been pushed as far as the system would bear—namely, to doses of fifteen grains—and persevered with it steadily for several weeks, no perceptible benefit whatever seemed to result from its use. Another remedy—the application of ice to the tumour—appeared for a time to diminish the pulsation; but, after a trial of fifteen days, the relief afforded was so slight and so transient, that it was also discontinued, and the case remains much in the same condition as on admission.

In connexion with this subject, I may mention a case of abdominal aneurism in which very decided benefit followed the use of iodide of potassium; whether *propter* as well as *post hoc*, I must leave your readers to determine. A Welsh farmer, about 40 years of age, consulted me in June last for a pulsating tumour in the abdomen, which (he thought) had commenced suddenly a few weeks before, after a day of unusual bodily exertion accompanied by extreme mental anxiety. It was clearly an aneurism of considerable size. He returned home, became much worse, was confined to his bed, the tumour increased in size, the beating became much more perceptible, and, in the opinion of more than one surgeon who saw him, the case was likely to prove rapidly fatal. He was then, I believe by the advice of Dr. Waters of Chester, recommended to take the iodide; and, after persevering with it for many months, he presented himself to me a few days ago very much improved in every respect. He was able to walk a short distance without much difficulty. The sac had be-

come solidified to a considerable extent, and the impulse greatly lessened. I was much struck with the great improvement in his condition, both generally and locally; as I had anticipated a very different result when I first saw the case.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 2ND, 1865.

J. C. LANGMORE, M.B., President, in the Chair.

Alcohol in Fever. Dr. C. DRYSDALE observed that the Society had hoped that this discussion should be opened by Dr. Hare; but, in his absence, he would endeavour to put together his own views on the administration of alcohol in fevers. Was this question to be decided entirely by experience? or was it not rather a question which ought also to be reasoned upon from our knowledge of the physiological effects of alcohol? The main difficulty in the experimental method of deciding this question was common to it with all other questions relating to therapeutics; viz., the extreme difficulty of tracing causation in medical inquiries. The profession were now becoming more and more alive to the little value of experimental statistics for deciding a question such as the value of alcohol in fevers, on account of the innumerable variety of combinations of circumstances which surround each case. This rendered it necessary that each case should stand on its own merits, and that the principles of treatment should be usually derived from a knowledge of the physiological properties of the ingesta and drugs used. With regard, then, to the physiological action of alcohol, the conclusions of Lallemand, Perrin, and Duroy, in Paris, which had been so well corroborated by Dr. Edward Smith, seemed to Dr. Drysdale to have clearly proved that the doctrine asserted by Liebig was untenable; viz., that alcohol was an excellent respiratory food; and that it was burnt in the body, like any other non-nitrogenous food. This account of the action of alcohol had, as was well known, long been accepted by the mass of physiologists, even by the most eminent, with a few exceptions, of which one was Dr. Carpenter, to whom very great credit was due for his maintaining the contradictory opinion against enormous odds. Dr. Parkes, in his work on the *Urine*, had said: "The belief that alcohol is very rapidly transformed into aldehyde in the blood (which, however, rests on no satisfactory analysis), and that this substance is then rapidly oxidised into acetic acid, oxalic acid, and carbonic acid, has obtained among the followers of Liebig general credence, and seemed to warrant the opinion that alcohol is a food, and that its combustion gives out an equivalent portion of heat. Arguments for the use of alcohol in health and disease have been based on this belief; and the late Dr. Todd in particular strongly urged the claims of alcohol to the rank not only of a stimulant, but of a valuable food." MM. Lallemand, Perrin, and Duroy had shown that alcohol is much more easily discoverable in the blood than has been said, and denied altogether its being changed in passing through the body. It was found in largest amount in the lungs, liver, and brain, after death. Dr. Edward Smith says that, "in adducing the necessity of alcohol in diseases to which it is suitable, I presume we are entitled to cite its action in health; for, whilst the degree of action in the former may differ from that in the latter, the direction is the

same." Dr. Smith also tells us that Lallemand, etc., have observed that, when a moderate dose of alcohol has been taken by a man or dog, the alcohol can be found in the expiration, the sweat, and the urine, for at least eight hours afterwards. The conclusions come to by the physiological experiments of Dr. Smith were: 1. Alcohol in moderate quantities excites the brain and raises the spirits. 2. The hands and face are reddened, and the heart's action is increased; the skin is dry and hot. 3. Alcohol yields a pleasant feeling of warmth in the stomach and alimentary canal. 4. It diminishes muscular force. 5. It is sometimes a diuretic. 6. It causes the breathing to become laboured and irregular. Such were a few of the data which Dr. Drysdale said he thought it necessary to be acquainted with, in order to enter, with hopes of arriving at any scientific conclusion, on the question of alcohol in fever. The consequences derivable from the experiments of Perrin, Edward Smith, etc., appeared to him to be, that we must abandon the theory that alcohol is a food, and henceforward use it as a valuable drug in certain cases. In passing, he might say that this view would, he had no doubt, greatly modify in future the habits of daily ingestion of considerable quantities of alcoholic fluids in health. His own experience was, that this was among all classes, but especially among the poor, a very grave error, leading to many fatal diseases; and there could be no doubt that medical men had been often deceived by the fascinating theories of Liebig. As to the use of alcohol in fevers, he thought the physician was to be guided by two great ends—1, to use it as a stimulant to the weakened stomach; and 2, as a stimulant to the nervous system, and, through it, to the failing heart. Thus, in the last stages of fever, when the body is much wasted, and is still becoming thinner, pure alcohol was indicated to sustain the heart's action and prevent metamorphosis. Wine, he believed, was a better form to administer alcohol than brandy; and eight or ten ounces of sherry in the twenty-four hours, or more of claret, mingled with the food, should be given frequently, in small quantities at a time. This, with fresh air, and plenty of milk and beef-tea, was, he thought, the best treatment of fever. He could not subscribe to the practice of some, who administered stimulants very largely, as much as twenty-four ounces in the twenty-four hours; and, although it was a matter difficult to be certain of, he thought he had more than once seen death follow this heroic practice, when it would not have supervened if less stimuli had been given. It must be remembered that young people under the age of sixteen did quite well in most cases with nourishment and nursing. Hence he believed the cases must indeed be rare, and he did not understand how we were able to detect them when they occurred, when such large quantities of brandy were at all necessary, as he had seen and read of as being administered by certain eminent physicians. Dr. Graves had said that he "fed fevers"; and this was a great advance over the bleeding and mercurialisation plan. But he thought over-stimulation was frequently almost as dangerous a practice as starvation; whilst the most successful plan was, he thought, that of feeding without much stimulants.

Mr. DE MÉRIC said he had not had much experience of his own; but he would mention that recently a little boy, his own son, had been taken with fever, with irregular pulse and failing action of the heart, and had been treated by Dr. West with large quantities of brandy; and he had been surprised at the large amount which the little patient had been able to take and be benefited by.

Dr. ANSTIE must say he disagreed with every pro-

position advanced by Dr. Drysdale. In the first place, he desired to correct a most erroneous impression which was prevalent with regard to the views held by the late lamented Dr. Todd. It was commonly believed and said that Dr. Todd, sustained by an extreme confidence in the views of Liebig as to the alimentary nature of alcohol, imagined that this remedy might be used to any extent with impunity, and that, accordingly, he did employ it in acute diseases, and more especially in fevers, *recklessly*. That last word, which had been so freely bandied about by the censors of Todd, filled him (Dr. Anstie) with amazement, not unminged with a sense of the ludicrous. For his own part, he had always considered that those practitioners were to be considered truly reckless who used any remedy, whether in large or in small doses, without having an accurate knowledge of the symptoms which indicated that the agent was producing specific poisonous effects. Dr. Todd's knowledge of these symptoms was profound; no one ever recognised with such tact and delicacy the first faint signs of any real oppression of the nervous system, any true alcoholic poisoning; and it was the habit of vigilant watchfulness for these symptoms which taught him the purely theoretical and untrustworthy character of the common ideas as to the action of alcohol indirectly increasing febrile excitement. At the present time, and indeed more or less ever since Dr. Todd's death, attempts had been made to revive the theories. It was commonly assumed in these arguments that Dr. Todd was indifferent to the production of intoxication in febrile diseases: and many of the assailants appeared to be ignorant of that extraordinary alteration in the reaction of the nervous system, under considerable doses of alcohol, which takes place in many acute diseases, and which Todd was the first to analyse in a really scientific manner. He was sorry to perceive that even so correct an observer in most respects as Dr. Gairdner appeared to be incapable of appreciating the immense importance of this consideration: the constant tendency of his arguments being to lay down stringent rules, as to the limitation of the quantity of alcohol to be administered in fevers, which in the presence of the real disease with its endless variations of type, in persons of about the same age and apparent strength, would be perfectly nugatory, and indeed very mischievous. Dr. Gairdner's observation about the less need of alcohol in the treatment of children than in that of adults, was true in a general and rough way; but it was one of those rules to which the exceptions are so important, that to persons of only moderate experience it might easily prove a most dangerous guide. A previous speaker (Mr. De Méric) had mentioned one pointed instance of the great value of alcohol in the case of a patient only 6 years old: and he (Dr. Anstie) must say that he had seen so large a number of such cases, although he admitted they were rather the exception than the rule, that he felt bound to protest strongly against Dr. Gairdner's wholesale statement. Another misrepresentation of Dr. Todd's views which had been frequently put forward, was the notice that he neglected to administer the substances ordinarily called foods in acute diseases and trusted entirely to the supposed alimentary virtue of alcohol; and that he did this because his whole system rested on Liebig's theory as to the transformation of alcohol. But, in the first place, Todd, so far from neglecting ordinary nourishment, was the most earnest inculcator of the necessity of constant feeding with beef-tea, milk, and such kinds of food; but he was accustomed to point out the fact that sometimes the appetite and the digestion of the patient will not allow us to make use, to any effective degree, of these aliments: and, that under these circumstances, the administration of any

considerable daily quantities of alcohol had a power to sustain life and nervous power, and to prevent extreme emaciation, which entitled it distinctly to the name of an aliment. But it was a great mistake to suppose that Dr. Todd considered Liebig's views as at all necessary to the support of his own. No doubt he inclined to Liebig's views, as did the majority of physiologists till quite recently; but he did not consider them of any essential consequence to the proof that his own estimate of alcohol, as an aliment specially suited to conditions of acute disease, was correct. The common idea was, that Dr. Todd believed alcohol necessary in every case of acute disease, especially of fever. Nothing could be more incorrect, as the old pupils of Todd knew full well. He was to the full as sensible of the varying characters of disease as any other observer, and would have repudiated any such generalising. But he had the sense to see also that, with regard to the use of alcohol in fevers, "quantity" is a word which has no meaning except a *relative* one. It matters not whether two ounces or twenty-four be the total quantity given in the twenty-four hours, provided that the rapidity of the pulse is seen to persistently diminish and its force to increase under the administration of successive doses; and at the same time there was an absence of the signs of intoxication. Every case must stand on its own merits. Dr. Drysdale had far too summarily disposed of the question of the present opinion of physiologists as to the action of alcohol. He (Dr. Anstie) had the strongest reason for doubting the justice of these conclusions arrived at by MM. Lallemand Perrin, Dr. Duroy, and Dr. Edward Smith. He had himself repeated with care the French experiments, and had added to them a number of observations of his own; and he was convinced that, so far as any accurate evidence can be obtained, the balance of proof was decidedly in favour of the opinion of M. Baudot, that only a minute surplussage of the alcohol ingested reappeared in an unchanged form, and that this waste portion amounted to a smaller or a greater part of the whole, just in proportion as intoxicative effects were or were not produced (including among these effects excessive action of excreting glands, which was a consequence of vaso-motor paralysis from the alcohol). And, besides all this, even if elimination, *en totalité et en nature*, had been proved, this would not satisfactorily demonstrate that alcohol was not a food. Water was so eliminated. And other, much more complex alimentary substances, which were ordinarily transformed in the organism, if administered untimely or in excess might be detected unchanged in the excretions. He (Dr. Anstie) considered, and he believed many sound physiologists agreed with him, that so far from this question being definitely settled it was only now commencing to be discussed in an adequate manner.

Dr. Cock thought it most important to define clearly what fevers were spoken of. In scarlet fever, for instance, with great heat and rapid pulse, if alcohol was given, no benefit was derived. In the active state of continued fever again it was not much indicated; but it is low state, and in the period of convalescence from continued fever that it is so markedly beneficial. He mentioned the case of a patient whom he had seen some time ago who remained in a very prostrate condition for a week, and for this took a bottle of brandy a day, at the end of the week variola broke out.

The PRESIDENT believed that a number of persons were under very foolish impressions with regard to Dr. Todd's practice in administering alcohols. He had heard it said, indeed, by some, that Dr. Todd's method killed more patients than it cured. Dr. Todd, he believed, only administered alcohol in such quan-

ties as each patient required. In diseases of a low type, such as diphtheria, large quantities may be given with great benefit; and he had known a patient in diphtheria do well with a pint of brandy in the twenty-four hours.

Dr. BROADBENT observed that, in the Fever Hospital, it was the custom to commence with alcohol from the earliest period of fever in all cases. The amount was measured by the appearance of the case, not by routine.

Mr. CURGENVEN said that some years ago, when clinical clerk to Dr. Brinton, that gentleman used to give brandy and beef-tea every hour in fevers; and this practice had appeared to him a very successful one. In one case, in a night-nurse, twenty-four ounces were administered in the twenty-four hours; and she recovered. At Scutari, too, the brandy and beef-tea system was found very useful. Six or eight ounces a day were given. Of late he had seen but little fever, as there was not much of it at the West End.

Mr. OWEN agreed with Dr. Drysdale in thinking that statistics were usually of but little importance in therapeutical inquiries. Sometimes, however, in an epidemic, a good deal might be learnt by watching the effects of different methods of treatment. Twenty-five years ago, he was student at Edinburgh; and at that time a grand experiment was going on on the administration of alcohol in fever. Dr. Alison represented, on the one hand, the stimulating school; and Dr. Graham was a partisan of the non-stimulating treatment of fevers. The result, however, of Dr. Alison's and Dr. Graham's cases was, that the same ratio of deaths occurred under both plans. Consequently he (Mr. Owen), on taking up a large Poor-law district in the country, did just nothing at all in fevers; and the consequence of this was, that his statistics were much better than those of either Dr. Alison or Dr. Graham. This he attributed to the better constitution of the country poor, and to the purer air in the country. He seldom gave alcohol, except in the later period of fevers; but he gave plenty of nourishment. In fine, he thought the non-stimulating plan the best for the country; but, in the deteriorated constitution of London residents, he had, from experience, found alcohol to be indicated in such cases occurring in towns.

ROYAL MANCHESTER INSTITUTION: MEDICAL SECTION.

WEDNESDAY, MARCH 1ST, 1865.

WILLIAM ROBERTS, M.D., in the Chair.

Clinical Thermometers. Dr. BOWMAN and Dr. WM. ROBERTS showed respectively the thermometers of Dr. Aitkin and Celsius for clinical purposes. Dr. Roberts preferred the latter as less fragile, more portable, and lower in price.

Pulverisation of Fluids. Dr. THORBURN showed Luer's instrument for the pulverisation of fluids, and suggested the use of Maw's little apparatus for diffusing scent in a room, as a cheap means of accomplishing the same end.

Bread. Dr. LEDWARD showed a specimen of bread prepared by McDougall's process, with phosphoric acid and carbonate of soda.

Post Partum Hemorrhage. Dr. THORBURN related a case of *post partum* hemorrhage from the rupture of an artery in the perineum. Mrs. D., aged 22, primipara, had a quick and easy labour, except that the external orifice offered considerable resistance, and there was a slight rent of the perineum. The placenta was expelled in a few minutes, and the

uterus contracted well. As the child did not respire freely, Dr. Thorburn's attention was directed to it for a short time; and the nurse, who had been directed to keep the hand on the uterus, came to assist him. After a few minutes, he noticed that the mother was very pale, and had all the symptoms of severe hemorrhage rapidly coming on. She was almost pulseless, and the bed was a sea of blood. Notwithstanding this syncopal state, the uterus was small and hard. He gave at once a large dose of ergot and brandy, with some laudanum, applied a cold wet cloth to the pubes, and grasped the uterus firmly. A vaginal examination with the other hand elicited nothing. On inspection, in order to ascertain the source of the hemorrhage, he noticed that it had a pulsatile character. This led to an examination of the perineum, where a tolerably large vessel was pumping freely. He seized the artery with a pair of forceps and twisted the bleeding end, when the hemorrhage ceased at once. The patient was a considerable time before she rallied; and Dr. Thorburn never saw a case of uterine hemorrhage more speedy and severe in its effects. She ultimately made a good recovery. He did not remember to have seen a similar case quoted, as occurring in consequence of parturition.

Pulmonary Consumption. Dr. THORBURN read a paper on the prognosis of pulmonary consumption considered in relation to its etiology. [It will appear as an original article in an early number.]

Correspondence.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE ARMY MEDICAL OFFICERS.

SIR,—The medical profession has been surprised and pained by the very extraordinary conduct of the College of Physicians in the matter of the army medical service. On every side we hear astonishment and regret expressed.

I cannot but think that the gentlemen of the committee have just reason to complain of the discourtesy with which the College treated their report; but there is reason to fear that the result may exercise a very injurious effect on the officers whom the committee have laboured to benefit. The military authorities may say, with some amount of justice, "the best men of the profession have decided that the alleged grievances of the medical officers do not justify their interference," and we may fear the worst possible consequences. I see it stated in the JOURNAL, that "one gentleman who entered the army some forty-five years ago," ventured to express an opinion adverse to the committee. That gentleman cannot have a personal acquaintance with the present state of the service, and his opinion can have no real value. I am surprised that the College should have attached any importance to his statement. On looking over a list of Fellows of the College, I see the names of one or more army medical officers intimately connected with the governing bodies of the army. Of course, it it would be scarcely reasonable to expect them to have exerted themselves actively in the matter, as personal interest would prevent such gentlemen from condemning the conduct of military authorities; and common decency, I trust, prevented any "military" Fellow from actively opposing a movement for the advantage of the service to which he belongs, although he might not himself be in a position to feel the disadvantages which exist, or to derive any benefit from

justice being accorded. It must be recollected that there are few favoured officers who are not brought into contact with other classes of the army, and such gentlemen are not capable of giving a just opinion in the matter. Personal interest (if they are selfish men, indifferent to the honour of the profession) might tempt such to endeavour to earn the good will of the ruling powers, at the expense of their less fortunate brethren.

Although the College, as a body, have undoubtedly acted in an unworthy manner, the hearty thanks of the profession are due to the members of the committee who have so nobly exerted themselves for the honour of their brethren in the public services.

I am, etc., "ICHABOD."

THE GOVERNMENT INSURANCE ACT AND MEDICAL FEES.

SIR,—We shall feel obliged if you will give insertion to the enclosed correspondence, having reference to the remuneration of medical examiners to be appointed under the Government Insurances and Annuities Act.

We are, etc.,

T. L. WALFORD.
WM. BUTLER YOUNG.
FRANCIS WORKMAN.

Reading, March 11th, 1865.

SIR,—We beg to acknowledge the receipt of your letter, dated March 8th, having reference to the appointment of medical men to examine persons presenting themselves for examination under the Government Insurances and Annuities Act.

In reply, we beg to state that, some time ago, the medical men of Reading resolved not to accept a lower fee than half a guinea for the examination of a life from any insurance office. In the present case, bearing in mind the object of the above-mentioned Act, we are disposed to relax this resolution; and are willing to accept the sum of ten shillings as the fee for all examinations where the sum assured exceeds £50, and the sum of five shillings where it does not exceed that amount.

We shall feel obliged if you will bring the subject of the remuneration of the medical examiners again under the notice of the Postmaster-General, as we feel assured that, on a further consideration, his lordship will be satisfied that the amount which he proposes to recommend to the Commissioners of Her Majesty's Treasury is too small compared with the amount of time and labour required for each examination; the questions in the form which you have enclosed being more minute than those required by insurance offices generally.

We feel a greater confidence in asking for a more liberal remuneration, as the security against risk must depend upon the care with which the medical examination is made. Awaiting your reply,

We are, sir, your obedient servants,

T. L. WALFORD.
WM. BUTLER YOUNG.
FRANCIS WORKMAN.

F. J. Scudamore, Esq., General Post-Office, London.

General Post-Office, April 13th, 1865.

SIR,—In acknowledging the receipt of the letter signed by yourself and Messrs. Young and Workman, dated the 11th inst., I beg leave to inform you, that the subject of the fees to be paid for the examination of persons proposing to insure their lives under the Government Insurance Act was very fully considered by the Postmaster-General before the circular-letter, dated the 8th March last, was issued; and that the replies to that letter, expressing willing-

ness to undertake the duty for the terms proposed, have been so numerous as to render it unnecessary—at all events, for the present—to make any alteration in those terms.

The subject was again brought under the notice of the Postmaster-General by a deputation from the Parliamentary Committee of the British Medical Association on the 15th of March; but even at that early date after the issue of the circular-letter, the terms had been accepted so generally, that his lordship felt bound to inform the deputation that he could hold out no hope that the amount would be increased.

Since that date, the majority of the medical men to whom the circular-letter was addressed have accepted the terms; and applications are made daily to the department by other members of the profession for employment under the Act; in many cases, by more medical men than are required.

Looking, therefore, to all these circumstances, I can only express to you the regret of the Postmaster-General that he cannot entertain the application made in your former letter of the 11th March.

I am, sir, your most obedient servant,

FRANK J. SCUDAMORE.

T. L. Walford, Esq.

THE MYSTERIOUS POISONING CASE AT DAWLISH.

LETTER FROM W. B. HERAPATH, M.D., F.R.S.

SIR,—I have only just succeeded in obtaining samples of Simpson's rat-poison from Messrs. Blackwell and Son of Plymouth, who appear to be the only agents for this article in the West of England, as I have failed in getting it in most of the chief towns, even Exeter and Bristol; most of the druggists of whom I have inquired informing me that it is very seldom found in the trade. I have also analysed it, and find that the packets contain a very irregular quantity of material, varying from seven and a half to thirteen and a half grains. Four packets contained forty-one and a half grains, giving an average of a little more than ten grains for each powder, if all equally well mixed, and properly weighed or divided. The mixture consists of arsenious acid, potato-starch, coloured by smaltz, and flavoured and scented with some essential oil, probably oil of rhodium. I found ten grains of the well mixed powder to contain four grains of arsenious acid. It is, therefore, certain that Mrs. Williams had arsenious acid in her own possession; and that she must have taken from six to eight grains, as two empty packets were found by the police in her bedroom. This is a quantity sufficient to kill; but requiring more time, probably, than she liked. The explanation of the reason why the third packet was made use of has already been given.

I greatly regret that there was no opportunity given me of examining the saliva for strychnia, as that would have determined the question whether that poison had also been taken into the mouth. Mrs. Williams had been buried during the interval of the adjournment of the inquest; and I never saw the handkerchief.

It is probable, therefore, that Mrs. Williams purchased all these rat and vermin poisons at Plymouth, on her way up to Dawlish from Devonport; and the tracing of the arsenic into her own possession is satisfactory to all parties, as the matter is now fully explained, and all other theories must be for ever set at rest.

I am, etc.,

W. BIRD HERAPATH.

Bristol, May 10th, 1865.

NATURE AND TREATMENT OF FEVER.

LETTER FROM CHAS. MURCHISON, M.D.

SIR,—THE BRITISH MEDICAL JOURNAL for May 6th contains an excellent paper by Mr. A. B. Steele on the Nature and Treatment of Fever, one object of which is “to show that not only is there no specific for fever, but that, as Dr. Corrigan has observed, in the present state of our knowledge, there can be no specific for this disorder.”

I am much obliged to Mr. Steele for the flattering way in which he alludes to my work, and also for his criticisms on some of the doctrines enunciated therein. My object at present is not to defend those doctrines, nor to object to Mr. Steele's recommendations for treatment, with most of which I entirely concur. I wish only to correct one or two erroneous impressions of my views, which it appears to me, might be derived from a perusal of Mr. Steele's paper.

First, Mr. Steele remarks: “Like all *doctrinaires*, our author has his answer ready: ‘Typhus-poison’ (Murchison *On Fever*, p. 116), he tells us, ‘is some unknown compound of ammonia’; and, although he adds that it is perhaps premature or rash to hazard a conjecture as to its exact nature (p. 114), yet he founds upon this theory the use of mineral acids as neutralisers of ammonia in the blood. (P. 265.)”

Now, it is perfectly true that I have hazarded the “conjecture” that the typhus-poison may be some unknown compound of ammonia, and it is also true that I have stated that one object of treatment should be to “neutralise the poison and correct the morbid state of the blood”; but I think it will be apparent from the following passage, in which the acid treatment is spoken of, that its recommendation is based not so much upon any theory as to the nature of the typhus-poison, as upon my own experience and that of others.

“If the opinion be correct that the altered condition of the blood in typhus is due to the presence of ammonia, either derived from the original poison, or from the products of the destructive metamorphosis of tissue, the first of the above indications (*i. e.*, the neutralisation of the poison, and the correction of the morbid state of the blood) will be most readily fulfilled by the administration of mineral acids. But, whether acids act as antidotes, as alteratives of the blood, or as tonics, their beneficial effects in typhus are, in my opinion, undoubted; and it is curious to observe, that they have been recommended for this disease in all countries since the days of Forestus, Sydenham, Van Swieten, and Boerhaave. They have lately been highly praised by Huss of Stockholm; by Haller of Vienna; and by Drs. F. W. Mackenzie, Chambers, and Richardson, in our own country. . . . I have tried the mineral acids in many hundreds of cases during the last few years, and I believe them superior to any other method of treatment, although I am far from ascribing to them the wonderful virtues which some writers have done. . . . I have often observed marked improvement follow the commencement of the acid treatment, at whatever stage of the fever it was tried, and although no wine or brandy was given with it.” (Pp. 265-6.)

Secondly, although “to eliminate the poison and the products of the destructive metamorphosis of tissue” is another object of treatment laid down in my work, I condemn the incautious use of purgatives as strongly as Mr. Steele, as appears from the following passages: “The bad effects of excessive purging were exposed by Graves, Corrigan, and others; and the practice is now obsolete. Although regular action of the bowels is indispensable, I have repeatedly

known alarming prostration caused by diarrhoea, following the incautious administration of purgatives.” (P. 264.) “As already stated, however, active purging is to be avoided; and, in most cases, a small dose of castor oil, or a simple enema, is all that is required.” (P. 269.)

Lastly, the following passage from my work will suffice to show that, like Mr. Steele, I repudiate the idea of any specific cure for fever.

“In the treatment of typhus, medicines can do much to relieve symptoms, and to conduct the case to a favourable termination; but, as far as we yet know, they are powerless in arresting its progress, or in shortening its duration. Although many practitioners have at different times proposed to cut short an attack of typhus by such heroic remedies as blood-letting, the cold affusion, emetics, and quinine, we possess as yet no such specific. In an admirable essay, published in 1802, Dr. W. Brown of Edinburgh showed that the power of medicine in arresting or shortening typhus was extremely doubtful. Hildenbrand, in his day, observed: ‘No method yet known, whether rational or empirical, can cure the contagious typhus, either in a direct or an indirect manner, nor even abridge its ordinary and natural course, which is about fourteen days.’ In our own times, Dr. Stokes speaks equally strongly. ‘The treatment of fever,’ he says, ‘is reduced to a formula. We cannot cure fever. No man ever cured fever. It will cure itself. If you keep the patient till the fourteenth, the eighteenth, or the twenty-first day, he will recover.’” I am, etc.,

CHARLES MURCHISON.

79, Wimpole Street, London, W., May 6th, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 28th.

Barracough, Robert Wooding Sutton, Streatham Hill
Battison, John, Chesterfield
Birtwell, Henry Hargreaves, Blackburn
Clarke, Myrry, Jamaica
Corte, Arthur Armistead, Blackburn
Dod, Harry Davenport, Macclesfield
Ensor, John Arthur, Exeter
Fenn, Edward Liveing, Nayland, Suffolk
Flower, Frederick Isaac, Codford, Wilts
Gooding, Ralph, Ipswich
Hocken, Charles Edward, Chelsea
Humpbreds, Frederick William, Trinity Square, Tower Hill
Lattey, Walter, Clapham
Malim, George Warcup, Grantham
Rogerson, John, Bow
Tarleton, John Haigh, Birmingham
Taynton, William, Commercial Road
Wane, William Jeremiah, Lancaster
Watson, Alfred Marchmont, Peterborough

BIRTH.

BEDDOE. On April 26th, at 2, Lansdown Place, Clifton, the wife of *John Beddoe, M.D., of a son.

MARRIAGE.

WALKER—WALKER. On May 9th, at Wood Ditton, Cambridgeshire, by the Rev. Horatio Banks, D.D., *Thomas James Walker, M.D., of Peterborough, to Mary Elizabeth, second daughter of the Rev. J. Walker, vicar of Wood Ditton.

SIR DAVID DAVIES, M.D., died on the 10th inst. He received the honour of knighthood shortly after her Majesty's accession to the throne, was for many years the domestic physician of his late Majesty King William IV and Queen Adelaide.

A TESTIMONIAL is to be given to Dr. Jephson of Leamington by his friends and neighbours. Two hundred pounds have already been subscribed.

A NEW INFIRMARY. The Infirmary, called the Royal Albert, in course of construction at Bishop's Waltham, will, it is believed, be finished by the end of the summer.

PRESENTATIONS. Mr. James Lane has been presented with a timepiece, and Mr. E. H. Carter with a chronometer, by the patients of St. Mark's Hospital.

BEQUESTS. The late Earl of Ilchester has left by will £100 to the Dorset County Hospital at Dorchester, and the same sum to the Eye Infirmary at Weymouth.

ROYAL COLLEGE OF SURGEONS. Professor Ferguson will deliver six lectures on the progress of surgery during the present century, on Mondays, Wednesdays, and Fridays, at four o'clock, commencing on June 5th.

POISONOUS PRINCIPLE OF MUSHROOMS. MM. Sicard and Schoras have examined some poisonous mushrooms, and have succeeded in extracting an extremely poisonous substance, which appears to have basic chemical properties. The physiological effects seem to resemble those of curarine.

DINNER TO DR. HOFMANN. On the 28th ult., a number of gentlemen who have worked with Dr. Hofmann at the Royal College of Chemistry at different periods from its opening in 1845 to the present date, entertained the Professor at a farewell dinner immediately before his departure for Berlin. (*Chem. News*.)

THE ROYAL SOCIETY. The Council of the Royal Society recommend the following gentlemen for election:—Sir F. L. McClintock, Lieutenant-Colonel J. T. Walker, Dr. G. Harley, Dr. R. McDonnell, Rev. W. R. Dawes, and Messrs. H. Christy, J. Cockle, A. Geikie, G. Gore, R. Grant, G. R. Gray, W. Huggins, W. K. Parker, A. Tennyson, and G. H. K. Thwaites.

ATTEMPTED MURDER OF A MEDICAL MAN. The French journals give an account of a murderous attack on Dr. Lediberder by a hypochondriacal patient. The doctor was shot in the side and in the chest, but there are hopes of his recovery. The murderer attempted to kill himself, but failed in doing so.

WESTMINSTER HOSPITAL. The distribution of prizes to the students of the Westminster Hospital took place on Wednesday, May 10th; Lord Charles Russell in the chair. Mr. Henry Power, the Dean of the School, read a report on the condition of the Medical School, in which he spoke in the highest terms of the diligence and attention displayed by the students in the various classes, and alluded to the great success with which they had passed the several examinations before the examining boards. Lord Charles Russell then presented the several prizes to the following gentlemen. *Summer Session, 1864. Practical Chemistry*—Mr. W. C. Watson, prize (Macaulay's History of England); Mr. Joseph Oakman, certificate; Mr. John C. F. McDonald, certificate. *Materia Medica*—Mr. Robert C. Brookes, prize (Shakespeare's and Milton's Works); Mr. Arthur Hill, certificate. *Botany*—Mr. W. C. Watson, prize (Shakespeare's Works); Mr. Walter Moore, prize (Clarke's Shakespeare); Mr. Thos. J. Quicke, certificate. *Forensic Medicine*—Mr. G. P. Bate, prize (surgical instruments); Mr. Arthur Hill and Mr. Richard Bugden, certificates. *Midwifery*—Mr. R. Bugden, prize (surgical instruments).—*Winter Session, 1864-65. Anatomy*—Mr. J. C. F. McDonald, prize (Macaulay's History of England and Moore's Poems); Mr.

W. C. Watson, prize (Milton's Works); Mr. W. Moore and Mr. R. C. Brookes, certificates. *Prosector's Prizes*—Mr. G. P. Bate and Mr. R. C. Brookes. *Chemistry*—Mr. Winkworth, prize (Tennyson's Poems and Scott's Poems); Mr. Charles H. Furnivall, certificate. *Physiology*—Mr. J. C. F. McDonald, prize (Campbell's Poems and Longfellow's Poems); Mr. W. Moore, certificate. *Medicine*—Mr. G. P. Bate, prize (surgical instruments); Mr. R. Bugden (certificate). *Surgery*—Mr. G. P. Bate, prize (surgical instruments); Mr. Arthur Hill, certificate. *Clinical Medicine*—Mr. G. P. Bate, prize (surgical instruments). *Clinical Surgery*—Mr. G. P. Bate, prize (surgical instruments). *Dental Surgery*—Mr. J. Oakman, prize (dental instruments); Mr. R. C. Brookes, certificate. *Chadwick Prize*—Mr. G. P. Bate, prize (microscope); Mr. A. Hill, prize (case of midwifery instruments and surgeon's pocket case).

THE ROYAL ALBERT VETERINARY COLLEGE. A Company has been formed for the purpose of establishing in London a Veterinary College of the highest class. It is proposed to transfer to London the New Veterinary College of Edinburgh, now presided over by Professor John Gamgee, whose scientific attainments are well known. The Principal, Professor John Gamgee, will be assisted by his present colleagues in the New Veterinary College, Edinburgh—Mr. James Law, Professor of Anatomy; Mr. W. Duguid, Professor of Physiology; Mr. G. Armistage, Professor of Materia Medica; Dr. W. J. Russell, Professor of Chemistry; Mr. Joseph Gamgee, sen., Infirmary Superintendent and Professor of the Art of Farriery; and Mr. John Coleman, late Professor of Agriculture at the Agricultural College, Cirencester. A preliminary contract has been concluded for a site in the West End of London. The number of veterinary surgeons in the United Kingdom is very deficient, being less than in most parts of Europe. In the whole of Her Majesty's possessions there are not 1,500 veterinarians, whilst France has upwards of 3,000. The removal of the New Veterinary College from Edinburgh will be effected with as little delay as possible.

ODONTOLOGICAL SOCIETY. At the monthly meeting held on Monday, May 1st, the President, Thos. A. Rogers, Esq., referred to the recent death of Mr. Parkinson, the second President of the Society; and said he only echoed the sentiments of the whole profession in publicly recording the sorrow of their Society at the loss they had sustained. The Secretary brought forward a model taken in the practice of Mr. Walkinshaw, representing a case of torsion, in which the lateral on the left side was turned half round. On turning the tooth by means of the forceps, it was found to be of an oval shape transversely, so that it projected considerably beyond the natural arch. Some discussion ensued as to the use of the forceps for turning teeth; Mr. Tones and Mr. Catlin stating that they had frequently performed the operation with complete success. Models were also brought forward by Mr. Williams, representing cases of double cleft palate with double hare-lip, taken from children at the age of four, seven, and seventeen days. Mr. H. Rogers said he had been making experiments with a view to improve the quality of solders for the mouth. He tried several metals, but ultimately preferred cadmium, making the solder in the proportion of a grain and a quarter of cadmium to a dwt. of gold. That solder flowed easily, held well, and came a good colour out of the hydrochloric acid. Mr. Ramsay then read a paper on the Treatment of Congenital Cleft Palate adopted by Dr. Kingsley and himself. He proceeded to explain the method of producing the artificial velum, noticing the im-

provement which took place in mastication and deglutition after the fissure had been artificially closed. He also took up the subject of articulation, explaining the system he adopted in instructing the patient to articulate; and, lastly, compared Dr. Kingsley's method of mechanical treatment with the surgical operations which hitherto had been considered the most successful method for remedying those congenital deformities. A long and interesting discussion followed; and, at the close, the thanks of the Society were unanimously voted to Mr. Ramsay.

UNIVERSITY COLLEGE, LONDON. The Council has fixed Thursday, May 18th, for the examination for the Atkinson Morley Surgical Scholarship (£45 a year for three years). Mr. Henry Thompson has been appointed examiner in addition to the *ex officio* examiners, Professors Quain, Erichsen, and Wharton Jones; and Dr. Ringer has been named provisional examiner. On the 8th inst., Sir Rutherford Alcock, K.C.B., in the chair, the following prizes were awarded. *Practical Physiology and Histology: Silver Medal: R. Gowers. Certificates of Honour: George V. Poore, Thomas R. Loy, Gysbert H. Maasdorp, R. L. Roberts.—Anatomy: Senior Class: Gold Medal: G. H. Maasdorp. First Silver Medal: J. Wreford Langmore. Second Silver Medal: T. R. Loy. Certificates of Honour: Richard M. Pryce, Louis Le Grand, Thomas Lettis.—Junior Class: Silver Medal: W. H. Alchin. Certificates of Honour: David Havard, Samuel Pidwell, William J. Scott, Tempest Anderson.—Anatomy and Physiology: Gold Medal: William R. Gowers. First Silver Medal: J. Davis Thomas. Second Silver Medal: George V. Poore. Certificates of Honour: Louis Le Grand, Thomas Hopgood, J. W. Langmore, R. M. Pryce, Thomas B. Hay, Tempest Anderson, G. H. Maasdorp.—Chemistry: Gold Medal: Frederick Toplis. First Silver Medal: James John Bowey. Second Silver Medal: Tempest Anderson. Certificates of Honour: Temple A. Orme, Henry N. Martin, Henry James Benham, R. C. Joy, R. L. Roberts, Henry Cass, J. C. Bruce, Milward Harding, W. W. Houlder, A. Payton Hurlstone, Y. Yamaora.—Comparative Anatomy: Gold Medal: William H. Alchin. Certificates of Honour: Henry Cass, R. L. Roberts, Tempest Anderson, James C. Bruce.—Principles and Practice of Medicine: Gold Medal: J. Wickham Legg. First Silver Medal: William Hoffmeister. Second Silver Medal: Julian A. M. Evans. Certificates of Honour: William A. Stuart, Charles J. Hardy Smith, W. Cunningham Cass.—Surgery: Gold Medal: Marcus Beck. First Silver Medal: Frederick B. Nunnely. Second Silver Medal: Henry Clothier. Certificates of Honour: F. J. Grose, B. H. Allen, C. J. Hardy Smith, Joseph Thompson, jun., Stammen Morrison, J. E. Coxwell.—Special Class of Clinical Medicine: First Prize: William Andrew Stuart. Second Prize: William Hoffmeister. Third Prize: Edward De Morgan. Certificates of Honour: Henry Clothier, John Williams, John W. Legg, William C. Cass, Charles F. Leshbridge, Robert C. Beck, Thomas F. Hopgood, Charles R. Stretton, Joseph Thomson.—Fellows' Clinical Medal. Summer, 1864: Gold Medal: George Jackson. Winter Term, 1864-5: Gold Medal: William Y. Snow.*

COMMUNICATIONS have been received from:—Dr. T. SNOW BECK; Mr. R. S. FOWLER; Mr. STONE; Mr. E. B. VISE; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; MESSRS. WALFORD, W. B. YOUNG, and F. WORKMAN; Dr. JOHN BEDDOE; Mr. JAREZ HOGG; Dr. J. V. BELL; Mr. M. A. ADAMS; Dr. WATERS; Mr. H. LEACH; Mr. R. J. ROGERS; Dr. ROBERT FOWLER; Dr. W. BIRD HERAPATH; Dr. PHILIPSON; SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. J. GAMGEE; and THE SECRETARY OF THE ROYAL MEDICAL BENEVOLENT COLLEGE.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY..... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TO CORRESPONDENTS.

LIEBIG'S EXTRACT OF FLESH.—A correspondent writes: "You will greatly oblige if you can say where the 'extract of flesh' (as mentioned in last week's JOURNAL) can be had in London. [Perhaps some of our readers can answer the question. EDITOR.]

BRANDE'S DICTIONARY.—A second part of a very useful, and indeed much needed, work has just appeared, of *A Dictionary of Science, Literature, and Art*. By Dr. W. T. Brande, and the Rev. G. W. Cox. This second part takes us about half way through the letter C. We sincerely wish the work may prosper, and come to a successful termination.

MARY GREEN'S CASE.—(F. T.) Our own opinion of the case is, as it stands recorded, that Mr. Butler has been cruelly and shamefully slandered. We should be very glad to see those who circulated the slander called upon to substantiate its truth in a Court of Justice. We regret to add that, as is usual in cases where a medical brother is in distress, other medical brethren were found to come forward and assist in injuring him; and, of course, at the same time publish their own virtues to the world. If there were any real virtue in such displays, we should see its practical fruits, in some general provision made by the indignant public and profession, to meet such cases as that of Mary Green. It is very simple to be virtuous in words and to deal out sublime justice in print. The *Daily Telegraph*, who made itself conspicuous by its slanderous attack on Mr. Butler, occasionally gives us striking examples in this way. As our readers may remember, we some time ago alluded to a leader in that journal, wherein the atrocities of advertising quacks were strongly pointed out; and we remarked that the very journal in which the leader appeared, contained a number of the very advertisements which it was so roundly abusing!

THE CHEMISTS AND DRUGGISTS BILL.—SIR: One cannot but approve the motion to introduce the clause in the Chemists and Druggists Bill, to exclude all members of the Pharmaceutical Society from the practice of medicine; but ought not the Medical Council to be equally careful to prevent all medical practitioners from dispensing medicines over their own counters, a practice alike prejudicial to the interests of doctor and druggist? Might it not be made compulsory that no general practitioner dispense his own medicines when residing within three miles of a registered chemist and druggist, except in cases of emergency? Contrary to the opinion of some, I maintain the possibility of enforcing both these regulations, provided a recognised fine be attached to a transgression of the statute. Let every medical man communicate to the Central Council all cases evidencing counter practice that may come to his knowledge, the fact being duly substantiated by witness, and the report made within a month of the transaction. No general practitioner would have to wait long before some deluded patient would come confessing that he had had advice from Chemist So-and-so, had taken so much physic, and was no better: this would at once furnish a case in point. No druggist would hold out long against fines rigorously enforced, even if disposed to ignore the requirements of the Bill obtained for the protection of his own class. The case of a medical man continuing his own dispensing, without the necessity arising from distance, would soon become known, and could at once receive due pressure from the executive of our Medical Council.

I am, etc.

PERCY LESLIE, M.D.

Eastbourne, April 29th, 1865.

A Description

OF THE

MODE OF TREATING CONSTITUTIONAL SYPHILIS BY SYPHILISATION: AND ITS RESULTS.

BY

PROFESSOR W. BOECK, M.D.,
CHRISTIANIA.

IN the BRITISH MEDICAL JOURNAL of April 22nd, I see that Mr. Lee has replied to my two letters. My opponent being evidently a person desirous of advancing the cause of truth, I shall feel great pleasure in continuing the discussion opened in the JOURNAL, if space can kindly be given for my remarks.

Mr. Lee goes back to Ricord's theory of unity, and describes briefly the development of the theory of duality. He alludes, also, to the part taken by himself in elucidating this question; and touches subsequently on the method adopted by Dr. Bidentap to make the indurated sore suppurate, thereby producing a positive result by inoculation. But this positive result—the pustules produced by this method—has been represented by Mr. Lee as essentially different from that arrived at by inoculating from a soft chancre. Here it is that my observations and those of Mr. Lee diverge. This is the point from which we are led to such widely different views of the whole system of syphilology, and more especially of the process of syphilisation.

I will now, as briefly as possible, state my experience concerning syphilitic sores. As regards the common soft sores, we are, I believe, pretty nearly agreed. I will, therefore, pass on at once to those which are indurated, the infecting chancres. Of these there are a great number, differing but slightly one from the other. We have, however, two well defined forms.

1. One of these has a perfect resemblance to the soft chancre; but, a few days after its appearance, induration takes place in the base of the sore. It has no period of incubation, or only an incubation of two or three days, and is autoinoculable. This is the form alluded to by Ricord, when he speaks of induration never taking place earlier than the fourth day. It is the Hunterian chancre.

2. The other resembles the everted tarsal cartilage, with a period of incubation of from two to four weeks. It secretes a thinnish pus or only a serous humour, which it is difficult to inoculate upon the patient himself. Auzias Turenne was the first to describe this kind of chancre, and calls it *pseudo-chancere indurée*.

This other kind, which most people will, perhaps, be inclined to consider as the only true form of indurated chancre, is that which Mr. Lee has endeavoured to make inoculable by irritation; but he was only once able to produce pustules bearing any resemblance to the soft chancre. Dr. Bidentap has completed a series of such inoculations, and has arrived at quite a different result from Mr. Lee. He has found that by far the greatest number of indurated chancres, when irritated in different ways, can be readily inoculated in the patient who has them,

and that a pustule is formed producing a sore exactly similar to those which follow inoculation from a soft chancre. Dr. Bidentap has described the results he has arrived at in a paper entitled "On the Syphilitic Virus." Of the different cases described in this pamphlet, you will permit me to bring forward two.

The patients were under treatment in the hospital of Christiania for infecting chancre; and on being inoculated daily in the sides, the secretion seemed at first to be attended with a negative result; but after a period of incubation, lasting from a fortnight to three weeks, papules made their appearance, which, judging from the description given, must have closely resembled those produced by artificial inoculation with matter from tubercula mucosa on healthy persons—with this exception, however, that induration in these cases did not take place. On the other hand, indolent buboes appeared along the edge of the pectoralis major after the formation of papules, precisely as would have been the case if the person had not been suffering from syphilis. After the chancres had been made to suppurate by means of irritation, the inoculations were attended with another result. A characteristic syphilitic pustule made its appearance without any previous incubation, leaving behind it a soft ulceration exactly similar to the non-infecting chancre. I will add that one of these patients was taken to my ward of the hospital, and that I from day to day carefully watched the inoculations.

Whilst Dr. Bidentap was making his experiments in this city, Dr. Melchior Robert of Marseilles commenced a series of similar experiments, and arrived at precisely the same result as Dr. Bidentap, neither of these gentlemen having had the slightest knowledge of each other's experiments until after their publication, which took place simultaneously.

After what I have stated, it will be seen that there are indurated chancres which can be inoculated without difficulty; that the result of such an inoculation is a pustule and a sore, having a perfect resemblance to the soft chancre-pustule and sore. Similar pustules and sores can also be generated from the indurated chancres which pass through the long period of incubation, if they have been previously made to suppurate. But, says Mr. Lee, "If this process be necessary in order to obtain an inoculable secretion, it is evident that it is not the natural action alone which is inoculated. It is the adventitious artificial action which is propagated; and we must inquire how far the original disease is modified or altered by this process." This objection of Mr. Lee it is hardly necessary to refute, as I have shown that there are indurated chancres which do not pass through a period of incubation, but can, notwithstanding, be inoculated in a similar manner to soft chancres; but as Mr. Lee's objection stands there, I may as well answer it.

Mr. Lee is quite right in asserting that a sore when irritated, even if it be not a syphilitic one, can secrete an inoculable pus; but he will surely be prepared to admit with me, that the pustule originating in this manner cannot be inoculated again and propagated through a long series of inoculations. Whenever this is the case, it may be considered as an undoubted proof of the sore being syphilitic; and it is, indeed, solely owing to this lasting inoculability of the pus, that I have been able to make use of it for syphilisation.

The case is quite different when matter from a soft chancre is introduced into the surface of an indurated one—an experiment I have frequently tried. By this means, too, the sore becomes irritated; but the pus here introduced is specific, and this cannot, therefore, be compared to the common irritation.

Mr. Lee having alluded to the experiments made by Dr. Danielssen and myself, with matter taken from indurated chancres, on persons who had never suffered from syphilis, I will, in the first place, repeat what I have emphatically stated on other occasions, that syphilisation ought never to be practised on healthy persons; and I quite agree with Mr. Lee, that a high degree of culpability attaches to such an act. I have never practised syphilisation once on persons not suffering from syphilis, excepting in cases which were altogether hopeless. The patient with eczema on whom I tried it, was a girl who had been in the hospital for upwards of ten years, suffering from an universal and most painful eczema. With despair she saw that every remedy employed was of no avail; and was, on the other hand, witness to the fact, that all who underwent the process of syphilisation for syphilis were not only cured of this disease, but enjoyed excellent health. She, therefore, of her own free will, earnestly requested that she might be syphilised. At last, I yielded to her continued solicitations, giving her clearly to understand, that I was by no means sure she would receive any benefit from the treatment.

Though this declaration has nothing to do with the matter in hand, and is consequently out of place here, I am unable to resist the temptation of making it, lest English readers should erroneously suppose I have ever, in a single instance, unjustifiably practised syphilisation.

When the theories of unity and duality had been more clearly defined, I thought the above mentioned patient, who had been inoculated to immunity with matter from soft chancres, a fit subject on whom to try whether matter originating from an indurated chancre would have the same effect as on persons not previously syphilised, which it must have had if its nature be essentially different to that of the matter in soft chancres. Mr. Lee has shown us the result of the inoculation: the sores did not indurate, and it was not possible to propagate the action by a series of inoculations, there being already immunity; and not, as Mr. Lee seems to imagine, because this matter had not sufficient intensity to produce a stronger effect on any other person.

Mr. Lee then alludes to Dr. Danielssen's case; and it must be confessed that, to persons not familiar with syphilisation, it sounds strange. I do not, however, for a moment intend taking refuge in the supposition that the observations of my colleague are wanting in accuracy; for Dr. Danielssen is a keen observer, and a thoroughly reliable author. I will simply state that Dr. Danielssen was not then, and is not now, a dualist, but a unicist; he has said so himself in the treatise where the history of the above mentioned case will be found. Of this Mr. Lee was not aware; but several persons, who have also alluded to the case, knew it perfectly well, though they have passed it by in silence.

From the continuation of Mr. Lee's remarks, it appears he is of opinion that the matter which I use in syphilising does not produce pustules and ulcerations similar to those which follow inoculation with matter from soft chancres; but as regards this he is quite mistaken, their form, extent, etc., being precisely the same.

I will now pass on to the conclusions which Mr. Lee arrives at, and will cite, for such of your readers who are not so familiar with this subject, Mr. Lee's own words.

"It thus appears that three very different actions have been included under the term syphilisation; and, until these actions are distinguished, the confusion which has hitherto reigned with regard to this subject will continue.

"1. There is the inoculation of real syphilis in a constitution not previously affected.

"2. The inoculation of the secretion of the soft or suppurative sore.

"3. The inoculation of the accidental or artificial suppurative action induced upon an indurated sore."

From what I have already stated, there can be no question whatever about the first of these points. From the very moment I commenced practising syphilisation, I laid it down as an invariable rule never to inoculate healthy subjects, nor those suffering from primary syphilis. But, on the other hand, when every drop of blood in the system has become imbued with the syphilitic dyscrasy, no harm can possibly arise from inoculating the skin with the syphilitic matter.

Now to the second point—inoculation with matter taken from a soft chancre. Mr. Lee adduces here what has been said of the syphilisations practised with this matter in Vienna. To this I am able to give a definite answer, having for several years used indiscriminately matter from soft and from indurated chancres.

After inoculation with matter taken from a soft chancre, immunity invariably results: it is a rule without exception. With regard to the phagedenic sores which are said to follow these inoculations, they will never make their appearance if attention be paid to the rules I have given for selecting the spot to be inoculated. Mr. Lee must not, therefore, judge of this process by its results as practised in Vienna. He, and whoever wishes to form a just opinion of the merits of syphilisation, must be prepared to pay a visit to our little city of Christiania; and I feel confident that Mr. Lee would then no longer say "the anticipated result—complete failure to cure syphilis, as to prevent its recurrence"—was all he had seen of my treatment. Mr. Lee even believes my records to be accurate; but, when I bring forward from seven to eight hundred cases in which syphilisation has been signally successful, and not a single one in which danger resulted in consequence of the treatment, he is still sceptical, and points to a few cases in Vienna in which the treatment failed to have the desired effect. The only logical conclusion to be arrived at here would seem to me to be this, that syphilisation was not practised in Vienna as it should be; for I have before called attention to the fact that it has been considered unnecessary to follow strictly any particular directions, erroneously supposing that syphilisation consisted in inoculating a few times at unfixed intervals; and if the patient—which was not to be wondered at—grew worse instead of better, the whole theory of syphilisation was cried down as a chimera, and its adherents, to use the mildest expression, as enthusiasts. What, may I ask, would be said of a physician who should prescribe quinine in an equally arbitrary manner for intermittent fever, and then exclaim, on seeing his patient grow rapidly worse, "It is mere folly to prescribe quinine for intermittent fever"?

I now arrive at the third point. Mr. Lee is of the opinion that inoculation with matter taken from indurated chancres is not attended with danger; but this is because he imagines the result of these inoculations to be different from that which follows inoculating with matter taken from soft chancres. When Mr. Lee learns that the inoculated matter from indurated chancres produces pustules and sores precisely similar to those generated by matter taken from soft chancres, we shall, I fear, be no longer agreed on the innocuousness in its application. Hundreds of cases have, however, convinced me that these inoculations have no pernicious effect whatever, but are, on the contrary, the best remedy for syphilis.

To be sure, Mr. Lee considers the results of my syphilisations on children suffering from hereditary syphilis beyond all measure bad, asserting that, in England, they are without a parallel. This statement surprises me, familiar as I am with hereditary syphilis in our country. In my work entitled *Recherches sur la Syphilis*, page 504, I have made mention of 104 children, all of whose mothers, with the exception of one, had been treated with mercury for constitutional syphilis. Of these 104 children, sixty-two died, none of them having been syphilised. This is, consequently, a still worse result; and yet I was under the impression that it was not of the worst. My statistics are certainly not based on an imposing array of figures. They have, however, the advantage of including every case of hereditary syphilis in children brought to our hospital in Christiania for this disease; and their accuracy I can vouch for. I should be glad if Mr. Lee would give similar statistics from England. We should then be able to institute a comparison.

In order to throw as much light on this question as lies in my power, I will now cite a part of what has been said by the latest writers on this subject. In Acton's *Practical Treatise on Diseases of the Urinary and Generative Organs*, page 645, we read: "Fatal cases of syphilis in children are much more common in the metropolis than the profession is aware of." He then gives a table of over 203 children who died of hereditary syphilis in London in the years 1846-1848, in order to show at what ages this disease is most fatal to children. Trousseau says, in a clinical lecture delivered in 1858: "If hereditary syphilis make its appearance a few days after birth, it may be considered as incurable; if there are no symptoms before the second or third month, good hopes may be entertained of effecting a cure, provided the wet-nurse be healthy."

This statement of Trousseau is quite correct, and may be transposed thus. In the first-born children, the dyscrasy breaks out at the earliest period of their lives; in those born later, the disease seldom makes its appearance until after the lapse of a couple of months. In those born first, the internal organs are, as a rule, found to be attacked; in those born later, the disease generally breaks out on the skin and mucous membranes. The children I have syphilised have been taken in treatment indiscriminately, as brought to the hospital, without regard to their symptoms, wishing to see how far syphilisation could be carried.

Pottou relates that, according to the statement of Girard, who practised in the Department of Isère, where numbers of children from Lyons are put out to nurse, syphilis was fatal in two-thirds of the children infected with it. (Rosen, *On the Offspring of Syphilitic Parents*, Copenhagen, 1859.) Zeissel says: "As I have already observed when treating of the different forms of syphilis on the skin, I consider congenital syphilis as an invariably fatal disease." I must, however, remark that Zeissel, by the word congenital, means symptoms of syphilis existing at the birth of the child.

This may be as it will: my experience of the treatment of hereditary syphilis justifies me in continuing to practise syphilisation also in this form of the disease.

Mr. Lee returns to our mutual patient, and says: "... but I cannot conceive it possible that in the case in question, seen by so many eminent men, a disease could have been acquired which remained dormant, without giving any signs of its existence, during a period of six years, and then for the first time showed itself with such terrible severity. Such a case, if substantiated, would, I believe, be unique

in the annals of medical science." In a former number of the JOURNAL, I have stated the results of my own experience on this point, but prefer, instead of laying stress thereon, to cite what Ricord, in his *Lettres sur la Syphilis*, says on the subject: "Il n'y a pas de praticiens qui n'aient vu des malades qui, après avoir été traités, ont joui pendant dix, quinze, vingt, trente ans, de tous les privilèges d'une excellente santé, et qui ont fini par présenter, soit pour la première fois, soit comme récidive, des accidents caractéristiques de la syphilis. En présence de faits de ce genre, malheureusement si nombreux," etc.

Mr. Lee and I disagree on many points; but, should the proposal made in my last letter be accepted, I should be glad if Mr. Lee were selected to watch my mode of treatment, being convinced from his correspondence that he is a man who has the cause of truth at heart.

AMERICAN ARMY HOSPITALS. One hundred and eighty-two hospitals, with a capacity of 84,472 beds, were in operation at the date of the last annual report. During the summer campaign it was found necessary to establish additional ones, and increase the capacity of those nearest the scenes of active operations, giving a capacity of 125,521 beds in June 1864.

LUNATIC PAUPERS. Dr. Stiff, superintendent of the Nottingham Lunatic Asylum, in his last annual report, calls attention to a matter of some importance in connection with the admission of lunatics into an asylum, which should be more generally known than it appears to be at present. In the case of ordinary paupers, the proceeding is to take the alleged lunatic before a justice or an officiating clergyman, who, after calling in a medical practitioner, may grant the order of admission. A different procedure must be adopted in the case of persons who are not chargeable to a union but who are alleged to be dangerous lunatics, and not under proper care and control. The person deemed to be lunatic must be brought *before two justices*, by whom the case is to be dealt with, after a preliminary examination of one justice with the aid, if necessary, of a medical man, and if the two justices be satisfied, and the physician or surgeon sign a certificate that such person, not being a pauper, is insane, they may direct him to be received into an asylum. It is to be feared that persons not being maintained out of the poor-rate, are sometimes brought before an officiating clergyman of the parish, and committed to the asylum. The inconveniences attending this practice are, that persons, whose circumstances have not been inquired into are thrown upon the county rate without magisterial authority; that no opportunity is given to the friends to come forward and take charge of them, and that in case of any legal inquiry into the settlement of the individual being made, the original order of admission would be quashed. That due care and judgment must be exercised is shown by the Islington case, where an alleged lunatic, not legally chargeable, was removed to the workhouse, under the direction of the relieving officer, against whom an action was brought. The jury found a verdict for the plaintiff, and the damages and costs, on both sides, amounted ultimately to nearly £900. In another case recently tried, £20 damages were obtained against a relieving officer, for causing a person not maintained out of the poor-rate to be placed in a cab and lodged in the lunatic ward of the workhouse. The judge decided that, although the defendant had simply acted as he believed it to be his duty to do, yet he was legally wrong in not observing the statute.

Original Communications.

ENTOPTICS:

OBSERVATIONS ON THE RELATIVELY GREATER FREQUENCY OF MYODESOPSIA IN THE MYOPIC EYE.

By JABEZ HOGG, Esq., Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital, etc.

On the continent and in this country, entoptical observations have received a considerable share of attention from men of science both in and out of the profession. The increased care with which the internal eye has been studied since the introduction of that invaluable instrument the ophthalmoscope, has led to a far better explanation, and a fuller appreciation of the value of such inquiries.

Myodesopsia, whether investigated by the philosopher purely in its relation to optical phenomena, or by the medical man as a symptom of some value in the treatment of certain derangements of vision, is, I venture to say, of sufficient importance to warrant a careful record of such facts as may from time to time fall under the observation of the ophthalmologist.

It is well known to most practitioners, that few symptoms in connection with derangement of vision prove more alarming to persons of a nervous temperament than the constantly recurring *muscæ volitantes*;^{*} but fortunately it is quite an easy matter to convince the well informed mind, by direct experiment, that the seat of the phenomena is mostly situated in the humours and secretions of the eye, and not in its nervous or sentient structure.

Entoptical phantoms are principally due: 1, to the passage of muco-lacrimal secretions over the surface of the cornea; 2, to corpuscles moving between the cornea and focal centres, or to corpuscles moving between the focal centre and the retina.

The increased occurrence of *visio phantasmatum*, under certain circumstances, offers an extensive field for experiment and research. When the eye is in a normal condition, the lacrimal fluids, as they float across the cornea, may be quite visible in the diffused light of day. Images of the deeper fibres, moving between the cornea and focal centre, may also be seen without the use of a pencil of light, whether convergent or divergent. And the number of apparent separate beads is apt to incline the observer to the opinion that there are loose beads in the vitreous humour. But all other entoptical objects require the aid of small pencils of light, to enable the observer to perceive and accurately describe them. Such aids are of course necessary before we can determine either the situation, extent, or precise nature, of any entoptical phenomenon. But when the eyes, whether from fatigue of the muscles, or any other disturbing cause, assume a morbid condition, the field of vision becomes peopled with images of all kinds; the number and distinctness of which—however painful to the sufferer—renders their investigation comparatively easy.

"To view entoptical apparitions with precision, and to determine their situation and dimensions—or rather to obtain data for determining them—we must

view them in a bright light of limited extent." (*Entoptics; with its Uses in Physiology and Medicine*. By J. Jago, M.D.) It is true that images of fibres in the vitreous humour, as well as certain spectra arising from eyelashes and conjunctival fluids, are frequently visible in the diffused light of day. Nay, in a diseased state of the internal eye, other entoptical objects obtrude themselves on the field of vision, as represented in the annexed diagram. (Fig. 1.)

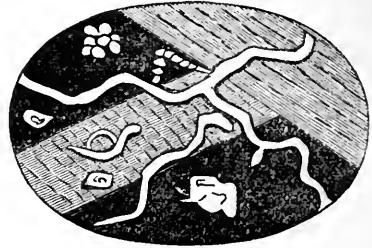


Fig. 1.

These, with numerous other spectra, were always visibly floating in the right eye of a myopic patient, when that organ was weakened, and he was suffering from the effects of overwork. But no exact information can be obtained concerning these spectra, unless we follow certain particular methods of investigation; which I shall endeavour to make clear before proceeding to give the results.

However, first, let me say a word or two about a supposed test of the danger or harmlessness of entoptical apparitions mentioned by Dr. Watson; viz., "the simple and easy criterion is this, those *muscæ* which are motionless when the eye is at rest, and move with it when in motion, are signs of danger to vision; those which sink gently downward when the eye is fixed are innocent." This supposed test I have found utterly valueless; and mainly so, because patients, having no scientific knowledge of the subject, will content themselves with applying such a test and acting upon the result; frequently permit great mischief to go on in the eyes unchecked and unheeded; and need, again and again, to be reminded of the danger to which they thus expose themselves.

Now, the result of my experience is this, that blind or insensible spots in the retina do appear "to sink gently downward" when the eye is directed steadily towards some bright object. And Dr. Jago accounts for this when he says: "If the eyes be brought to bear, as is commonly done, on the top of some object, so that the suspected image may be viewed against the sky, they have an almost irresistible tendency to drop, and thus to cause the blind spot to drop also." And even if the object toward which the eyes are directed be not high above the level of the organs themselves, they yet have a tendency to sink downward or to move in some direction or other, thus causing the insensible spot to move also. Moreover, the force of imagination is such, that it is easy to fancy we detect a slight motion in an object when we know that such a motion is an assurance of safety; and even the most cool and collected observer can hardly be certain that the result of his observation will be entirely uninfluenced by his feelings and his imagination.

There are other, and more complicated, causes which render this test, supposing it were a true one, difficult of application. The more deeply situated fibres in the vitreous humour frequently cannot be detected to move along the retina; and, in diseases of the nervous system, *muscæ* occur, which, "like

* Myodesopsia (*muscæ volitantes*), usually defined "as any spectrum or visual appearance, which imposes on the patient, and leads him to think that flies are moving about before him in the air." (Dr. Mackenzie, "On the Vision of Objects on and in the Eye."—*Edinburgh Medical and Surgical Journal*, July 1845.) The symptom has also been very appropriately called *visio phantasmatum*; and, in my opinion, no better designation could be found.

dreams, are merely the result of efforts by a suffering brain to realise impressions made upon it."

Having thus premised, that accurate and scientific investigations are necessary to ascertain the nature of entoptical apparitions, the next step will be to describe some of the methods by which such investigations may be made. And here let me say, by way of caution, that care should be taken to ascertain that the lens we are about to experiment with is perfectly clean and free from dust. By looking at the flame of a steady-burning lamp or candle, and at the same time turning the lens on its axis, any particle of dust adhering to it will be seen to revolve, and must be carefully removed. Other imperfections, as scratches, etc., may be detected in the same way.

The first point of importance in making observations will necessarily be, how to obtain such pencils of rays, either convergent or divergent, as may conveniently, and without injury, be thrown upon the retina. I have found that light reflected from water, walls, roads, and other such-like objects, is far too dazzling to be at all agreeable or convenient; and should, therefore, recommend light drawn from a pure white cloud or the clear sky, as both convenient and trustworthy for entoptical experiments. By the aid of a convex lens, we may reflect into the eye, from such a clear sky, very fine divergent pencils of light. "If we look through a convex lens of one inch focal length towards a gas- or lamp-flame situated at the end of a moderately long room (say twenty feet), so that the image may be formed at or near the principal focus of the lens, that there may be produced a rapidly convergent and therefrom divergent pencil, the eye may receive.....a divergent or convergent pencil at pleasure." (*Entoptics*.)

If we use artificial light, care must be taken that the flame does not flicker—a steady light being indispensable for accuracy. With such pencils as those just enumerated, all the following experiments have been made.

A clergyman, of some scientific acquirements, myopic, in whose eyes *muscæ volitantes* have for years been most annoying and distressing, having been requested to furnish me with particulars of his case, says:

"I have not found any results worth noting in the apparitions arising from eyelashes and the movement of the lids; indeed, such can scarcely be called 'entoptical'—*ectoptical* seems a more suitable term for them, since their originating causes are external. In my case, the lubricating fluids do not appear to be as equally diffused over the corneæ and conjunctivæ as they should be, and probably are not in their normal condition; hence, numerous tears, both convex and concave, arise; two of which, as seen through a divergent pencil, are shown in the annexed figure 2. These are evidently convex tears, since they 'brighten the image, and give shade to the areola'; one, however, has a dark central spot. Figure 3 re-

"Throughout the crystalline lens are scattered numerous bodies, opaque or semi-opaque, having a round or oval outline, and always presenting a central brightness. The annexed figure 4 will give you

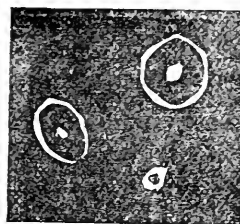


Fig. 4.

some idea of the appearance of these bodies. I am unable, even after careful investigation, absolutely to confirm the statement made regarding similar bodies, 'that the whole wide black ring is constituted of suitable internal fringes.' The shading of the areola around the objects is purposely given roughly, partly to imitate its actual appearance, partly to render the lucid band and central brightness of the opaque bodies more prominent; and, from whatever cause, these bright portions are invariably much more light than the surrounding areola; and they are, also, accompanied with prismatic bands, or circles of colour, which play about them, but which it is impossible to represent in a diagram, inasmuch as they are in constant motion, and present no definite outline. Fig. 5 is intended to represent the irregular outline of



Fig. 6.

coloured bands which surrounded a central spot of brightness upon a ground work of minute grey dots.

"It may, perhaps, not be out of place to detail the peculiarities of focal adjustment in my own eyes, as Dr. Jago has done in his. The power of accommodation, from a distance of only an inch and a half to the horizon itself, is possessed by both eyes when in their normal condition. But when a single horizontal straight line is viewed at a given distance—say twelve inches—and turned round in a plane perpendicular to the optic axis, it is seen more clearly in some positions than in others. A vertical line appears perfectly erect; but one sloping at an angle of 45° appears double. A horizontal line appears double with the left eye; but lately, and when the eyes are suffering from the effects of overstrain, on looking at a distant point, all nearer placed objects appear double, each eye having its own image, and not, as in Dr. Jago's case, one eye possessing two images. Moreover, this gentleman's double images 'become more widely apart as the objects become more remote.' My own case is precisely the converse of this; the nearer the object, supposing the eye to be directed to a distant point, the further apart are the two images.*

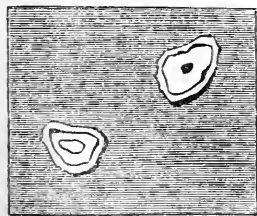


Fig. 2.



Fig. 3.

presents a concave tear, seen through a divergent pencil, the image dark, the areola surrounding it lighter.

* My patient's myopia is probably associated with *astigmatism*, due to some irregularity in the refracting surfaces of the eye, which I have had no opportunity of investigating. That distinguished philosopher, Dr. Thomas Young, first observed this asymmetry of the dioptric system in his own eyes. He was himself myopic; he saw in his optometer double images of the thread intersect one another at seven inches from the eye. "The optician Cary, to whom Dr. Young communicated his discovery, stated to him that he had often found that near-sighted people distinguished objects more accurately, when the glasses suited to them were held in a particular oblique direction before the eye. Now, by this means—at least, when strong

"With regard to the inspection of the fibres in the vitreous humour, I find that while observing intra-vitreous bodies, it is necessary to look downwards; and, indeed, if I fix the eye during such investigations upon an object above, or even parallel to, the axis of vision, I find that the images of intra-ocular bodies move about, so as to render their examination difficult. I have, by careful investigations, arrived at the conclusion, that all the seemingly loose beads in the vitreous humour are, in reality, parts of a series of filaments or fibres. The annexed figure 6



Fig. 6.

represents a portion of the net-work of fibres, and some loose beads visible in the vitreous humour, seen by means of a divergent pencil of light. In place of Dr. Jago's experiment, by which he appears to have arrived at this conclusion, I had an experience of a very different kind, but which led me to exactly the same opinion. When first I commenced these entoptical studies for you, the numerous apparently loose beads in the vitreous humours seemed totally unconnected; and when in motion, it was impossible to detect that they were in the condition of objects connected together, so far as similarity of movement and uniformity of direction were concerned. The annexed diagram (Fig. 7) represents some of these



Fig. 7.

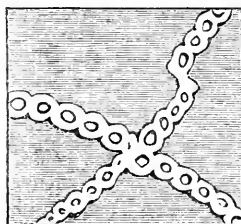


Fig. 8.

loose globules, seen through a divergent pencil, when the eye was in a tolerably healthy condition. But soon after I had noted these, a period of close reading caused rapid deterioration of my sight; and one of the first of my annoying symptoms was the greater visibility of the beads in the vitreous humour. These daily increased, both in number and prominence; and I soon found that several (which, from their larger size or more conspicuous position, I

could easily recognise) were becoming united into a series of connecting links. In process of time, a regular network of fibres became visible; and in the diffused light of day, each fibre or filament was converted into a connected chain of beads (shown in fig. 8.) But, after a series of observations and experiments, I have come to the conclusion, that every bead which is visible in the vitreous humour, whether in the diffused light of day or by means of a divergent pencil, is in reality a portion of a fibre. 'I can at once locate in the tissue any thread that comes into view; and any globule that trembles upon the sight, I can restore to its place among the meshes of the web with facility.'

"To proceed to the entoptical investigation of the retina. At each contraction of the left ventricle of the heart, I can discern a corresponding movement in the arteries of the retina. These produce phantoms in the form of greyish elongated bodies, sometimes, though not invariably, phosphorescent. That the sentient surface of the retina lies behind the arteries seems most probable, when we consider in what way these phantoms are produced. But the experiments by which we investigate these phenomena are somewhat uncertain in their results; and consequently the data obtained from them are liable to many sources of error. As the result of careful observation, I may state that I can detect a very subtle black ring round most, if not all, of the capillary dots which fall upon the more sensitive portions of my retina; and I believe that, in some rare instances, I can observe a very slight central brightness. That the capillaries do not actually touch the sentient surface, although they approach it very nearly, appears certain. In my own eyes, as also in those of some other observers, a few excessively minute dots are just perceptible across the whole of the foramen centrale; but so minute as to be barely discernible. These small dots somewhat resemble the capillaries which lie around that region; although, of course, they must be very much smaller. These dots 'should be regarded as undoubted shadows; and, until the microscope shall have discovered another cause, it will be hard for me to persuade myself that they are not vessels.' The result of my investigations has led me to agree entirely with this view; and, consequently, to acquiesce in the presumption that this spot (i.e., the foramen centrale, which many say is without vessels) is really penetrated by excessively fine capillaries.

"With regard to the detection of bloodless portions of the retina, it is not always possible to discover them, or, at least, to distinguish them from mere harmless *muscæ volitantes*, by the uncertain test of their immobility; for—as I have before stated when the eye is directed towards an elevated object—they will sink gently downwards; and the observer will often rest satisfied with a cursory observation, shrinking from the possible discovery of danger to vision which a more carefully instituted examination might lead to. And when a more accurate series of entoptical experiments shall have been made and recorded, I think there will be little or no difficulty in detecting anæmic portions of the retina. It is true that they sink gently down, or at least appear to do so; but they will be found invariably stationary when the eye is directed to any spot on a level with, or lower, than its own elevation. You also have the ophthalmoscope to aid you in all such investigations; and can detect, by means of this instrument, other, and perhaps more decided, changes, not only in the retina, but throughout the fundus of the internal eye.

"Then, although the common harmless *muscæ* will still be seen to sink gently downward—occasionally

glasses are necessary—a certain degree of astigmatism may be corrected. Young also studied and delineated the form of the diffused spots. The source of astigmatism he sought in the crystalline lens, because it continued when he plunged his cornea into water, and replaced its action by that of a convex lens. He now assumed an oblique position of the crystalline lens as the cause, and even thought that from the diffusion-images of a point of light it might be deduced, that the two surfaces of his lens were not centred. In a double point of view, therefore, Young's eye, says Donders, 'presented an exception; the refraction was stronger in the horizontal than in the vertical meridian, and the cause lay principally in the lens.' (*Phil. Trans.*, vol. lxxiii; Young's *Miscellaneous Works*, edited by Peacock, vol. i, p. 26; Donders, *On the Anomalies of Accommodation and Refraction of the Eye*, p. 416.)

returning and then again descending—the phantoms from the lacrymal fluids move either laterally or longitudinally; at such times, the anæmic portions of the retina remain firmly fixed. And I fancy that I can now detect them by a peculiar colour, or rather shade, by which they are distinguishable from all other entoptical images; namely, a pearly brightness, difficult to depict without the aid of a skilful pencil; but when once seen, not to be forgotten. I need scarcely add that, as they are the most alarming, so they are also the most obtrusive of entoptical objects, being visible with as well as without pencils, and visible alike in daylight and by artificial light. They are more affected than any other spectres by overwork of the eyes; and I have invariably found them disappear after a sufficient period of rest, and return when the eyes were fatigued by much work; and, like all the other appearances I have mentioned, to be by far less annoying in the clear and brilliant sunshine of the South, than in the twilight of an English winter's day.

"It has been quite a source of employment for spare moments, to note the effects of external circumstances upon my *muscæ volitantes*. In the first place, reading or writing always causes with me some muscular contraction (a spasm of the voluntary muscles of the eye). This renders all apparitions very much more conspicuously visible. I have noticed that painting does not produce the same unpleasant effects, although pencil- or chalk-drawing does, but still in a far less degree than reading or writing. In fact, I have found it to be an invariable rule, one which may prove of use to others similarly affected, or suffering from weak sight (either associated with anæmia or hyperæmia of the retina), that any kind of employment which involves the looking at coloured objects, or the varied landscape, is not only far less trying than when the sight is exercised on black or white objects; but after the fatigue of reading, if I turn to my painting, or walk out for a while, the retina very quickly recovers itself. I may mention, however, that my retina appears to be at all times morbidly sensitive to light; and that any unusual printed characters, such as Hebrew, Greek, or German, are very trying to my sight. Entoptical objects also become most numerous after reading Hebrew. I append a portion of my field of vision, seen by the aid of a divergent pencil of light, after

ON IMPAIRED NERVOUS POWER, FROM ALTERATIONS IN THE QUANTITY OF THE BLOOD CIRCULATING IN THE BRAIN.

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[Read before the Northumberland and Durham Medical Society at Newcastle-upon-Tyne, January 12th, 1865.]

THE morbid processes which influence the functions of the brain are various and widely different. Whatever the alteration, the effect is manifested by some loss of power or force, the extent varying, according as the mischief is simple or severe, implicating a portion of the nervous tissue of small consequence or absolutely needful for the continuance of life.

The mental power alone may be diminished. To this there may be superadded a suspension of ideas; the individual halting in a conversation, in the middle of a sentence, or of a word, not from a difficulty in articulation, but from losing the string of ideas owned at the time by his mind. The discoverable effect may be thus constituted; or, in addition, there may be a loss of one or more of the special senses, ordinary sensation or motion, with or without muscular contractions, diminished nutrition, reflex actions, and perverted sensations. Even life itself may be suddenly or more gradually terminated, external impressions previously producing no effect, the semblance being that of death, but with the continuance of the circulation and respiration. How gradual and regular is this progress. The signs are very distinct. Their coexistence is agreeable to order, and guides us to the portion of the nervous centre implicated, and to the nature of the lesion, whether it be due simply to functional disturbance, to alterations in the quantity or quality of the blood circulating, to effusion of this fluid into the substance or cavities of the encephalon, to softening, slowly generated, or to inflammatory or some other condition.

These states are each suggestive, and deserving of distinct notice. Nevertheless, the present inquiry will be limited to the consideration of the various conditions productive of alterations in the quantity of the blood circulating in the brain, the effects arising therefrom being specially referred to.

The quantity of blood may be augmented or diminished.

1. The increase may arise from general or partial hyperæmia. In general hyperæmia or plethora—that bodily condition in which the blood is either in excessive quantity, or not increased, but more rich in fibrine and red corpuscles—the circulation is easily quickened by any sudden excitement. The blood-vessels in every part of the body are over-distended; they contain an excess of blood. Those in the brain are very liable to suffer, and frequently rupture, solely from this cause. In a measure, they are ready prepared for this, from the delicate nature of their structure, and their nearness to the heart. This state may be the forerunner of congestion, or of that variety of partial hyperæmia characterised by sluggishness of the flow, and an increase in the actual amount of blood in the vessels. The veins are principally affected; before long they are over-distended, and finally loaded. Thus the blood accumulates, and by degrees the capillaries dilate, and, by reason of their thin coat, readily yield to the pressure, if the onward current be not re-established.

Any obstacle preventing the return of blood from the brain is the most frequent cause of congestion.

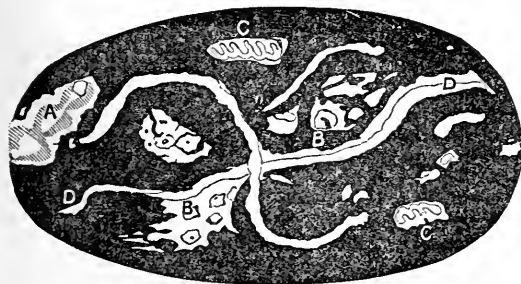


Fig. 9.

an hour's reading. A A, portions of fibre; B B, clusters of spectra, probably beads, in the vitreous humour, forming parts of larger fibres; C C, anæmic portions of the retina; D D, deeper fibres in the vitreous body. The background is shaded merely to give prominence to the spectra; and the oval indicates that the central part of the field is more thickly covered. All the images sink gently downwards when the eye returns to rest."

[To be continued.]

The impediment may be in the heart itself, at the right auriculo-ventricular aperture—more often from regurgitation than from constriction. The internal jugular vein may be compressed by an aneurismal or other tumour. The convulsions in severe cases of pertussis are due to congestion; and in this way, the capacity of the chest is diminished by oft repeated respirations, the lungs in proportion being compressed; the amount of blood transmitted through them is thereby lessened, and its return from the head impeded, where it collects. In congestion, it is not often that consciousness is entirely lost; convulsions and a temporary paralysis may occur; usually all the symptoms pass away before the third day.

The quantity of blood in the brain may be increased, the flow also being quickened. In this example of partial hyperæmia, if the increase be small, the functions of the brain are performed with increased activity. If it be greater, there are restlessness, apprehension of impending danger, inability to fix the attention, feeling of fulness within the head, at times slight stupor and delirium, readily increased by stooping. Most often the circulation after a little time becomes again tranquil, and all the uneasy feelings vanish. More rarely inflammation of the substance of the brain supervenes. At some part the blood stagnates, not from any hindrance to the flow, but from the blood-discs adhering together and to the walls of the capillaries. This is soon followed by an exudation from the vessels, either composed entirely of the liquid portion of the blood, or a blastematous lymph, which coagulates between the nerve-fibres and cells. The symptoms are severe. The carotid arteries pulsate with great force and increased frequency. The whole circulation is excited. The pupils, at first contracted, afterwards dilate, often unequally, any sudden light producing little effect. Vision is impaired. Certain muscles or groups of muscles become rigid. Motion and sensation are lost. Stupor and delirium, intense coma, or sudden collapse, shortly precede death.

2. A decrease in the quantity of blood circulating in the brain may arise from a sudden and large loss of blood, or from an interruption to the current in the arteries that supply or are distributed to the brain.

In acute anæmia, from any sudden and large hæmorrhage, the amount of blood passing through the brain necessarily must suffer diminution, the proportion of the composite elements being in no way changed. The giddiness, loss of consciousness, perhaps dreadfully prolonged, the momentary suspension of respiration, resumed with deep sighing, sufficiently mark the action upon the nervous system.

The blood may coagulate within a healthy or a diseased vessel. When within a healthy vessel, it does so spontaneously and during life. Rheumatism, syphilis, the puerperal state, and debility in any way produced, appear to render the fibrine more liable to separate and form a clot. Such cases are uncommon. The following one is a remarkable example.

T. B., a joiner, aged 43, on the morning of March 2nd, 1861, while at work fell to the ground; when lifted by his fellow-workmen, he was unconscious; two hours afterwards was profoundly insensible. The mouth was drawn to the right; sensation and motion were abolished in the left arm and leg; when raised they fell as dead weights; reflex action could not be excited; the intestinal contents were passed involuntarily. He never regained consciousness, and died twenty-two hours after the seizure.

At the autopsy, the right internal carotid artery within the cranium, together with its branches, were

distended with a coagulum, which even extended into the branches of the ophthalmic. The vessels were completely filled. When cut across, the circumference of the clot was firm, the centre soft, most like ordinary clotted blood. It was divided at several parts with the same result. The lining of the vessels was of a natural colour, and quite smooth. The brain was throughout of ordinary consistence. The ventricles contained the usual quantity of serosity. The valves of the heart were healthy.

It was conjectured during life that blood had suddenly become effused into the right hemisphere of the brain. At the examination a different condition was revealed—an explanation of the symptoms. The character of the clot was peculiar, and clearly pointed to its formation some time before death. In all probability the interior of the vessels was first covered with a layer of fibrine, and upon this, according to the rapidity with which the blood-discs became entangled, a coagulum was formed, enlarging until the vessels were ultimately blocked up.

In arteries inflamed, the blood coagulates. The clot is often firmly adherent, and of a uniform colour. The heart is moderately distended; the calibre slightly diminished. The external coat is thickened from exudation into its interstices; the internal softened, and devoid of its natural polish. In some bodily conditions, a lowness of activity naturally exists, joined with general impairment of the nutritive power. In various organs and tissues the proper structure is replaced by oily particles—plates of cholesterine and calcareous particles. In the arteries, this change is not uncommon in the contractile tissue of the middle coat. The vessels then lose their power of contractility, are dilated rather than contracted. The calcareous particles not unfrequently project into the current, sometimes becoming free, from removal of the epithelial layer by absorption, and thus inviting foundations are formed for the raising of a coagulum.

The blood may coagulate upon some substance derived from a distance, composed either of the constituents of the blood, or the products of some morbid process. This condition, with the appellation of "embolon", was described some few years ago near the same time, by Virchow, in Germany, and the much lamented Kirkes, in this country. They stated that fibrinous fragments or vegetations adherent to the interior of the great vessels, the valves or inner surface of the heart, by some sudden excitement of the circulation, become detached, and swept on in the circulation until arrested by a vessel too small for them to move in. The vessel becomes blocked by a clot to the angle of branching, where the circulation is still going on.

The embolus may be formed in various ways. It may be composed simply of a coagulum, formed upon calcareous spicule, projecting into the interior of one of the great vessels, or an atheromatous patch, where the epithelial membrane has been removed. It may be formed of fibrinous patches washed off from the masses attached or interwoven among the chordæ tendinæ and columnæ carnæ of the left ventricle of the heart. It may be constituted by a vegetation, detached from one of the valves of the heart, the result of previous endocarditis. The vegetations are usually attached to the free border of the valves, and to those of the left side in preference to the right. They are generally small in size, and pass into the cerebral arteries and their branches; the middle cerebral more often than the anterior or posterior. The fibrinous particles are of good size, and frequently lodge in the internal carotid artery.

The resting place of the embolus is principally determined by its size, the position of the body at the

time the separation has occurred, the velocity of the circulation, and the angles formed by divergent branches. When an artery so obstructed is examined, it will appear as if distended with artificial injection, the coats being quite healthy. The plug is firm, distinctly laminated, like the contents of an aneurism; in shape mostly conical, the base directed to the stream; smooth; like an ordinary clot in colour; the apex often irregular, lighter in colour, and possibly identical in structure with fibrinous masses or vegetations, yet undetached.

The changes that ultimately occur are chiefly influenced by the size and position of the artery obstructed. If it be the internal carotid artery, by reason of its numerous anastomoses with the branches of its fellow, and of the external carotid and the subclavian, the circulation is soon restored. If the embolus and the vessel be not adherent, the force of the circulation may produce dilatation of the vessel behind the obstruction, and the blood may gradually find its way between the plug and the vessel. In this way, the circulation may be in part restored. If the clot be firmly fixed, the dilatation may increase until the vessel ruptures. This is a rare cause of hæmorrhage into the substance of the brain. The embolus may be arrested at the angle of two divergent branches, loosely waving in one, and obstructing the other. This position may be easily altered, and the obstacle may again pass into the circulation, migrate, and obstruct some other vessel. The embolus may continue fixed in position, and gradually become less by a process of disintegration and absorption, the vessel once again becoming patent. When the obstruction continues some time, the nutrition of the brain suffers. Its consistence changes; it becomes soft, pulpy, almost diffuent at places, like cream in density and appearance; the extent of the alteration corresponding closely to the space within which the branches of the obstructed artery are distributed. In fatal cases, this is the most general *post mortem* appearance, death rarely following the immediate attack.

The symptoms are distinctive. The attack is most sudden, without premonitory warning. Consciousness is lost, after a few hours regained, disclosing partial or complete paralysis of one side. The face may be distorted, the tongue protruded to one side, the grasp diminished, and the foot trailed. Sensation is abolished, lessened, or perverted. Speech is defective, in the utterance of words, and even in the expression of ideas by signs. The paralysis is on the side of the body opposite to that in which the obstruction has occurred, thus agreeing with the distinctive character of cerebral paralysis from other causes. One side of the body may be completely paralysed, and the arterial pulsations in a part of the other be unable to be felt. Here embolism of the artery going to the part, is associated with a similar condition of an artery supplying the brain. Other internal organs in conjunction with the brain may be similarly affected; the spleen and kidneys more often than the liver. The first attack is often of short duration, succeeded by a second more lasting, it may be, of the opposite side of the body. In such the obstruction has become displaced, altered in position, and finally firmly wedged.

This condition may occur at any age. Of seven cases, three were under thirty years of age, while one was sixty-five. Four were males and three females. In every case a history of previous rheumatism was obtained, and the auscultatory evidence was clear of coexistent disease of the valves of the left side of the heart.

The treatment, immediate upon the seizure, must be directed to equalise and restore the circulation.

The recumbent posture must be strictly enjoined, and all constricting articles of dress set free. Some diffusible stimulant, as brandy or ammonia, may be administered. Some caution, however, is necessary, lest the circulation be excited in too great degree, and fresh particles of the obstructing matter become washed into the current. After consciousness has been regained, if the paralysis continue, the endeavour should be to hasten the absorption of the obstruction. Upon the supposition that ammonia possesses the property of liquefying the clot of coagulated blood, this alkali may be given. Even out of the body, upon the authority of Dr. B. W. Richardson, blood serum alkalified with ammonia possesses this property. Dr. Fletcher of Manchester (*BRITISH MEDICAL JOURNAL*, April 30th, 1864) has recorded a case of embolism which recovered, ammonia having been given in frequent and large doses. The symptoms were clear and well marked. The healthy nutrition of the body must be carefully maintained, so that, however small the quantity of blood is that the brain receives, it may be as nutrient as possible. With this view, a generous diet, wine and tonic remedies are indicated. Iron, quinine, alone or in combination with ammonia, or other approved absorbent, as the iodide or bromide of potassium, prove the most beneficial. Laxatives from time to time are necessary, and highly useful. Counterirritation behind the ear, or upon the crown of the head, by means of cantharidine blisters or the ointment of tartarated antimony, should not be omitted.

The foregoing considerations may be embodied in the following propositions.

An increase in the quantity of blood circulating in the brain, is alone adequate to produce impairment of its various functions.

The ulterior effects of the increase are much more serious than those of the increase itself.

A sudden diminution in the amount of blood distributed to the brain, is followed by complete paralysis.

Hemiplegia so produced, closely resembles hæmorrhage into or acute softening of the brain-tissue, not only in symptoms, but in power to destroy life.

CASE OF POISONING BY STRYCHNINE.

By R. J. ROGERS, M.R.C.S., late House-Surgeon to the Sussex County Hospital.

A FEMALE, aged 25, was admitted into the Sussex County Hospital, having, about an hour and a half previously, swallowed one of "Barber's Magic Vermin Killer" powders with suicidal intent.

When seen, she was stretched across a chair, with her legs rigid and extended, the trunk in a state of opisthotonos, and there were tetanic spasms of the muscles of the arms, neck, and face. With great difficulty, in consequence of the rigid state of the jaws, a tube was passed into the œsophagus; and, by the aid of the stomach-pump, a quantity of warm water was injected, which returned clear and of a pale green colour. She was then placed in bed. The thighs and legs were persistently rigid and widely separated; the muscles of the upper extremities, neck, and face, were in a state of violent spasmodic contraction. There were occasional short intervals of perfect quietude, during which she was quite coherent; and in one of these she stated the cause of her having taken the poison. Any sudden noise or movement caused an accession of the paroxysms. She was very thirsty, and constantly craving for

water. She was ordered the following draught every quarter of an hour for six doses.

R Acid hydrocyanici diluti (P. L.) $\text{m}\nu$; ammoniæ sesquicarb. gr. ij ; misturæ acaciæ ʒij ; aquæ destill. ad ʒss .

There was very great difficulty in swallowing. The pupils were widely dilated; the countenance was somewhat livid; the heart's action was forcible, but regular in its rhythm. No effect was produced by the medicine; and she died during an attack of more than usual severity about two hours after her admission.

Immediately after death, the following appearances were noted. The face, neck, and upper part of the chest, were of a livid colour; the teeth firmly clenched; the sterno-cleido-mastoid muscles were singularly prominent, hard, and strongly contracted. The arms were straight; the shoulder- and elbow-joints rigid, requiring great force to bend them; the fingers were tightly flexed. The muscles of the thighs and legs were also strongly contracted; and the united efforts of two persons could not bend the knees. The soles of the feet were arched.

About an hour afterwards, the muscles of the upper extremity were relaxing.

Three hours after death, the body was very warm; the lower extremities were relaxing. The knees could be bent; but the muscles were still rather hard.

Nine hours after death, the body was nearly cold; the rigidity of the muscles had nearly all passed off.

On examination of the body, twenty-four hours after death, there was great lividity of the face, neck, chest, and dependent parts. The flexor muscles of the forearms and legs were somewhat contracted; the hands were clenched; the soles of the feet were arched. There was unusual vascularity of the integuments forming the scalp. The surface of the brain was rather congested. The brain itself was quite healthy; there was no fluid in the ventricles. The spinal cord was healthy. There was nothing remarkable about the upper part of it, which only was examined. The lungs were intensely congested; there were a few tubercles in the apex of the right. The blood in the great vessels about the neck and chest was very dark-coloured and fluid. The pericardium contained two or three ounces of serum. The heart was flaccid; its cavities were quite empty; not a clot or drop of blood was to be seen. The blood throughout the body appeared unusually fluid. There were white silvery streaks on the surface of the abdomen, marks of a former pregnancy. The liver, spleen, and kidneys were healthy, but congested. The stomach contained several ounces of pale-coloured fluid; the mucous membrane was pale throughout. The uterus was large, weighing seven ounces and three-quarters. Its interior was lined with a white, flocculent membrane, easily separated, which, on microscopic examination, was proved to be decidua. There was a very large corpus luteum in the left ovary.

Some blood, pieces of liver and kidney, and urine, withdrawn immediately after death, were examined chemically by Mr. Peel, dispenser to the hospital, by Rodgers and Girdwood's process (*Pharmaceutical Journal*, vol. xvi, page 497.) In all these, distinct traces of strychnine were found. One of the powders, weighing 28 grains, was found on analysis to contain 2·8 grains of strychnine.

TESTIMONIAL TO MR. W. P. HOARE. A very flattering testimonial, consisting of a piece of plate and a microscope, was presented on the 4th inst. to Mr. W. P. Hoare of Faversham, by his friends. The Mayor presented the testimonial.

Transactions of Branches.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

CASES IN OPHTHALMIC PRACTICE.

By MATTHEW A. ADAMS, Esq., Surgeon to the Kent County Ophthalmic Hospital, Maidstone.

[Read at Gravesend, March 31st, 1865.]

If in the account of the following cases it should appear to you, that I have neglected to report many important particulars, you will please to understand that it has been my object in arranging these few remarks, to condense the subordinate features of each case, and give particular prominence to those on which I would desire to raise a discussion.

Without further sacrifice of valuable time, allow me to bring before your notice what I believe to have been a case of *Diphtheria of the conjunctiva*.

Mr. Hutchinson describes a similar case in the *Ophthalmic Hospital Reports* for October 1859, which called forth some remarks in the January following, from Dr. Mackenzie of Glasgow, strongly arguing against the existence of such a disease. So it still remains a question, whether there is such a disease. If there is, How is it to be recognised? How should it be treated?

CASE 1. John Briggs, 9 months old, when first brought to me in May last, had been under Mr. Crook's care about a month for a purulent ophthalmia. In a letter to me on the subject, he says: "I found the child very ill in himself, with the eyes inflamed, and the eyelids lined with a tough whitish membrane, which I could not remove." And from the mother (who had two years previously to this time lost all her children—three in number—from diphtheria) I gained these additional particulars respecting its history. She first noticed that he failed in his health much as the other children did who had died of diphtheria. His appetite fell off; he was feverish and peevish; and after about a week the mother noticed a discharge from the left nostril, not clear like the discharge accompanying catarrh, but from the first thick, yellow, and fluid, precisely like the discharge she had witnessed in each of the three children before alluded to. On two occasions a piece of membrane came away with the discharge, and was shown to the "doctor," who decidedly pronounced it to be diphtheritic. After a time the right nostril became affected in a similar way, but never so severely as the left. By extension the eyes soon became affected, the left first. They were blood-shot, and discharged yellow matter; this was soon followed by a membranous deposit, first showing itself at the inner canthus, and gradually creeping over the front of the eyeball.

When I was consulted, I found the child very pale, the eyelids swollen, and of a livid purple colour, very red at the margin, and the lashes matted together, and a little thin puru-sanious discharge running down each cheek. On separating the lids, the peculiarity of the case at once struck me. From the strong resemblance it bore to what I had seen in the throats of those affected with diphtheria, I was led at once to put the question: "Have you had diphtheria in your house?" This question was not dictated by any preconceived notion on the subject. At that time I was not aware of Mr. Hutchinson's and Dr. Mackenzie's papers on the subject. The ocular conjunctivæ and corneæ were covered with a tough inflammatory exudation, any attempt to remove which

left a raw bleeding surface. In all this the left eye was the worst, the right cornea being in part clear.

I put a drop of a twelve-grain solution of nitrate of silver into each eye, ordered some drops of a solution of sulphate of copper to be used three times a day, and the eyes to be cleansed with an alum lotion every quarter of an hour. I also prescribed an iron mixture, beef-tea, and port wine.

After a time the child quite recovered. The cornea were only slightly damaged, considering the severity of the disorder; but after the lapse of a month or more, he had another attack as bad as the first. I persuaded the mother to change her residence from a low marshy place at Northfleet; and ultimately the child again pulled through it.

I leave it to you, gentlemen, to say whether you consider this case in any way settles the vexed question. And I hope to elicit some discussion with reference to the diagnosis and proper treatment of a disease which I am inclined to believe by no means very uncommon.

Diabetic Cataract. The next two cases to which I ask your kind attention, possess for me great interest.

Lydia Meopstead, aged 54, and Amy Sage, aged 33, were and are suffering from diabetes; they had a well formed cataract in each eye.

I take it for granted that since the publication of Mr. France's paper in February 1859, On Cataract in Association with Diabetes, and Dr. B. W. Richardson's account of what he terms the "synthesis of cataract," all the profession admit the consequent connection of cataract with diabetes. What is the physical cause of this connection? Why should the connection be so seldom, comparatively, exemplified? Although these are questions of great interest, we cannot now spare time to discuss them; but must confine ourselves to the consideration of the proper treatment of these cases.

Mr. France, in the paper alluded to, concludes with these words: "My experience would lead me strenuously to deprecate any operative interference with them, so long as any useful degree of vision is preserved."

If this advice be well founded, it is almost prohibitive of effectual aid; on the other hand, should future experience modify this opinion, needless suffering may be saved and much good done.

CASE II. Lydia Meopstead was admitted into the Kent Ophthalmic Hospital on the 15th of last November. She is a married woman, has had a large family, and had suffered from diabetes more than four years. Two years before admission, her right eye began to fail her, which gradually became worse, so that on her admission she could only just discern light from dark. She was most emaciated and extremely feeble.

She passed in the twenty-four hours three and a half quarts of strongly saccharine urine, of specific gravity 1038. This state of the urine varied very little during the time she was under my care. A less promising case could hardly be imagined, nor could vision so very imperfect be made less useful. Under these circumstances we decided upon an attempt at extraction, which was accomplished in the right eye on November 30th by Schuff's method. On the third day after the operation she was allowed to sit up; the section was quite healed, and the eye free from any adverse symptom. Unfortunately she was attacked by diarrhoea, and some iritis set in. This was soon checked, and on December 5th—that is to say, five days after the first operation—I performed a large iridectomy on the left eye preparatory to extracting the lens by Van Moeren's method. On December 20th the extraction was completed on this eye. All

went on well, and in eight days she was discharged cured. At this time she could see distant objects distinctly with + 3½, and with + 2½ read No. 3 type at 10 inches, a result very little short of normal vision.

CASE III. Amy Sage, aged 33, was taken into the hospital on February 2nd, having just previously been an inmate of the West Kent General Hospital, under Dr. Woodfall's care, for diabetes. She is a married woman, has had twelve children, and dates the commencement of her disorder from her last confinement a year ago. The blindness began to trouble her last August, and gradually became worse. On admission, she could not distinguish objects, but had good quantitative perception of light and shadow. She passed daily six pints of urine, highly saccharine, of a specific gravity 1038.

On February 24th, I made a small valvular opening in the cornea of the right eye with a broad needle, lacerated the capsule, and inserted the suction curette, and with it drew out a large portion of the lens; still there was a very considerable portion which refused to pass in at the mouth of the curette. Nothing further was done on this occasion.

Ten days later, the anterior chamber was again opened with a broad needle, enough to admit a small Schuff's spoon, with which the remainder of the lens was removed. Ice was applied, and by the 11th, the eye was convalescent.

On the 22nd, eleven days since the last operation, the left eye was treated in a similar manner. On this occasion, however, we succeeded in removing all but a very small portion of the lens by the suction curette; so little, indeed, remained behind, that it was left to disappear by solution. She complained of much pain directly after the operation, which was relieved almost immediately by the application of ice.

I cannot refrain from remarking here, how eminently useful I have found ice under these and similar circumstances for the assuaging of pain. I am not aware that it has been used in ophthalmic practice with this view, and I beg to offer my humble testimony in favour of a very valuable therapeutical agent.

The woman now sees well; I believe as well as it is possible for any person to see after the removal of the crystalline lens; she has excellent vision for distant objects, and with proper convex lenses reads the very smallest type.

One other circumstance, confirmatory of the nature of the disorder, I must allude to. The part of the lens which was removed at the first operation on this last patient by the suction-curette, I subjected to the usual test for sugar, and obtained an abundant reaction characteristic of that substance; and, although one might presume that such would be found to be the case, as far as I know, no record exists of the fact having been demonstrated.

It remains only for me, in a few words, to draw especial attention to the operations employed in these two patients.

Each of the four eyes was treated differently. In the first operation on Mrs. Meopstead, I adopted the method of Schuff, believing, from the age of the patient and the appearance of the cataract, that a hard nucleus existed. This proved to be the fact. As is almost always the case with this operation, some hæmorrhage took place from the iridectomy into the anterior chamber, much obscuring the subsequent steps of the proceeding; so that after lacerating the capsule and extracting the hard nucleus of the lens, I was somewhat in the dark as to how much of the cortical portion was remaining, and was obliged to content myself with scooping out just as much as I felt

I could without risk of rupturing the hyaloid membrane or doing other mischief (for I may be allowed to remark that, I consider this operation an extremely delicate one—far more so than the old flap extraction). This hæmorrhage, then, made it almost impossible to avoid leaving a portion of the cortical structure behind; and to this I chiefly attribute the attack of iritis which set in on the third day. Improving on the experience of this first operation, and finding the cornea so ready to heal, I chose Van Mooren's for the second eye, and secured a better result, as good as that obtained by the other.

With the patient Sage, however, the case was rather different. She was only 33 years old. The lens was very bulky, and by its appearance led one to believe pretty confidently that there was no hard nucleus; and I am convinced the suction curette ought to have removed the whole of the lens. As it was, however, only the more fluid portion came away, and the remainder had to be extracted on a subsequent occasion by a Schutt's spoon.

As the suction operation is quite a new introduction into practice, I had not hitherto had experience enough to detect an imperfection in my instrument. Before operating on the left eye, I corrected the fault, and to my mind, it left nothing to be desired in the operation.

In conclusion, I trust that the history of these two cases will remove some of the gloom which necessarily hung over these unfortunate cases of diabetic cataract, and I hope the discussion which they may call forth will sanction the various operative procedures applied to each of them.

CASE IV. *Congenital Absence of the Eyes.* A very few words will despatch the remaining case which I bring before you.

It is that of a poor child, S. A. Doret, born without eyes. This condition, which goes by the name of *anophthalmos*, I believe fortunately to be very rare; and it is chiefly as a curiosity that I have ventured to bring it before you to day. The mother, 20 years old, is a healthy woman, and this is her second child. It appears to have been born at the full time—that is to say, on February 13th, she having last menstruated on the 26th of the previous April.

Whilst she was pregnant, about the fourth week in the third month, her eldest little girl fell down and injured her forehead, which gave rise to an abscess as large as a hen's egg. The inflammatory swelling which accompanied it caused the eyes (as the mother describes it) "to be sunk right into its head." She says it made a strong impression upon her mind, and she could not help talking to her husband about it, and hoping the child to be born would have nothing the matter with its eyes.

The child's eyebrows are perfect, so indeed are the eyelashes, but the lids are to a great extent adherent at their margins. As, however, the little child is here, I will not trespass any longer on your very indulgent attention.

[The child was exhibited to the members present. On careful examination, no trace of eyeball could be detected beneath the lids.]

SCIENTIFIC EXPLORATIONS. Professor Agassiz is about starting on a scientific exploring expedition to the tropical regions of South America; first, to test his glacial theory of the changes in the heat of the earth; secondly, to collect specimens for a grand museum of comparative zoölogy. The expense is borne by Mr. Nathaniel Thorpe, who says to the Professor: "Select your men, organise and go forward with the expedition, and send all the bills to me." (*Philadelphia Reporter.*)

Reviews and Notices.

LECTURES ON PUBLIC HEALTH, delivered at the Royal College of Surgeons. By E. D. MAPOTHER, M.D., Professor of Hygiene, Medical Officer of Health, City of Dublin, and Surgeon to St. Vincent's Hospital. Illustrated by Twenty Woodcuts. Pp. 276. Dublin and London: 1864.

THESE *Lectures* have been reprinted from the pages of the *Dublin Medical Press*; and Dr. MAPOTHER has done well in thus reproducing them in a separate form, for the benefit of all whom it may concern in general, and of the inhabitants of Ireland in particular.

We learn from the opening passage of the introductory lecture, that to the College of Surgeons of Ireland is due to the credit of having, so long ago as 1844, founded a Chair of Hygiene. The functions of its occupier, however—if not his existence—appear to have remained in abeyance until a year or two ago, when the appointment, together with that of Medical Officer of Health to the City of Dublin, was conferred on Dr. Mapother; one of the earliest results being the delivery of the very complete course of lectures now before us.

The greater part of the volume is taken up with remarks on the staple subjects of a hygienic course—air and ventilation, water, food, the skin, bathing, and clothing, mental and physical exercise and occupation, sanitary architecture, etc. In the latter lectures of the book, the author adverts more particularly to Ireland; and in that island he finds (in accordance with what is well known) much room for sanitary improvement, and much room for hope, if such improvement be carried out.

"The physical type of the Irishman, as has been proved on every battle-field in Europe, on the prairies of the West, and in the wild Australian bush, is inferior to that of no other variety of our species. We are blessed with a fertile soil and a genial climate; our coasts swarm with food, a rich harvest for Cornish, Manx, or Scottish industry; and, although no great arsenal or dockyard gives employment to our people, our harbours and estuaries are not surpassed by any in the sister kingdom. There is no reason why our people should not be industrious, cleanly, respectable, and prosperous, if we only resolve that they shall be so, and if we endeavour to undo, by every legitimate effort, the evils which have been gathered on us through indifference or neglect."

Dr. Mapother is working earnestly for the sanitary good of his country. May his success be complete!

The author addresses himself to a mixed audience, professional and lay; and primarily to the inhabitants of Ireland and its capital; but the plain and instructive character of the language, the general applicability of his remarks, and the convenient size of the book, induce us to recommend the perusal of these *Lectures on Public Health* to all whom sanitary matters may concern.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON. Vol. VI, for the Year 1864. Pp. 311. London: 1865.

THE reports of the meetings of the Obstetrical Society have already appeared in the pages of the

JOURNAL. It is, therefore, unnecessary to say more of this volume, than that the papers of which we have given abstracts are here published in full, together with the discussions which followed their reading. This volume, like its five predecessors, contains papers highly creditable to British obstetric practice. Among the contributions most specially deserving of notice is a very elaborate paper by Dr. Greenhalgh on the Treatment of Placenta Previa, enriched by the records of cases, and by carefully prepared and analysed statistical tables.

THOMSON'S CONSPPECTUS OF THE BRITISH PHARMACOPŒIA. Twenty-fifth Edition, corrected and made conformable throughout to the New Pharmacopœia of the General Council of Medical Education. By EDMUND LLOYD BIRKETT, M.D. Cantab., etc. London: 1865.

WE are glad to find that our old friend, the *Conspēctus* of the three Pharmacopœias, is still to live. Its functions have not ceased, although the three Colleges have amalgamated their Pharmacopœias into one. The *British Pharmacopœia* requires "conspēcting", as all of us well know. "It is as necessary as ever," says the editor, "to hold *in conspectu* the prominent points of pharmacy, materia medica, and therapeutics." And this is the chief business which the *Conspēctus* now proposes to undertake, and which it has, in our opinion, very well performed. The little volume will be found of as much service in its present form to the student and the practitioner, as it was in its former state.

A HANDBOOK OF OBSTETRIC OPERATIONS. By W. S. PLAYFAIR, M.D., M.R.C.P., Assistant Physician-Accoucheur to King's College Hospital. Pp. 232. London: 1865.

THIS book is apparently written with the view of bringing together the most trustworthy opinions on the employment of the various obstetric instruments and operations, so as to afford the practitioner a ready guide in time of emergency. In ten chapters, Dr. PLAYFAIR gives an account of the Induction of Premature Labour; Version or Turning; the Forceps; the Vectis or Lever; the Fillet and Blunt Hook; the Cæsarean Section and Gastrotomy; Vaginal Hysterotomy, Incisions, etc.; Symphysectomy and Pubectomy; Operations Involving the Destruction of the Fœtus; and Transfusion of Blood.

The general plan of each chapter is this: first, an historical account of the operation is given; then the object of the procedure, its indications, the modes of carrying it out, etc., according to the opinions of leading obstetric authorities, are noticed; and finally—except in the case of such operations as symphysectomy, regarding which, being not employed, no rules can be given—a summary of rules is given in numbered paragraphs. By reference to these, the practitioner will see at once under what circumstances it is considered warrantable to do or to omit this or that operation, or to use this or that instrument, and how, according to the case, the proceeding undertaken should be modified.

The book is apparently well calculated to fulfil its object.

TRANSACTIONS OF THE ETHNOLOGICAL SOCIETY OF LONDON. Vol. III. New Series. London: 1865.

WE hail with real pleasure the appearance of this new volume of the *Transactions of the Ethnological Society*, forming, as it does, a valuable repertory of the progress of the science amongst us. As contributors to the present volume, we are glad to see the names of Mr. L. J. Beale and Mr. Dunn, from our ranks. It is delightful to notice the unrestricted freedom which all the authors of the papers exercise and enjoy in the expression of their opinions. Among them, the monogenesis and the polygenesis of man is still a *questio vexata*, and is likely to remain so; although, since the publication of Sir Charles Lyell's work *On the Antiquity of Man*, and the bearing of the geological evidence upon it, many of the difficulties and obstacles which beset the monogenetic hypothesis, and which were once thought to be insuperable, now seem to be surmounted.

Mr. Wallace, in his remarkable paper, "On the Varieties of Man in the Malay Archipelago", while admitting the transition of the Chinese or Tartar into the Malay type, and looking upon the brown New Zealanders, the black Papuans, and the yellowish Alfuries, as varieties of one type, maintains that it is only by the admission of the high antiquity of man that we can possibly escape from the polygenetic theory of his appearance upon earth.

Mr. Christy,* in his valuable paper, "On the Prehistoric Cave-Dwellers of Southern France", advocates the unity of the origin of man. The facts he has brought forward (he says) can only be fairly interpreted in favour of a far higher antiquity for man's existence upon the earth than was once assigned to it; and, further, that "these and kindred researches are, in a degree, doing for the chronology of man, what geology has already done for the earth's crust"; but, at the same time he adds, "I am bound to confess, that hitherto nothing in the investigation of the works of uncivilised or pre-mature man, either of ancient or modern times, appears to necessitate a change in the old cherished idea of the unity of the human race."

On the other hand, the venerable Mr. Crawford, the Nestor of the Society, in his paper "On Sir Charles Lyell's Antiquity of Man", and on Professor Huxley's "Evidences as to Man's Place on Nature", boldly and openly avows,

"The conclusion seems to me inevitable, that the earth could not have been peopled throughout from a single tribe or family; and that all the theories founded on this assumption, are but the wild and incoherent dreams of learned and ingenious men, giving full rein to their imagination."

Besides the papers of Mr. Beale and Mr. Dunn, the volume contains many others of great interest and importance.

Mr. Beale's paper, "On the Brain and the Skull in some of the Families of Man", and Mr. Dunn's, "On the Psychological Differences which exist among the Typical Races of Man", have something in common, and are well worthy of being carefully studied. Mr. Beale observes—

* The recent and unexpected death, in France, of this truly worthy and estimable man, at the very time he had been proposed by the Council of the Royal Society for being elected a member, is much and deservedly regretted.

"Unless the measurements of the skull can lead to some practical results, it will be useless to record them; unless they indicate something from which we can draw conclusions useful to science, the inquiry will only be lost time. But, if we are warranted in believing, that the brain is the organ of the mind, and that the skull does to a great extent reveal to us the size and shape of the brain, it is difficult not to hope and to believe that the study of the skull in the various families of man will give us some information as to the functions of the various parts of the organ on which the skull is moulded."

Mr. Dunn, in his paper, says—

"The time has now come, and the opportunities are neither few nor far between, for us not to be content with a mere external survey of the skull. We are called upon to remove the bony covering, and, under the guidance of the chart provided for us by the indefatigable Gratiolet, assiduously to study and carefully to contrast and compare the sizes of the lobes, and the complexity of the developments of the cerebral convolutions, in all the races of man."

With a view to elucidation and better understanding of the psychological differences which exist among and characterise them. He laments to confess that the cerebral physiology of the typical races is still a *desideratum*. He adds—

"To our shame be it spoken that, notwithstanding our extensive and daily spreading intercourse with all the nations of the earth, hitherto little or next to nothing has been done in furtherance of the investigation of a subject so fraught with interest, and pregnant with consequences of such deep importance."

Mr. Dunn has a definite object in view in his paper; viz., to indicate to physiological ethnologists a field of investigation and inquiry, which (he thinks), if thoroughly explored, cannot fail of throwing light upon the causes of the psychological differences which exist among the typical races of man. Among the different races (he observes), there has often been noticed a marked superiority on the part of the savage over the civilised, in the force of their instincts and in the acuteness of the organs of sense; but that it is in their intellectual manifestations that the widest and most striking differences are seen. So striking and so great indeed is the intellectual inferiority of the Bushman, the Australian, and the Negro, to the Indo-European, that their claims even to our common humanity have been denied to them, and they have been treated as "wild fowl and cattle". Such being the case—to every physiological ethnologist, how important must be the inquiry, and incumbent the duty, to examine, compare, and contrast their cerebral organisation; seeing that it is upon nervous instrumentality—the vesicular matter of the encephalic ganglia as its substratum—that the mind is dependent for manifestation of all its activities, and among all the races of man. He views in contrast the aboriginal races of Africa and North America—the Negro and the Red Indian—with the intent to see what light the differences in their cerebral organisation throw upon their respective characters, mental manifestations, and destinies. The subject is treated in a manner worthy of the author of the papers on Medical Psychology which have appeared in our pages, and will be read with pleasure and profit.

British Medical Journal.

SATURDAY, MAY 20TH, 1865.

HOSPITAL STATISTICS.

Dr. F. BUCKLE has published an account of the "Vital and Economical Statistics of the Hospitals, Infirmarys, etc., of England and Wales, for the year 1863." Such a work contains materials of national importance; and we trust that the special attention thus drawn to the subject may induce the authorities of hospitals to adopt some general method of taking their statistics, and more fully to record them. As Dr. Buckle well says, considering that about 2,000,000 patients, at a cost of about £500,000, are annually treated at our hospitals and infirmaries, the supervision of the expenditure deserves careful attention.

Dr. Buckle gives some remarkable statistics showing the enormous, or rather abnormal, annual amount of work done by London and country hospitals. At hospitals during 1861,

In London alone, 1,018,940 patients were treated (41,567 in, and 977,343 out). Taking the population at 2,803,034, as by census of 1861,

The proportion of in-patients to population would be as 1 to 67.43;

The proportion of out-patients to population would be as 1 to 2.86;

The proportion of total number of patients to population would be as 1 to 2.75.

In England and Wales (exclusive of the metropolis), 911,640 patients were treated (80,068 in, and 831,572 out); the population being 17,258,691.

The proportion of in-patients to population would be as 1 to 215.55;

The proportion of out-patients to population would be as 1 to 20.75;

The proportion of total number of patients to population would be 1 to 18.93.

At an average cost of £2:15:0, the } £334,496 5 0
121,635 in-patients would cost ... }

At an average cost of half-a-crown, } 226,118 2 6
the 1,808,945 out-patients would }
cost

Making the total cost of the 1,930,580 } £560,614 7 6
patients amount to

From this it would appear that about one-third of the population of London receives gratuitous medical advice! But, no doubt, there is a fallacy in these statistics; and the fallacy is well worth recording on account of its cause. It appears that nearly 980,000 of the sick are out-patients; and we will venture to say that London cannot supply anything approaching to such a number of sick persons in one year. It is absurd to suppose that every third person in London is a hospital out-patient during the year! The explanation of the error is, no doubt, to be found in the shamefully puffing and exaggerated sta-

tistics which certain medical institutions, week after week, throw into the eyes of the public. Truth enough, however, remains in the statement to show the outrageous extent to which gratuitous medical advice is carried in London.

As regards nursing, Dr. Buckle remarks that, in those charities where the nursing, etc., is under the control of a lady-superintendent, "a higher moral tone pervades the establishment, than where it is under the management of a matron."

The number of patients allotted to one nurse varies greatly in different hospitals.

"In St. Bartholomew's Hospital there is on an average 1 nurse to every 6 patients (1 sister and 3 nurses to every 26 beds, the nurses taking night duty alternately); King's College, 1 to 7; Westminster, 1 to 8; Bedford, 1 to 7; Aylesbury, 1 to 12; Cardiff, 1 to 13; Reading, 1 to 13.75; Halifax, 1 to 15; Hertford, 1 to 17; Huntingdon, 1 to 17; Bolton, 1 to 20; Lynn, 1 to 21; Newark, 1 to 22; Durham, 1 to 24; and Etruria, 1 to 37."

The cubic space of air allotted to each patient, again, varies greatly, ranging from 350 cubic feet as at Lynn, to 1852 as at Brighton. Diets also vary very widely.

Dr. Buckle, also, seems to have been greatly struck by the differences in the average cost of patients in different hospitals; and well says that a general government inspection would do much good in this respect. As a proof of what may be done, he quotes the Lynn Hospital, "where the average costs have been reduced nearly fifty per cent. as compared with the previous twelve months."

He also very properly points out the abuse made of these charities by patients who are in receipt of relief. "The practice merely burdens the charity with expenses which should properly be met by the unions."

He also alludes to a fact mentioned by Dr. Richardson; viz.,

"That the average cost per week of patients in lunatic asylums, where the medical men are remunerated, is about eight shillings; while a patient in an hospital where the professional staff attend gratuitously costs twelve shillings. Would it not be well to try if having a paid medical staff in a hospital would not really be to the interest, financially, of the institution?"

Dr. Buckle's statistics again show the remarkable differences in the cost of patients in different London hospitals; and will naturally lead economists to inquire into the causes of the differences. In the Westminster Hospital, with 191 beds, each in-patient costs £2:2:8; and in the Metropolitan Free Hospital, with 21 beds, £6:16:0! At the Brompton Consumption Hospital, the patient costs £5:1:11; at St. Bartholomew's, £3:5:0; at St. Mary's, £3:17:0. We remember some time ago pointing out the very remarkable fact, that in one year St. Thomas's Hospital (before it left London Bridge) received exactly the same number of in-patients as

St. George's Hospital, and spent very nearly double the sum of money in doing the work—£30,000 as against £16,000. St. George's is governed by an open board, and St. Thomas's by a very close board; can the explanation be sought in this fact?

The thanks of the profession are due to Dr. Buckle for the very laborious work which he has performed. Let us hope that his attempt may induce the medical staff of hospitals throughout the country, and their governing boards, to adopt some general plan so as to enable the statistician still further and more effectually to utilise the materials they can supply.

At another page will be found a letter from Dr. Septimus Gibbon, with a petition which has been presented to the House of Commons from the President and Secretaries of the Metropolitan Counties Branch on the subject of the Chemists and Druggists Bill. The Committee which was last year appointed by the above-named Branch, for the purpose of watching the progress of such Parliamentary proceedings as may affect the medical profession or the practice of medicine, has bestowed much careful attention on the bills to regulate the practice of chemists and druggists; and it is to be hoped that their representations will have due weight with the legislature. No one can question that both the matters referred to in the petition are of the highest importance; and the profession must feel indebted to the Metropolitan Branch Committee, and especially to its energetic Secretary, Dr. Gibbon, for the zeal and judgment with which they have performed the duties entrusted to them.

Our readers will be pleased to learn, that the question of the army and navy medical officers is likely to be again brought under the notice of the College of Physicians. It would appear that the general sympathy of the College is strongly with our army and navy medical brethren; and it is generally understood that the late expression of the College on the Report of its Committee was rather directed against the Report itself, than against the proposals contained in it. We are satisfied that the College, when not misled by the dictum of semi-official and half-speaking voices, will see that it is its duty to take action in the case. We have it on the very best authority, that the intervention of the College, so far from prejudicing, would very greatly assist in removing the grievances of which our army and navy medical brethren complain. And is it not manifestly the duty of a college which is so often consulted by the Government on behalf of the soldier and the sailor, to tell the Government the positive fact—that they regret to find that medical teachers throughout the country advise their students to shun the army

and navy services? Is it not the duty of the College to tell the fact—that our army and navy are not provided with the best medical advice which the profession can supply? Is it not the duty of the College to tell the fact—that the best men do not enter those services, and solely because of the injustices to which they are there subjected? Is it not the duty of the College to ask the authorities to remove the injustice; and in order that the College may sanction and recommend the entrance into the army of our best class of medical students, thereby providing for our army and navy the best medical advice?

PROFESSOR BOECK, from whose pen a very interesting paper on the subject of Syphilisation will be found in another page of the JOURNAL, has, we hear, been summoned from Christiania to attend a patient in this country. Probably the Government Syphilitic Commission, which we believe is still carrying on its investigation into the complex and still obscure subject of venereal diseases, may think it well to take advantage of the professor's presence here, and to summon him before them, to learn from his own lips his profession of faith in syphilisation, and his opinions touching the nature of syphilis.

THE *Wiener Medicinische Wochenschrift* of the 10th inst. says, speaking of the St. Petersburg epidemic, that there is nothing new to tell. Foreign physicians there are kept completely in the dark about it. Why do they not, asks the journal, give us a distinct description of the appearances of the disease? Why not give us details of a *post mortem* examination? The reason is, that they are not in a position to do so. They are received most courteously and kindly, but no information is given them. They are *fêted* and dined, but blinded as to the facts of the epidemic.

MR. MACDONALD STEVENSON again takes up the subject of hospital carriages in the *Times*. We trust our brethren will use their influence in support of his excellent proposal. And the moment is opportune, for typhus is admittedly on the increase. He states that arrangements are in progress to provide for the removal of the contagious sick from their homes to the hospital. It is proposed to commence at once with the London Fever Hospital and the Small-Pox Hospital, and to provide suitable carriages, which should be always available. The carriages will be built expressly to facilitate constant cleansing, with extra springs, India-rubber tires to the wheels, and a separate *coupé* in front for those who accompany the patients. The working will be simple and attended with no trouble. As an example of the risks which are incurred yearly, we are told that upwards of 3000 fever cases were admitted last year to the Fever Hospital alone, and that of these

many are still conveyed in street cabs. One instance of the result is given.

"A cabman drove a London physician to a house where a patient had been suffering from small-pox. On arrival the patient was dead, and the blinds were drawn down; and, when the physician returned to the cab, the driver inquired if a death had occurred in the house, and what was the cause. The circumstances having been explained to him, the conscientious cabman stated that two or three weeks before he had driven a lady to the door in question immediately after having taken a patient to the Small-pox Hospital. The lady turned out to be the patient now dead; and the period between the occupation of the infected cab and the commencement of her illness corresponded to the time which the disease ordinarily requires to develop itself."

Several parishes have already anticipated the public need, and have provided special conveyances for the workhouse purposes. What is now required, is the support of the public, and subscriptions to the Hospital Carriage Fund can be paid to the London and County Bank, where accounts have been opened in the joint names of Dr. Murchison, Mr. Hills, and Mr. Stevenson, as a working committee to carry out this much needed sanitary measure, and to relieve the public from a fertile source of infection and contagion.

THE Poor-law Board have sacrificed another scapegoat, to purge itself, and transfer to the shoulders of others the odium necessarily attaching to the system which it administers. Dr. Craig, as may be seen, has been dismissed from his office of medical officer to the St. Giles's Union, on account of alleged neglect in the case of a pauper named Gibson. Without in any way entering into the merits of the case, we state without hesitation that the fault and blame in cases of this kind attach infinitely more to the system than to the unfortunate doctor who carries it out. The Poor-law Board knows as well as we do that the sick pauper never will or can receive proper medical attention and advice so long as the medical pay is such as it now is. It is very well for this Board, with sanctimonious visage, to exhibit its broad phylactery, and, in well sounding phrases, to publish its pretended anxious care of the pauper to the world; but in its conscience it knows well enough that it is defending a mere sham; and that on the present, as on previous occasions, the dismissal of the doctor is a mere blind.

THE fifth number of the *Ophthalmic Review* well sustains its character of a scientific exposé of the doings of ophthalmic surgeons. Mr. Lawson has in it a paper on the Accommodation-power of the Eye; Mr. Vose Solomon gives a case of Annular Synechia and Cataract of the Right Eye; Mr. Laurence gives cases of Retinitis Pigmentosa; then follow a Report of the Proceedings of the Heidelberg Ophthalmological Congress; a Retrospect of British and Foreign

Medical Journals, by Mr. Windsor; and a continuation of a critical abstract of Donders's famous work, lately published by the New Sydenham Society. The number opens with an article on Ophthalmic Surgery at Home and Abroad, wherein are fairly discussed the analogies and differences and idiosyncrasies of English and German ophthalmic students.

In a lecture lately given at Vienna, Hebra says:—

"Pustular diseases of the skin described by authors under the name of impetigo, ecthyma, porrigo, achor, etc., do not exist as essential diseases; they are merely accidental to, or the consequences of, other skin-diseases, which are recognisable by other signs than those of pustular eruptions, and generally, indeed, before the pustular eruption appears. Consequently, in dealing with pustules of the skin, our business is, not to trouble ourselves about the size, form, and number of the pustules, but to learn what that particular disease is which preceded the pustular eruption. We must never forget that a large number of pustular diseases are produced by local irritation, and should, therefore, in the first place, search for traces of scabies, of prurigo, pediculi, etc. Then, again, the diagnostic marks of the real cause of the pustules may have disappeared when the pustules come under our notice; as in scabies, as in the vesicles of eczema, the papules of prurigo, etc. The development and death of pustules usually take place in a similar way. All pustules resemble each other. It is impossible to distinguish the pustule of variola from that of acne, of syphilis, of scabies, etc.; neither do the size, nor the contents, nor the form of the pustules give us any distinctive sign. Even the depression of the pustule, supposed to be diagnostic of small-pox, is observed in all other pustular diseases—that is, as long as the contents of the eruption have not become completely purulent. The mere observation of the pustules, therefore, does not enable us to decide the nature of the disease; we must observe their whole course, their seat, etc. The words impetigo and ecthyma should be either banished from medicine, or they should be used simply as generic terms, to indicate the presence of a large number of pustules. They represent no distinct diseases."

How far the value of statistics of recoveries from pneumonia is disturbed by one single fact—the age of the patient—may be gathered from the results of pneumonia, as lately given in the returns from Salpêtrière. During March, there were 428 recoveries and 40 deaths from bronchitis in all the hospitals of Paris; and pneumonia in adults and the young was of a very benign character. But, amongst the aged women at the Salpêtrière, 12 out of 16 affected with pneumonia died. So also amongst old men at the Incurables. Of 17 patients attacked with pneumonia during the last three months, 10 died. M. Charcot remarks, that pneumonia does not attack those old people who are confined to their beds, but almost exclusively those who are able to go about. His opinion is, that most of the old people at the Invalides catch their pneumonia at the *lieux d'aisances*, which are much exposed. At the Hôpital des Enfants, during March, there were 8 cases of

croup, and 26 deaths. Under M. Roger, of 5 cases of croup, 3 were tracheotomised, and all three died; the other 2 recovered. Under M. Simon, there were 5 cases of croup; all were tracheotomised, and of these 3 recovered. At Necker, under M. Vernois, there were 4 cases of croup, all of which died, 3 having been tracheotomised. A woman suffering from phthisis, lying near the cradle of one of these children, contracted general diphtheritis; false membranes were found extending down to the smallest bronchial ramifications. Of acute rheumatism, there were 12 cases under M. Martin, all of whom had endocarditis; 8 under M. Gubler, 7 of whom had endocarditis, and the eighth pleuropneumonia. Erythema nodosum was observed in many of these cases of acute rheumatism. Of typhoid fever, there were in all the hospitals 33 cures and 15 deaths. The very high rate of mortality observed in these instances of acute diseases will strike the English reader. To what is it attributable?

DR. VIANI, of the Island of Réunion, tells us that, of all vermifuges, the best he knows is the juice of the *Larica papaya*. Santonine, he says, is used to an enormous amount in the island; but, for some reason or other, it often fails as a remedy. The milky juice of the papaya is a sure and infallible remedy. Some years ago, the children of every family in the island were wont once a year to take "papaya milk". When properly administered, moreover, it is a perfectly harmless remedy. It is a very ancient remedy, and may well be brought again into favour in all countries where the *Larica papaya* grows. So says Dr. Viani, in the *Répertoire de Pharmacie*.

The ages of the forty *immortals* who at present form the French Academy amount together to 2,611 years. There are amongst them five octo-, ten septua-, thirteen sexa-, eight quinqu-, three quadra-, and one trenta-genarians.

MM. Bergeron and Lemaitre have lately made some observations on the elimination of medical substances with the sweat. (*Arch. Génér.*) The patients were placed in a dry chamber, where the temperature could be raised to 60° and 65° cent. The sweat was then allowed to drain off: and as much as from forty to sixty grammes could be collected in this way. They found that the arsenites of potass and soda were eliminated as such. The arsenite of iron was decomposed, the iron passing away with the urine, and the arsenic as an alkaline with the sweat. The protiodide of mercury was eliminated as a bichloride: traces of mercury were found in the sweat; and the iodine was discovered in the saliva and the urine. Bichloride of mercury was also found in the sweat and in the urine. Iodide of potassium was found in the saliva and the urine, but not in the sweat. In two cases of albuminuria, albumen was not found in the sweat. A small quantity of sweat, collected from a diabetic patient, contained a large quantity of sugar.

Scientific Notes.

A NEW SYSTEM OF ELECTRO-MAGNETS WITH UNCOVERED WIRE.

An electro-magnet consists essentially of an iron cylinder covered with a helix of metallic wire, through which passes a current of electricity. Until now it has been supposed necessary to insulate the wire composing the helix by covering it with silk, cotton, gutta-percha, or some other insulator. M. Carlier, in a communication to the Academy of Sciences, states that he finds that the covering is not only unnecessary, but disadvantageous. By using an uncovered wire, but separating the layers of spirals one from the other by paper envelopes, the magnetic effects are twice as strong as when a covered wire is employed. (*Chemical News*.)

PULVERISATION OF PHOSPHORUS.

Blondlot has found that phosphorus may be reduced to a very fine powder by melting it in a hot concentrated solution of any neutral salt, or even of syrup, and shaking continually until cold. It has long been known that phosphorus was brought to a finer powder in urine than in water, and that effect was ascribed to the presence of urea. M. Blondlot shows that it is merely a consequence of the density of the liquid. (*Chemical News*.)

MALT AS FOOD.

The experiments of Mr. Lawes establish that the increase of live weight in animals fed upon malt is less than in those fed upon unmalted barley. In the case of cows, too, less milk was given by the malt-fed than by the barley-fed animals. The experiments of Mr. Lawes were very conclusive, and appear to have been very fairly conducted. (*Chem. News*.)

THE DEAD SEA WATER.

Mr. Simson gives an analysis of the waters of the Dead Sea, obtained by himself from a spot three miles or so west of the mouth of the Jordan. He confirmed from experience the statements of all travellers respecting its great buoyancy. It is impossible for the human body to sink in it. Having submitted it to the highest magnifying power under the microscope, he failed to detect the presence of the most minute infusorial life. The analysis was made by Professor Gardner. 1000 parts contain: Fixed salts, 232.800; water, 767.200. In 100 parts there are: Chloride of sodium, 8.81; chloride of potassium, 1.24; chloride of magnesium, 10.42; chloride of calcium, 2.10; chloride of aluminium (traces); bromide of magnesium, .29; sulphate of lime, .42—in all, 23.28 of saline matter; and 76.72 of water.

SPECIFIC GRAVITY OF SOLIDS.

M. Persoz describes the following method. A known weight P of the body, the density of which is desired, is introduced into a flask of known capacity, V , full of air. The volume of the body will be given by that of the air displaced; so fill up the flask with water, or some other proper liquid, and measure carefully the quantity required. The volume required, v , subtracted from V , will give the volume of the body; and the density will be the weight P divided by V minus v . (*Chemical News*.)

PRESSURE OF ICE THROUGH SMALL APERTURES.

M. Tresca finds that ice issues in exactly the same way as solid bodies (soft metals and ceramic pastes) from a small aperture when submitted to great pres-

sure. The jet is formed of perfectly distinct concentric tubes; which, however, in this case are grooved through their entire length with transverse fissures, which gave to the jet the appearance of being made up of washers arranged one after another. The results support strongly Dr. Tyndall's theory of constitution of glaciers. Some effects resembling moraines were, indeed, seen when coloured ice was employed in the experiments. (*Chemical News*.)

CONSTITUTION OF THE SUN.

Further observations with a more perfect spectro-scope have confirmed the opinion before published by Father Secchi that the atmospheric lines are due to aqueous vapour. With regard to the constitution of the sun, he observes that, on looking at it through M. De la Rue's eye-piece, the luminous base of the sun is seen as a net-work, over which a great number of white points are visible more or less elongated and separated by darker meshes, the knots of which appear to be small black holes. The white bodies, to which the shadows of the solar spots give a peculiar appearance, the author regards as masses of luminous clouds which certainly cannot be composed of aqueous vapour. (*Chemical News*.)

ACTION OF GYPSUM ON WINES.

M. Chancel has come to the following conclusions. 1. The gypsum takes into the wine in the shape of tartrate of lime half the tartaric acid which would otherwise remain in the marc. 2. It increases the acidity of the wine, brightens the colour, and insures keeping. 3. It introduces to the wine in the state of sulphate the greater part of the potash which would be found in the marc in the state of bitartrate.

RAPID ABSORPTION OF CRYSTALLOID SUBSTANCES.

Dr. Bence Jones has communicated instances of the extraordinarily rapid passage of some substances into the vascular and non-vascular tissues of the body. Lithium administered to a guinea pig eight hours before death was found in the crystalline lens. In another pig killed two hours and a-half after the administration, the presence of lithium in the cartilage of the hip was distinctly shown. In another animal, killed after an hour, it was shown faintly in the hip and knee, but in the aqueous humour of the eye very distinctly. It was also found in the crystalline lens and joint cartilages of human subjects who took lithia within a very few hours of death.

TEST FOR TARTAR EMETIC.

Claus points out that perchloride of iron causes a yellow coloration in a strong solution of tartar emetic; but in a dilute solution occasions a yellow precipitate, which seems to consist of a mixture of basic chlorides of antimony and iron and some tartar emetic. (*Chem. Central Blatt*.)

THE SCORPION.

The Academy of Sciences has received a paper from Dr. Guyon on the mortal effects of the African scorpion's sting. Its scientific name (*Androctonus funestus*) indeed expresses that it is fatal to man, and yet Dr. Guyon states that perhaps out of one hundred persons stung there is scarcely one that dies of it. The ancients, who under the name of scorpion certainly mean the same insect, since it is found represented on Egyptian monuments and even engraved on precious stones, had a much stronger opinion of its deadly effects. Lucan, in his *Pharsalia*, says, "Who would believe, on seeing the scorpion, that it has the power of causing such a sudden death?" Abd-Allatif, an Arabian physician, says, "At Koos abundance of scorpions are found, whose sting is frequently mortal."

Dr. Guyon knows of eight cases in which the sting of the African scorpion was followed by death; three of the sufferers were men, two were women, and three children.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D. Cantab.

President-elect—S. J. JEAFFRESON, M.B. Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S. Ed., Professor of Clinical Surgery in the University of Edinburgh.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, May 16th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH MIDLAND. [Annual.]	George Hotel, Northampton.	Wednesday, June 7, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle- upon-Tyne Infirmary.	Wed., June 23, 10.30 A.M.

SOUTH MIDLAND BRANCH.

THE annual meeting of the South Midland Branch will be held at the George Hotel, Northampton, on Wednesday, June 7th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, as soon as possible; or not later than the 23rd instant, to Dr. Bryan, Northampton.

JOHN M. BRYAN, M.D. } *Hon. Secs.*
G. P. GOLDSMITH. }

Northampton, May 13th, 1865.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not later than June 17th. Dinner at 6 P.M.

G. H. PHILIPSON, M.B., *Hon. Secretary*.

THE YELLOW FEVER IN BERMUDA. By a general order issued from the War Office, Staff-Surgeon Major T. W. Barrow has been promoted to the rank of Deputy Inspector-General, and Surgeon F. Cogan (2nd Foot) to that of Staff-Surgeon, for highly meritorious services during the epidemic of yellow fever in Bermuda; and the conduct of Staff Assistant-Surgeons F. J. Shortt and F. Pennington and of Assistant-Surgeon R. Burland, M.B., Royal Artillery, is spoken of as having been conspicuous and praiseworthy.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 16TH, 1865.

J. C. LANGMORE, M.B., President, in the Chair.

Infantile Paralysis. MR. WILLIAM ADAMS mentioned that he had frequently had to treat cases of the above complaint, and that in some instances he had been able to restore the power of locomotion, when it had long been supposed to have been irretrievably lost. Infantile paralysis, Mr. Adams observed, came on frequently during teething, at the age of one or two years; both arms or both legs were paralysed suddenly, or within a few hours time, or only one limb might be affected. Sir B. Brodie used to say that, unless this paralysis were naturally recovered from in six months, it was hopeless. In three to six months there was usually the greatest amount of recovery, the rectus muscle of the thigh being often the last to recover. As to the pathology of the disease, Mr. Adams confessed he knew nothing of it. The most recent German authors attributed the affection entirely to the muscles; and Rilliet and Barthez recorded only two *post mortem* examinations. In these, as well as in one made by Mr. Adams, no appearance could be made out to account for the disease. Children did not die of it, and thus the cause of the complaint was not investigated. If practitioners were aware of this fact, they would probably make the necessary examinations. It must be remarked that natural recovery of the muscular power may go on from six months up to three or four years, during which time a series of events takes place; namely, contraction of all the joints. Mr. Wilkinson had lately brought him a child with great contraction of the knee-joints. The muscles around the hip-joint were among the first to recover. A child was lately sent him from Clifton, between six and seven years old, which had never stood. It had contraction of all the joints, arms, legs, and trunk, and Mr. Adams was able to promise the parents that the child should walk in three months. Dr. Brown-Séquard had requested Mr. Adams to see a young lady aged seven, who had been crawling for more than three years, in consequence of paralysis of both legs; in three months this child was able to walk with steel supports. If a child could use the psoas and iliacus muscles, it could be made to walk, and this was the practical test. It should be laid on the floor on its back, and if it can draw up its knees, success is certain. With regard to treatment in the earlier stages of the disease, he had known counterirritation down the spine used, but the chances were that no treatment would do much good. When the child has paralysis with flaccid muscles, rubbing and warm clothing are useful. Galvanism of both legs in warm water is useful, although many physicians and surgeons disparaged the remedy, and said that it had been tried and found valueless. He (Mr. Adams) had two tin boots filled with warm water, in each of which one of the little patients' legs is put, and galvanism applied. Dr. Gull had written some valuable papers on galvanism in the *Guy's Hospital Reports*. The nutrition of the limb must, if possible, be maintained. Dr. Junod's boot for exhausting the air was once in much repute, but is now, perhaps, too much forgotten. A paralytic patient of his could always warm the paralysed leg in ten minutes with this appliance. This apparatus had no bad effects, but was liable to get out of order. It was doubtless a useful remedy in

these and other cases. In many cases of this paralysis the rectus muscle remained paralysed for life, and the leg swings; but this can be compensated for by aid of mechanical means, so as to enable the patient to walk.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 8TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Specimens and Communications. Dr. TYLER SMITH exhibited a portion of a Dermoid Cyst, with teeth attached, passed *per rectum* from a lady who had for a year and a half previously evacuated by the same canal a quantity of hair.

A paper from Mr. ROUSE, of New Zealand, was read, describing peculiar Marks on the Neck of an Infant born before his arrival, and which had not been touched. There was much difficulty in getting the child to respire; and the marks were so similar to those made for the purpose of infanticide that, had not the mother been very anxious for a live child, and it was certain it had not been touched, and had not the thick coating of vernix caseosa been perfect, he should have put these marks down at attempts at strangling.

Mr. HARRIS exhibited a Deciduous Bag, with a small opening at one end, expelled some days before delivery at full term. There was nothing in or after the labour to explain its nature. As there was considerable difference of opinion as to its origin, Dr. Meadows and Dr. Graily Hewitt were asked to examine it and report.

Mr. ROPER read a short paper on Labour in Primiparous Women late in Life, in which he questioned the commonly received opinion that labour after forty-five years of age was necessarily or commonly difficult; and quoted Dr. R. Lee's cases in support. He believed that the soft parts which oppose the head were rather lax and wasted after the age mentioned, besides which the uterus acted with more vigour than in multiparæ at that age.

The PRESIDENT said he had recently read a paper by Dr. Matthews Duncan, in which it was shown that the weight of the child diminished in women who had passed the age of thirty. This circumstance would help to account for the comparative facility of primiparous labour at a late period of life.

The PRESIDENT showed a number of Outlines of Children's Heads, illustrating the changes of form imparted by various modes of delivery. They were made by running a pencil around the head laid on a sheet of paper; and, in some instances, correction was made by measurements of the diameters of the head by means of the callipers. In this way the forms the head assumed in difficult labour, terminated by forceps, craniotomy, and by turning in contracted pelvis, were strikingly manifested.

Dr. MEADOWS exhibited a specimen of Imperforate Bowel, in which the colon ended at about an inch from the anal orifice, to which it was connected by means of an impervious cord, the anus being itself perfect. Attempts were unsuccessfully made during life to reach the bowel by the anal orifice, and the child died on the twenty-second day after birth.

Dr. BATHURST WOODMAN read a description of a fœtus, delivered by Dr. Gayton, in which the anterior parietes of the abdomen were absent, the viscera being covered only by peritoneum; the anus and rectum were absent; the imperfect penis was divided. The bladder had no outlet except the urachus, which was still pervious. The rest of the organs were as usual, except that the foramen ovale was

closed by a membranous septum. The fœtus lived a few seconds after birth.

TWO CASES OF FACE-PRESENTATION IN THE MENTO-POSTERIOR POSITION: WITH REMARKS.

BY J. BRAXTON HICKS, M.D., F.R.S.

The author began by pointing out that *a priori* there was no anatomical reason which rendered it absolutely impossible that spontaneous delivery should be effected with the chin posterior in face-presentation, even within the range of normal pelvis and head, as represented by some authors. Quotations from the works of nearly all the English authors were given to show the variety of opinions upon the subject. Smellie's case delivered by the forceps was recited, with his opinions and advice upon the treatment of such cases. Two cases given by Professor Braun were quoted, in one of which the fœtus was delivered by the natural powers, and in the other by the forceps, the chin coming over the perineum first. The author supplied another case in which, after ineffectual efforts to alter the position, he delivered the child alive by the forceps, without any detriment to the mother. The chin appeared first, coming over the perineum. The child was large and the pelvis normal. He also gave another case, where the face descended partly exterior to vulva so readily that, although the chin made the anterior rotation at the last moment, it seemed highly probable that it could have been born by natural power, had rotation been difficult. The state of our knowledge of face-presentation was then summed up as follows:—That although in the majority of cases the chin rotates forward during the descent in face-presentation, whatever was the position it occupied originally, yet in some rare cases the chin passes through the outlet obliquely; while in others the rotation cannot be accomplished at all, either by nature or art. Under these circumstances, in some very rare instances delivery takes place spontaneously, though the greater number of this rare class require the use of the forceps; by means of which either the chin over the perineum, or the vertex beneath the arch of the pubis, might appear first. The author thought, from a consideration of the foregoing cases of Smellie, Braun, and his own, in all of which the children were born alive, that provided the chin could not be brought anteriorly, then the head should be brought down in the most practicable mode, chin or occiput first, and not necessarily with the occiput first, as recommended by Smellie.

The PRESIDENT signalled the value of this memoir as tending to give precision to, and extend our knowledge of, labour with face-presentation. His own experience had proved to him that such labours were not so uniformly favourable as was commonly taught. Difficulty might occur at two stages:—1. At the brim; in this case he deprecated the forceps and craniotomy, and recommended turning as giving the child the best chance. 2. In the pelvis; difficulty might arise here in the way indicated in the paper—viz., from the head retaining the position in which it entered the cavity. The proper rotation depended upon a due relation between the head of a *live child*, or one recently dead, and the pelvis. In Dr. Hicks's case the child was alive; it was, therefore, probable that the pelvis was large in proportion. In such a case he should not despair of turning if art or nature failed to rotate the chin. In cases of due relation of pelvis and child, birth with the chin posteriorly was almost impossible; for in proportion as the face descended, there was a rapidly widening base of a wedge, formed by the occiput bent back upon the child's trunk, which could not pass the pelvis.

Correspondence.

THE CHEMISTS AND DRUGGISTS BILL.

LETTER FROM SEPTIMUS GIBBON, M.B.

SIR,—This Bill is calculated to seriously affect the interests of the profession. Being called into existence by the following resolution of the Medical Council—"That a communication be addressed to the Secretary of State for the Home Department, drawing his attention to the present defective state of the law regarding the practice of pharmacy, under which any person, however ignorant, may undertake it; and expressing the opinion of the General Medical Council that some legislative enactment is urgently called for to ensure competency in persons keeping open shops for dispensing medicines, and for the compounding physicians' and surgeons' prescriptions"—and being strongly supported by the trade, there is every prospect of its passing into law. Some influential members of Parliament admit that they favour it because it will create a *body of men competent to treat "trifling ailments"*.

Now, as this kind of medical practice is probably the most remunerative, the Parliamentary Committee of the Metropolitan Counties Branch have felt it incumbent on them to try and prevent it passing into other than strictly professional hands. They have (through Sir Fitzroy Kelly) presented the subjoined petition to the House of Commons, and propose to try and get clauses giving effect to its prayer inserted in the Bill.

If other Branches and medical bodies take the same view, it would be well for them to petition the House, or make their views known to their representatives.

To meet the views of the Medical Council, I would respectfully suggest that they revert to the old plan of publishing the *Pharmacopœia* in Latin, which would effectually exclude the grossly ignorant and uneducated from compounding prescriptions.

I am, etc.,

SEPTIMUS GIBBON, M.B.Cantab.,

Hon. Sec. to the Parliamentary Committee.

13, Finsbury Square, E.C., May 17, 1865.

The following petition was on the 15th instant presented to Parliament by Sir Fitzroy Kelly.

"To the Honourable Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled."

"The humble petition of the Metropolitan Counties Branch of the British Medical Association, sheweth—That two Bills, entitled 'Bills to regulate the Qualifications of Chemists and Druggists', are now depending in your honourable House. That chemists and druggists are neither qualified by law nor competent by education to practise medicine. That injury to health, and not unfrequently loss of life, result from chemists and druggists undertaking the duties of medical practitioners. That the sale of patent, quack, and other secret medicines, has an injurious influence on the health of the community, more especially on the infantile portion of it. That the traffic in secret remedies, which is repudiated by the qualified practitioner, enables the unqualified pretender and the uneducated quack to victimise Her Majesty's subjects to an incredible extent, as well in person as in purse. Your petitioners, therefore, humbly pray that in the said Bill adequate provision may be made: 1st. For preventing the registered chemists and druggists from practising medi-

cine and surgery. 2nd. For preventing the sale of any patent, quack, or other medicine, unless a sworn certificate of its composition be lodged with the Registrar appointed under the Bill, or be otherwise made accessible to the public. And your petitioners will ever pray, etc.

"Signed on behalf of the Branch Association,

"CHARLES F. J. LORD, *President*.

"A. P. STEWART, M.D.

"ALEXANDER HENRY, M.D.

"SEPTIMUS GIBBON, A.B. and M.B.)

Hon. Secs."

NATURE AND TREATMENT OF FEVER.

LETTER FROM A. B. STEELZ, ESQ.

SIR,—The courtesy with which Dr. Murchison has received the criticisms I ventured to make upon some of his views on the subject of fever, encourages me to continue the discussion.

Referring to the use of mineral acids in typhus, Dr. Murchison says that "their beneficial action is undoubted"; and he adduces, as proof of the assertion, that "they have been recommended for this disease in all countries since the days of Forestus, Sydenham, Van Swieten, and Boerhaave. They have lately been highly praised by Huss of Stockholm; by Haller of Vienna; and by Drs. F. W. Mackenzie, Chambers, and Richardson, in our own country. . . . I have (he goes on to say) tried the mineral acids in many hundreds of cases during the last few years, and I believe them superior to any other method of treatment. . . . I have often observed marked improvement follow the commencement of the acid treatment, at whatever stage of the fever it was tried."

Now I ask, might not the old-fashioned routine plan of treating fever by giving the traditional saline or febrifuge mixture every four hours, be defended on quite as good evidence? Although I would not assert that mineral acids are, under all circumstances, useless in the treatment of fever, yet I think stronger and more satisfactory reasons are required to show that they "are superior to any other mode of treatment."

I have not of late years had the opportunities of careful systematic clinical observation enjoyed by hospital physicians; but my acquaintance with fever has chiefly been formed from the treatment of patients placed under the most unfavourable circumstances; namely, in ill-ventilated cellars and garrets, in over-crowded courts, without systematic nursing, frequently without any nursing at all; and where, from the necessity of the case, treatment has been reduced to as simple a formula as possible; and not a few instances have come under my observation where patients have passed through severe attacks of typhus without any medical treatment whatever—that is to say, without swallowing any drugs.

The mortality under these conditions has not exceeded the average death-rate assigned to typhus; in fact, it has been in some instances exceptionally low. This experience has left an impression on my mind that typhus is a disease which has a strong proclivity to recover; and that its progress and result are very little dependent upon medicaments of any kind, and certainly uninfluenced by specific treatment.

When, therefore, I hear of a remedy for fever, I am sceptical as to its value. When I am told of an agent which, from its ascertained action on the system, is adapted to regulate or control any one of the deranged functions which go to constitute a case of typhus, I can at once recognise the *rationale* of its use, and reasonably anticipate benefit from its employment.

For instance, I know narcotics produce sleep, and I am equally cognisant of a frequent condition of insomnolence in fever. Alcohol excites and sustains vascular action, which is often greatly depressed in typhus. Mercury, as an alternative, is known to be capable of restoring deranged secretion; and so on. But upon what principle are we to consider mineral acids superior to all these? What indication do they fulfil? If it be said that they act by neutralising ammonia, their repute rests upon a mere hypothesis; and leaves unexplained the result of treatment in which the ammonia theory is ignored and yet equal success is obtained.

To place the acid treatment on a sound basis, it appears to me that it is necessary clearly to establish the fact, that the essential cause of fever is an alkali susceptible of decomposition by the exhibition of acids; or, failing this, a careful and extended trial of this particular mode of treatment, under circumstances which would admit of a fair comparison with other methods.

I must disclaim any intention of depreciating the accuracy of Dr. Murchison's observations; neither do I assert that his views may not prove to be correct; but only ask for more convincing testimony before I can subscribe to their validity.

The varying conditions under which different practitioners pursue their observations may have more influence than we suspect in modifying their views of treatment. A most accomplished and experienced physician, Dr. Gairdner, tells us that milk is so essential in the treatment of typhus, that (quoting him from memory) he says that "treating fever with stimulants and without milk is a proceeding which he cannot understand." Now, this is just what I have been doing for some years, and apparently with the most satisfactory results. I am, etc.,

A. B. STEELE.

Liverpool, May 13th, 1865.

MEDICAL ETIQUETTE.

LETTER FROM EDWARD WATERS, M.D.

SIR,—In the JOURNAL of May 6th last, you published a communication from Mr. Thelwall of Farn-don, headed "Medical Etiquette", in which my professional conduct was assailed. As Mr. Thelwall imagined himself aggrieved, he would, I think, have himself acted more strictly in accordance with "medical etiquette" in applying to me, either directly or through a third party, for an explanation, instead of publishing an *ex parte* statement, and appending to it a hastily scribbled private note from me, without giving me any intimation of his intention so to act. Mr. Thelwall, however, having elected thus to submit the case to the members of the British Medical Association, compels me also to publish a statement of the facts. I could have wished that my rejoinder should have appeared with the original statement, so that the one might not be read without the other. Next, I had hoped to have been in time for last week's JOURNAL; but, not having received an answer from Mr. Eden in time to permit me to do so, I have been obliged to delay until now.

The history of my connexion with the case is as follows.

On Tuesday, March 14th, a servant called at my house with a message from Mr. Thelwall requiring my attendance, as soon as possible, on a case under his care. On arriving at the house where the patient was lying, I met Mr. Thelwall, and ascertained that the patient had been injured the day before by a fall off his horse while hunting, and, in addition to other injuries, had been unable to pass any water since the

accident. The bladder was distended, and Mr. Thelwall had attempted to draw the water off; but, owing to the calibre of the urethra being encroached on and much narrowed by an external bruise of the perinaeum, which caused swelling of the mucous membrane, it was impossible to introduce the catheter he was using, owing to its being too large for the passage. Finding the case to be a surgical one, I asked Mr. Thelwall if he had sent for me. He distinctly replied in the affirmative; made no allusion to having sent for any one else; and, until I saw his statement to that effect in the JOURNAL, I had no knowledge of his having done so.

Mr. Thelwall states that "Dr. Waters wished to see the patient again the same evening." Had it been otherwise, I should have been wanting in my duty to him. A warm bath had been agreed on as a palliative; but it is manifest I could not leave the patient till the following day with his bladder unrelieved, in addition to his other sufferings. That this might not happen, and feeling, the more I thought of the case, that there was no time to be lost, I, on due reflection, requested Mr. John Harrison, a consulting surgeon to the Chester Infirmary, to accompany me, lest his services might be required, and, at any rate, to bring the necessary instruments with him. I mentioned to Mr. Harrison that the case was mainly a surgical one, and that I wished to transfer it to him.

Mr. Thelwall further states that, "After examining into the case, they" (Mr. John Harrison and myself) "went to the other side of the room, and conversed together *sotto voce*." In thus acting, I was influenced by delicacy to Mr. Thelwall; but I can have no objection to inform him that I was then requesting Mr. Harrison to allow him the use of one of his catheters, which was accordingly done. I was desirous that Mr. Thelwall should thus retain the confidence of his patient, by showing that, when he had the appropriate instrument, he was equally able with another to succeed; and it was only on his failing to introduce it that Mr. Harrison drew off the water.

Mr. Thelwall then states: "They came the following day, and indeed continued their attendance until the death of the poor fellow on the Friday following." Mr. Thelwall himself suggested to me that Mr. Harrison should come out the following morning. The catheter used was then left for Mr. Thelwall to pass in the evening; but he again failed, and it afterwards necessarily devolved on Mr. Harrison to relieve the patient.

I may state for myself that, though acting as a physician, and not a surgeon, I had no alternative but to continue my visits, as the patient specially required me to do so; and, though the case resulted from an accident, it involved important medical features. I also forward you a letter from Mr. Eden, the retired surgeon referred to by Mr. Thelwall, who was an uncle of the patient, and who, with his sister the mother, watched him tenderly and unremittingly day and night; by which you will see that Mr. Harrison was the surgeon whose attendance the relatives expressly desired.

As regards the *post mortem* examination, I regret much that Mr. Thelwall did not witness it; but I really thought either his engagements or his possible indifference accounted for his absence. I wrote to him in the first instance, urging the propriety of it. He did not acknowledge my letter; but Mr. Eden called on me the following morning, and said that he had forwarded it to the father, and that, he doubted not, consent would be given. In anticipation of such consent, an arrangement was made to perform it the same evening, the following day being Sunday; and I left all arrangements respecting Mr. Thelwall to

Mr. Eden, who unintentionally omitted to inform Mr. Thelwall when it would take place; but he has declared to Mr. Thelwall that there was no desire to offer any slight to him on the part of any one.

I forward you a letter which I wrote to the coroner, who is a gentleman thoroughly able to enforce the respect due to his ancient and very important office; and I am happy to say he is satisfied no disrespect was intended to him. I am, etc.,

EDWARD WATERS,

Physician to the Chester Infirmary.

Chester, May 17th, 1865.

Mr. Eden writes, in his note to Dr. Waters:

"I can satisfy you, and, if it is desirable, Mr. Thelwall, that you were authorised by Mr. Charles Tomlinson's father to take out Mr. Harrison. I accidentally saw Mr. Thelwall on Monday, and reassured him that, so far as I was concerned, his not being called to the *post mortem* examination was an accidental oversight, for which I was sorry; and that it was not likely that you intended to slight him."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 9th.

Atherstone, Edwin, Grahams Town, Cape of Good Hope
Barton, Frederick, Bedford
Bate, George Paddock, Stone, Staffordshire
Berrill, Charles, Camberwell
Davis, William Frederick Pen, Ardwick, Manchester
Evans, Edward Charles, Cardiff
Gittins, John, Shrewsbury
Helsdon, Charles Victor, North Walsham
Hilliard, Henry Charles, Sharnford, Bedfordshire
Howells, Thomas, Kennington
Johnson, Thomas Soars, Wolverhampton
Leale, Josiah, Jersey
Mackinlay, James Grosvenor, Isleworth
Nuttall, William, Bury, Lancashire
Packman, Richard Young Vance, Ebury Street, Pimlico
Rickard, Frederick Martyn, Plymouth
Rowlands, James David, Carmarthen
Stuart, William Andrew Patrick, Barbadoes
Sutcliffe, William Greenwood, Ashton-under-Lyne
Twitcher, Thomas Nathaniel Parwick, Derbyshire
Verity, Abraham Robert, Bridgeton, Glamorganshire
White, James Atkin, Chatham Hill, Manchester
Willan, Thomas Henry, Auburn, Lincolnshire

At the same meeting of the Court—

Grigg, Joseph Collings, of Greenwich Hospital, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College; his diploma bearing date April 12th, 1858.

Admitted on May 10th—

Barrett, Howard, Richmond
Bradley, John, Liverpool
Bryant, John Henry, Sussex Square
Colborne, Anthony Charles, Pimlico
Denziloe, William Le Gros, Bridport
Hilder, Nelson Albert, Camberwell
Holmes, Frank, West Gorton, near Manchester
Keall, William Powell, Bristol
Keall, John, Stratton, Cornwall
Leal, Thomas, Penzance
Leigh, Thomas Drake, Liverpool
Marsh, William Joseph, New Kent Road
Millett, George Bowin, Penzance
Nell, Richard Frederick, Cardiff
Pritchard, George Frederick, Highbury
Stone, John Neesam, Dublin
Visick, Clarence, Exeter
Wall, Joseph, London
Welch, John Burges, Taunton
Wilkins, John Canning, Pinner, Middlesex
Worsley, James Henry, Bluepits, near Manchester

APOTHECARIES' HALL. On May 4th, 1865, the following Licentiates were admitted:—
Bott, Charles Glen, Brentford

Fairles, Nicholas Watson, South Shields
Jones, William Griffith, Llanelly, Carmarthenshire
Jlewellyn, Rees, Maesgwyn, Breconsire
Strange, William Heath, Sreatley, near Reading
Treves, William Knight, Dorchester
Waymouth, Albert, Middlesex Hospital
Weld, Charles Humphrey, Rolvenden, Kent

At the same Court, the following passed the first examination:—

Cooke, George Richards, Charing Cross Hospital

Admitted on May 11th—

Allen, Josiah, Ripley, Derbyshire
Bostock, Edward Ingram, Horsham, Sussex
Covey, Charles Edward, Basingstoke
Evans, John Tasker, jun., Hertford
Fyson, Ernest Last, Exning, near Newmarket
Langley, John Thomas, Gansarew, Monmouthshire
Nuttall, William, Bury, Lancashire
Thomas, David Howell, Swansea
Watson, James B., Havant
Webb, George Fortescue, Dawlish, Devon
Whiting, Henry, Southend, Essex
Wood, Herbert, Ashton-under-Lyne
Wright, Jarvis, Knutsford, Cheshire
Wright, Morden, St. Bartholomew's Hospital

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Affleck, James, Ayr	Kane, T. J., Galway
Affleck, John, Dumfriesshire	M'Laurence, H., co. London-
Alexander, J., Caithness	derry
Alcock, C., Nottingham	M'Rae, John, Ross-shire
Bates, Tom, March, Cambridge	Martin, T. F., co. Louth
Brayton, J. G., Cumberland	Naismith, Wm. J., Sultanpore,
Campbell, Donald, Perthshire	India
Clarke, W. H., Birmingham	Pattie, R., Dumfriesshire
Cote, W. N., Plattsburgh, N.Y.	Porteous, Jas. L. H. H., Had-
Cox, J. W., Annan	dingtonshire
Cribbes, H. S., Killin	Reynolds, E. J., Dublin
Farrelle, W. K., Longford	Robinson, J., Lancashire
Gilruth, G. R., Edinburgh	Sinclair, G. M., Haddington
Greene, R., Boston, U.S.	Stanley, W. E. S., Cumberland
Hamilton, A., Dundee	Unwin, J. B., Sussex
Hunter, W. C. S., Dundee	Waring, R. W., Cavendish
Jones, E. S., Carnarvonshire	Wyllis, W. E., Somersetshire

And the following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh.

Benson, J., co. Roscommon	O'Hara, C., co. Fermanagh
Burt, D. A., Fifeshire	Patchett, H., Lancashire
Burton, J., Walsall	Paterson, T., Mid-Lothian
Fothergill, J., Westmoreland	Raby, John, Cornwall
Godfrey, Frank, Salisbury	Shields, R., Edinburgh
Hickinbotham, J., Birmingham	Simpson, J., Cumberland
Johnstone, J., Liverpool	Smith, Henry R., Berwick-on-
Leman, Joseph, Buckingham,	Tweed
Canada	Smyth, Wm., co. Tyrone
Mackenzie, W. S., Sutherland-	Thompson, Wm. G. W., Bally-
shire	money
Mason, J. L., Montreal	Wotherspoon, John T. R., Dum-
Murray, G. B., Annan	friesshire

ROYAL COLLEGE OF SURGEONS, EDINBURGH. The following gentlemen passed their final examinations, and were admitted Licentiates of the College during the recent sittings of the examiners.

Anderson, J. K., Arbroath	Jameson, Robert, Ayrshire
Brakenridge, D. J., Perthshire	Knight, A. A. H., Berwickshire
Chiene, John, Edinburgh	Mackelvie, R. M., Wigtownshire
Denton, T. J., Yorkshire	M'Laren, R., Dumfries
Doyle, Bernard, co. Down	Skae, Frederick Wm. A., Edin-
Duncan, A. J., Bengal	burgh
Gibson, J. B., Ayrshire	Sydney, Henry, Kent
Glennin, Douglas, Dum-	Taylor, James, co. Antrim
friesshire	Thornley, J. G., Londonderry

APPOINTMENTS.

SCORESDY-JACKSON, Robert, M.D., appointed Physician to the Edinburgh Infirmary, in the room of Dr. Warburton Begbie.

ARMY.

BARROW, Staff-Surgeon-Major T. W., to be Deputy Inspector-General of Hospitals, for highly meritorious services during the epidemic of yellow fever in Bermuda.

COGAN, Surgeon F. 2nd Foot, to be Surgeon-Major, for highly meritorious services during the epidemic of yellow fever in Bermuda.

CROUSE, Surgeon-Major J. B. St. Croix, to be Staff-Surgeon-Major, vice D. Hanley, M.D.

HANLEY, Staff-Surgeon D., M.D., to be Surgeon 11th Hussars, vice Surgeon-Major J. R. St. Croix Crosse.
 MEE, Surgeon J., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.

ROYAL NAVY.

ANDERSON, William (a), Esq., Surgeon (additional), to the *Asia*.
 ARCHER, Archibald L., M.D., Surgeon (additional), to the *Indus*.
 ASSH, William J., Esq., Assistant-Surgeon (additional), to the *Implacable*, for the *Sealark*.
 BEAUMONT, Robert W., Esq., Surgeon (additional), to the *Fisgard*.
 BELLAMY, George, Esq., Surgeon (additional), to the *Cumberland*.
 BREEN, Thomas J., Esq., Surgeon, to the *Caledonia*.
 COATES, Matthew, Esq., Assistant-Surgeon, to the *Caledonia*.
 COLAHAN, Thomas N. W., Esq., Assistant-Surg., to the *Impregnable*.
 EASTCOTT, James C., Esq., Surgeon (additional), to the *Excellent*.
 FERGUSON, Robert, M.D., Assistant-Surgeon (additional), to the *St. Vincent*, for the *Martin*.
 GODFREY, George H., Esq., Surgeon (additional), to the *Victory*.
 HATCH, Jeremiah A., Esq., Assistant-Surgeon, to the *Terrible*.
 HILSTON, Duncan, M.D., Assistant-Surgeon (addit.), to the *Victory*.
 LAUDER, Henry W., Esq., Assistant-Surgeon, to the *Gleaner*.
 MACDONNELL, Henry, Esq., Assistant-Surgeon, to the *Irresistible*.
 NOLLOTH, Edward, Esq., Staff-Surgeon, to the *President*.
 STEWART, James, Esq., Acting Assistant-Surgeon, to the *Sphinx*.
 STEWART, William H., Esq., Acting Assistant-Surgeon, to the *Caledonia*.
 SUCANE, R. K., Esq., Assistant-Surgeon, to Haslar Hospital.

MILITIA.

PHILPOTS, H. J., Esq., to be Surgeon Radnor Division of Royal Cardigan, Brecon, and Radnor Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CARMICHAEL, J., M.D., to be Assistant-Surgeon 1st Edinburghshire A.V.
 EDKINS, C., Esq., to be Honorary Assistant-Surgeon 24th Somersetshire R.V.
 KENDALL, T. M., Esq., to be Honorary Assistant-Surgeon 5th Norfolk R.V.
 MACKIE, J., jun., Esq., to be Assistant-Surgeon 7th Forfarshire R.V.
 NEWINGTON, A., Esq., to be Hon. Assistant-Surgeon 41st Kent R.V.
 NEWMAN, W., M.D., to be Honorary Assistant-Surgeon 5th Lincolnshire R.V.
 SANDERSON, A. M., Esq., to be Surgeon 1st Edinburghshire A.V.

BIRTH.

ANDREWS. On May 13th, at 1, Oakley Square, London, the wife of Henry Charles Andrews, M.D., of a son.

DEATHS.

BACOT. On May 16th, aged 7, Edmund Macdonald, eldest surviving son of Surgeon-Major Bacot, 89th Foot.
 BRIDGE. On April 22nd, at Bath, aged 56, Mary Were, wife of S. F. Bridge, M.D., of Wellington, Somerset.
 CUMMING. On May 8th, at Edinburgh, Jean, widow of Robert S. Cumming, M.D., Surgeon R.A.
 DAVIES, Sir David, K.C.H., M.D., at Lucca, aged 72, on May 2.
 HAMILTON, Charles T., M.D., at Windsor Terrace, Malda Hill, aged 51, on May 1.
 KINSEY, Robert B., Esq., Deputy Inspector-General of Hospitals, at Calcutta, aged 48, on April 1.
 KIRKPATRICK. On May 2nd, at Whitechurch, Shropshire, Elizabeth, widow of the late Edward M. Kirkpatrick, Esq., Surgeon.
 SMITH, Wm. Henry, Esq., Surgeon, at Southsea, aged 53, on May 5.
 STANLEY, John, M.D., at Belle Vue, near Whitehaven, aged 88, on April 28.
 THOMPSON. On May 5th, at Biggleswade, aged 19, Rose Nash, second daughter of John Thompson, Esq., Surgeon.
 VOSE. On May 15th, at Liverpool, Eliza Sarah, widow of the late James Vose, M.D.

SCARLATINA AT ALDERSHOT. Scarlatina is rife at the present time amongst the children in the camp at Aldershot.

HOSPITAL FOR WOMEN. Her Royal Highness the Duchess of Cambridge has signified her pleasure to become a patroness of the Hospital for Women.

A VACANT CORONERSHIP. Mr. Carr of Newcastle is a candidate for the coronership of South Northumberland now vacant. He has the full support of all his Newcastle brethren.

ROYAL SOUTH HANTS INFIRMARY. A new wing is to be added to the South Hants Infirmary. Mrs. Crabbe subscribes £2,000 for the purpose, in memory of her late husband Colonel Crabbe.

A GOLD MEDAL. At the meeting of the Dublin Pathological Society last week, it was announced that no essay for the medal had been sent in.

OUR CRIMINAL LUNATICS. There are at present 770 criminal lunatics in lunatic asylums, including 500 "patients" at Broadmoor.

A SPLENDID SALARY. The Town Council of Gateshead have appointed an officer of health. His salary is £25 *per annum*—i.e., about nine shillings and sixpence a week!

ROYAL COLLEGE OF SURGEONS. At a meeting of the Council on April 5th, Messrs. Adams, Annandale, and Agnis, received from the hands of the President the Jacksonian Prizes and special honorarium respectively awarded to them for the excellence of their essays.

CONSUMPTIVE PATIENTS IN MADEIRA. Dr. Stone informs the *Times* that a proposal has been made to him by Captain Erskine, Her Majesty's Consul at Madeira, to guarantee the maintenance and medical treatment of twenty consumptive patients during the coming winter, if the authorities of the Brompton Hospital will undertake to provide transport to and from the place.

CEREBRO-SPINAL MENINGITIS. Dr. Tweedie says of the cerebro-spinal meningitis epidemic he is satisfied it is a disease that in modern times, at least, has not been observed in this country. In all his large experience of fever at the London Fever Hospital he never met with suppurative meningitis, which is characteristic of the Dantzie epidemic, as a lesion in genuine typhus as known to us here.

CONVICTION UNDER THE MEDICAL ACT. A Justice of Peace Court at Aberdeen, had last week before them a case in which Frederic Adair, who addressed himself to a certain class of cases, was accused of advertising himself as M.D., F.R.C.S., without a title to do so. A witness said he had given the accused directions as to getting a diploma from Glasgow. One was produced purporting to be from the Metropolitan College, New York, conferring the degree of M.D. on Frederic Adair. After other evidence Adair was fined £5, with costs, £2:2, for using the letters F.R.C.S. without warrant.

DIETARY OF METROPOLITAN WORKHOUSES. Mr. Villiers said lately in the House of Commons that the dietaries in workhouses have been prepared by the guardians of the unions or parishes to which the workhouses belong. They are generally framed, according to the experience of the board of guardians, to suit the exigencies of their own union or parish. They are referred to the Poor Law Board, who require the opinion of the medical officer, as to the propriety and sufficiency of the dietary for the particular workhouse. They receive his report, and comparing the dietary with certain principles and rules with which they have been supplied by a very eminent scientific authority, and with the result of their own experience, they either sanction the proposal or suggest alterations. It has not been the practice of the Board to compare dietaries of different unions together, as they have never sought to bring about any uniformity in this matter. But a communication from an experienced and able medical officer in the metropolis has been made to the Board a short time since, directing the attention of the Board to the diversities which prevail in the dietaries of the workhouses of the metropolis, and the Board propose to cause an investigation to be made upon the subject, with the view of ascertaining whether any action can be taken in the matter with a beneficial effect.

ROYAL COLLEGE OF SURGEONS. We are informed that Mr. Arnott is about to resign the seats he holds as a Councillor and Member of the Court of Examiners of the College as well as his chair at the Council of Medical Education and Registration. For his successor as an examiner, Mr. Hilton is mentioned; for his seat in the Council, Mr. Turner, of Manchester, will offer himself; and for the manly and independent enunciation of his views on all college matters on the last festival of the Fellows there is no doubt his claims to a seat in the Council will be recognised. The retiring members of the Council are Messrs. Quain and Shaw, who will offer themselves for re-election. Mr. Arnott's resignation will bring Mr. Wormald in as President.

DEFECTIVE RAIN-FALL. Mr. Symons has drawn up some elaborate tables concerning the fall of rain during past years, and says:—"A careful consideration of this table has led me to the following conclusions—1. That the decreased fall of rain during the last ten years is a general and not local phenomenon. 2. That the decrease amounts to about one-twentieth part of the entire average fall. 3. That in the Eastern and Midland counties of England the decrease has been greater than in any part of the United Kingdom, and amounts to more than a tenth of the whole. I need not say that this falling off in our water supply, at a time when the requirements for it are daily increasing, is a matter of national importance, as well as one of very great interest to water companies and others who are bound to supply a given volume of water, and find their only source gradually failing them. We must hope that it is only a temporary fluctuation, and not the inauguration of a regularly decreasing supply; but it seems to me to warn us of the effect of recent extensive drainage operations to tell us not wantonly to run all our rain instantaneously into the sea, but to store it against periods such as last year, when the blessings conferred by the rain from Heaven were withheld for a time, and to myself it seems to say, 'Hasten on the collection of old records of rain-fall, and see if 100 years tell the same tale as the last half century.'"

ST. BARTHOLOMEW'S MEDICAL COLLEGE, 1864-5. The scholarships and foundation prizes have been awarded as follows. *Senior Scholarship in Medicine, Surgery, and Materia Medica*—W. L. Shepard, T. Cuddeford, and J. O. Adams. *Senior Scholarship in Anatomy, Physiology, and Chemistry*—W. J. Garrett, W. Square, and F. H. Haynes. *Wiz Prize*—H. Rundle. *Hichens Prize*—E. W. Berridge. *Practical Anatomy, Senior. Foster Prize*—H. C. Upton; F. H. Haynes, R. B. Moore, J. A. J. Timmins, J. Quick, W. B. Burn, F. H. Lovell, W. Square, W. H. Tattersall. *Practical Anatomy, Junior. Treasurer's Prize*—L. Newton; *2nd Prize*—C. Wade; J. Kirkman, E. B. Crowfoot, W. Thurston, E. Angove, H. J. Butlin, L. Clapham.

ROYAL MEDICAL BENEVOLENT COLLEGE. The thirteenth annual festival in connexion with this college was held on Saturday last at the Freemasons' Tavern; the Right Hon. Earl Granville, K.G., in the chair. Among those present were Sir Charles Locock, Mr. Scourfield, M.P., Admiral Burney, Mr. Ferguson, Dr. C. Hogg, Dr. Babington, Dr. Billing, Mr. Probert, and about 120 other members of the medical profession. After the usual loyal toasts had been honoured, Dr. Babington proposed "the Army, Navy, and Volunteers." Admiral Burney responded for the Navy, and Mr. J. L. Probert for the Army and Volunteers. In the course of his remarks Mr. Probert alluded to the eminent services which Mr. T. Wakley had rendered in connexion with the Volunteer medical department. The toast of "the Church," proposed by Mr. Scourfield, M.P., was acknowledged

by the Rev. G. Pocock. In proposing the toast of the evening the noble chairman dwelt upon the merits which the institution possessed, and the claims which it had upon all who desired to see suffering and affliction alleviated. The institution had been founded by those whose work was exceedingly laborious, and its success might be attributed to the earnestness and zeal which the friends of this excellent charity had displayed. There was, probably, no profession in which accident and chance exercised so large an influence as that of medicine, for while some of its members soon attained distinction and wealth, others, through no fault of their own, would remain in obscurity, still working for the good of their fellow creatures. No profession, therefore, had more claims for sympathy upon every class of the community. The noble lord stated that the trustees of the late Dr. Gilbert had decided upon devoting a considerable portion of his legacy to the benefit of the Medical College. Sir John Bowring and two others of the trustees had informed him that they had decided upon founding three scholarships of £50 each in connexion with the school. In acknowledging the toast of "the Chairman," proposed by Sir Charles Locock, Earl Granville expressed the satisfaction which he experienced at occupying the position of president of an institution which was calculated to confer so many benefits upon the distressed and suffering. The remaining toasts were "the Treasurer," proposed by the Chairman and responded to by Mr. Probert; the "Head Master," proposed by Dr. W. Carr and responded to by the Rev. Dr. Thornton; the "Honorary Local Secretaries," proposed by Mr. Probert and responded to by Dr. Ray; the "Press;" the "Stewards;" and the "Ladies." The subscriptions amounted in the course of the evening to nearly £1000.

THE CASE OF RICHARD GIBSON. The reply of the Poor-law Board to the report of Mr. Farnall on the case of Richard Gibson, goes very minutely into all the facts connected with the alleged ill-treatment of the deceased, and expresses their opinion that Dr. Craig, by failing to ascertain the personal condition of the deceased, and neglecting to order for him such articles of nourishment as he required; and that Mrs. Elson, by omitting to ensure proper attention to his personal comforts and cleanliness, have so gravely neglected their duties, that the Board would not be justified in permitting either of them to continue in the offices which they at present hold. The Board, therefore, request that the directors will communicate this decision to Dr. Craig and Mrs. Elson, and require them at once to resign their respective offices as assistant medical officer and nurse at the workhouse.

UNIVERSITY OF LONDON. On the 10th inst., the Chancellor held a meeting at Burlington House, for the purpose of admitting to degrees those who had passed the various examinations, and awarding certificates and medals. Earl Granville, who wore his robes as Chancellor, presided. The following graduates who had passed the examination for the degrees in medicine were admitted. M.D.: J. W. Hicks, St. Thomas's Hospital; J. U. Huxley, King's College; H. T. Lanchester, St. Bartholomew's Hospital; J. N. Miller, University College; W. Moxon, P. H. Pye-Smith (medal), and T. Stevenson, Guy's Hospital.—M.B.: P. Best, University College, first in medicine (scholarship and medal); T. Fairbank, St. Bartholomew's Hospital, second in medicine (medal), third in midwifery, and second in forensic medicine (medal); C. A. Hingston, St. Bartholomew's Hospital, fourth (ex.) in medicine, fifth in midwifery, and seventh in forensic medicine; H. L. Kempthorne, King's College, fourth (ex.) in medicine, fourth in

midwifery, and fifth in forensic medicine; J. H. Hooper, St. Thomas's Hospital, sixth (*eq.*) in medicine, and eighth in midwifery; F. Simms, King's College, sixth (*eq.*) in medicine, and sixth in forensic medicine; J. A. Nunneley, Leeds Medical School and Guy's, tenth in medicine, and tenth in midwifery; E. L. H. Fox, University College, first in midwifery (scholarship and medal), first in forensic medicine (scholarship and medal), and third in medicine; J. J. Phillips, Guy's Hospital, second in midwifery (medal); W. Carter, Charing Cross and St. Thomas's, third in forensic medicine, sixth (*eq.*) in medicine, and seventh in midwifery; E. Casey, King's College, fourth in forensic medicine, sixth (*eq.*) in medicine, and sixth in midwifery; E. Ludlow, St. Bartholomew's Hospital, eighth in forensic medicine, ninth in midwifery, and eleventh in medicine.—M.S.: J. H. Hooper, St. Thomas's Hospital, alone in surgery (medal). After presenting the diplomas, he delivered an interesting address, in the course of which he said that the University had lost Mr. Senior. They had also lost—though, happily, not by death—the services of Sir James Clark; and in mentioning his name he could not help referring to the unceasing exertions which he had made on behalf of the University in perfecting the medical curriculum. He believed that it was not a boast but a mere truism to say that these medical degrees were surpassed by none in the respect paid to them by the profession at large and by all who were competent to judge. He then said that a statement was put into his hands with regard to the appointment of a house-surgeon to an hospital. It appeared that candidates were invited to present themselves with an assurance that they would be chosen according to their recommendation and certificates. Several candidates appeared, and the result was that a gentleman who was most highly recommended as to general qualifications and character, but who had not obtained any honours further than the usual degrees, was elected, while one of our graduates, who had obtained high honours, with all the medical degrees, was rejected. There might have been excellent reasons for it; but on the face of the statement it appeared the distinction was that one was a communicant and the other was not a communicant, both being members of the Church of England and having the highest possible characters. He would ask whether it was to the interests of the poor wounded people in that hospital that such a test should exist?

TREATMENT OF THE INSANE. Dr. Clouston says in his last report of the Cumberland and Westmoreland Lunatic Asylum: "I last year protested against the system which was prevalent among the relieving officers of sending insane patients to workhouses previous to sending them to asylums. Many patients complained bitterly that they were sent to 'the union' before coming here. One woman says that at a workhouse, because she was sleepless and noisy, the sane inmates beat her severely with sticks. The forms of insanity in this asylum are not usually so acute as in the patients of a large city; but the depressed and suicidal cases are quite as numerous as in most asylums. One of them was a married woman who had the impulse to destroy herself so strong that though she knew what she was doing, and knew how wrong it was, she made many and persistent attempts to obey it. She wished to come to the asylum for her own security, and immediately she came within the building she felt so safe that her thoughts were entirely diverted to other subjects, and she never had a suicidal idea again. In a few months she returned to her home quite well, and has remained so ever since. In another case a man who

had tried to hang himself, and had been cut down, was sent in and never again manifested the slightest tendency to destroy his own life."

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY..... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY.... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY..... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY...... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Robert Lee, "On Uterine Polyp"; Mr. Henry Lee, "On Amputation of the Leg by a Long Rectangular Flap"; Mr. C. Hunter, "On the Hypodermic Administration of Certain Medicines"; Dr. Wynn Williams, "On Tuberculosis."—Zoological.—Ethnological (Anniversary).
WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Hyde Salter, "On the Diagnostic Value of the Various Forms of Dyspnea."—Geological.—Linnæan (Anniversary).
THURSDAY. Royal Society.
FRIDAY. Royal College of Physicians, 5 P.M. Dr. Lionel Beale, "An Inquiry into the Nature of the Phenomena which constitute Inflammation."—Royal Institute.

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE MEMBERS OF COUNCIL OF THE ROYAL COLLEGE OF SURGEONS who this year retire are—Mr. Arnott, Mr. Quain, and Mr. Shaw. Mr. Arnott retires, it is said, definitely; the others will in all probability offer themselves for re-election. The election comes off in July. If the country Fellows intend once again to bring forward a candidate, they should commence operations at once.

COMMUNICATIONS have been received from:—Dr. GEORGE JOHNSON; Dr. G. H. PHILIPSON; THE HOUSE-SURGEON OF THE ROYAL PORTSMOUTH HOSPITAL; THE SECRETARY OF THE ROYAL COLLEGE OF SURGEONS, EDINBURGH; Mr. R. J. ROGERS; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. LUND; Mr. PARKER; Dr. E. WATERS; PROFESSOR SIMPSON; Mr. C. HUNTER; Dr. THORNBURN; Mr. STONE; Mr. JOHN WINDSOR; Dr. H. C. ANDREWS; Mr. FRED. MASON; Mr. JABEZ HOGG; Mr. CALLENDER; Dr. S. GIBSON; and Mr. HANCOCK.

BOOKS RECEIVED.

1. Small-Pox: how to Annihilate it; or, Observations on the Pernicious Consequences of Imperfect Vaccination, and on the necessity of re-Vaccination. By R. T. Lodge, M.D. Liverpool: 1865.
2. Surgery in Bengal: an Address to the Bengal Branch of the British Medical Association. By Dr. J. Fayer. Calcutta: 1865.
3. The Ninth Annual Report of the State of the United Asylum for the County and Borough of Nottingham. Southwell: 1865.
4. The Study of Science; and its Undue Neglect as a Branch of Education. By George Padley, L.R.C.P. Swansea: 1865.

Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN TO KING'S COLLEGE HOSPITAL; ETC.

[Continued from p. 450.]

WITH reference to the hypothesis that the characteristic symptoms of choleraic collapse are caused by the loss of the watery constituents of the blood, we have next to inquire, *whether the symptoms of collapse are such as an excessive drain of fluid from the blood would be likely to produce.*

Now, what is the condition of a patient who has suffered a profuse drain from the blood, whether of water alone or all the blood-constituents? What is the effect of a copious hæmorrhage, of a profuse and long continued leucorrhœa, of prolonged lactation, of excessive purging, whether the result of disease or of medicine? Is not the condition of a patient who has been exhausted by such means, of the nature of syncope? There are a small and frequent pulse, a pallid skin, dimness of sight, and *tinnitus aurium*: these symptoms being much increased by the erect posture; and, in extreme cases, the head cannot be raised from the pillow, even for a moment, without the occurrence of syncope. For a patient in this condition to walk or stand, or even to sit up, is simply impossible. Now, there is something in the collapse of cholera which is essentially different from the mere exhaustion which leads to syncope. In fact, almost the only symptom which is common to the two conditions is the extreme smallness and feebleness of the pulse.

One great distinction consists in the remarkable blueness, coldness, and other symptoms indicating that during the collapse of cholera the aeration of the blood is greatly interfered with; while no such symptoms of obstructed respiration occur in ordinary cases of exhaustion from excessive purging. Another great and obvious distinction is this: that whereas a patient exhausted by a drain of fluid from the blood, and therefore verging on syncope, is unable to assume the erect posture without losing at once his pulse and his consciousness, a patient in the collapse of cholera, whose skin is blue and icy cold and whose pulse is imperceptible or extremely small and feeble, is often able to stand up without becoming faint, and even to walk a distance which must require a considerable amount of muscular exertion.

This is a fact alluded to by several authors; and no one can have watched cases of the disease without having observed the surprising amount of muscular exertion of which even a cold and pulseless patient is capable. It is scarcely necessary to quote authorities for this statement; but I will refer to one in illustration of what has been advanced.

Scott says (*Report on the Epidemic Cholera*, p. 24): "Instances are not wanting of patients being able to walk, and to perform many of their usual avocations, even after the circulation has been so much arrested that the pulse has not been discernible at the wrist." The same author states, in another place, when speaking of the effects of blood-letting (p. 58), "It is remarkable that, in a disease like cholera, syncope should be so rare a symptom." And, again (p. 28), "During the progress of this disorder, when the nervous energy seems to be almost annihilated, and the functions of the heart and arteries to be abolished, this symptom (syncope) is yet very rarely observed."

Another remarkable difference between the collapse of cholera and the exhaustion caused by an excessive drain of liquid from the blood, consists in the rapidity with which a patient often recovers from the former condition. As an instance of this, I may quote the following from Dr. Gull's *Report* (p. 135): "I have 'seen' (says Mr. Grainger) 'a man stand at his door on Wednesday, who on Monday was in perfect collapse.' And this observation, as Dr. Gull observes, is in accordance with the experience of others."

With reference to this remarkable feature of cholera, Twining makes the following statement (*Clinical Illustrations of the more Important Diseases of Bengal*, p. 20): "In cases not fatal, the progress of recovery is often almost as rapid as the accession of cholera; and if the disease be treated at the very onset, it is not uncommon to see a person well on the third day, after an attack of the worst symptoms, which had commenced with coldness and collapse, and who, if left without remedies, would probably have died in six or eight hours. *In these instances recovery seems almost as sudden and complete as in cases of patients who are resuscitated after suspension of animation from submersion in water.*" It is scarcely necessary to insist upon the fact, that no such instances of rapid recovery from extreme prostration consequent on a drain of fluids from the blood are ever known to occur; nor, from the nature of things, is it possible that a great loss of blood-constituents can be restored with such extreme rapidity.

The natural and obvious inference from these facts appears to be, that there is an essential difference between the condition of a patient who has been exhausted by a profuse drain from the blood, and that of one in collapse with cholera. It is, therefore, incumbent on those who maintain that choleraic collapse is due to the loss of fluid by the intestinal canal, to explain, if they can, the remarkable differences which have here been pointed out between the symptoms of collapse and those of ordinary syncope.

Our next inquiry shall be, whether the effect of various modes of treatment in the collapse of cholera affords any support to the theory that a drain of fluid from the blood is the essential or the chief cause of that condition.

[To be continued.]

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

CASES OF FRACTURE OF THE BASE OF THE SKULL:
WITH REMARKS.

By THOMAS P. PICK, Esq., Surgical Registrar.

FORMERLY fracture of the base of the skull was looked upon as an injury almost inevitably fatal; and it is only within the last few years that it has been shown that these cases, not only sometimes, but often recover. Two of the cases detailed below are given as exemplifying the good results which may follow this class of injuries, in cases where the diagnostic symptoms are sufficiently well marked as to leave no doubt as to the nature of the injury; and to these are added two others, one of which terminated fatally, in which the symptoms were not so well marked, and in which some doubt existed as to the real nature of the lesion.

CASE I. Thomas M., aged 18, groom, was admitted September 30th, 1864, under Mr. Hewett.

History. No very satisfactory account of the accident could be obtained, but it appeared that he was thrown out of a cart which he was driving. He himself had no recollection of the accident, and did not know whether he pitched on his head. He was insensible when picked up. He had not been drinking.

On admission, he was in a semi-comatose state, lying on his side and breathing quietly. He could be roused with difficulty; but evidently objected to it, and speedily relapsed into the same stupid state. He would answer questions when roused, though incoherently. There was no paralysis. There was no bruise or wound about the head, but there was bleeding from the left ear. No abrasion could be found about the external meatus. The pupils were natural and acted. Pulse 80, compressible; skin cold.

Oct. 1st. He was much more sensible than last night. He had passed a quiet night, but had been very sick. He now answered questions rationally, and asked for anything he wanted. Oozing of blood from the ear still continued. The pulse was 84, compressible, greatly accelerated when roused. The tongue was clean; the pupils natural. He was ordered three grains of calomel immediately.

Oct. 2nd. Last evening the pulse rose and became rather hard. He was bled to eight ounces. Afterwards he passed a quiet night, and this morning seemed comfortable, though drowsy and stupid. There was no more bleeding from the ear, but some appearance of a clear discharge on the pillow. Pulse 70, quiet, compressible; skin warm and moist; tongue clean. The bowels had acted.

Oct. 4th. He complained of more pain in his head. The tongue was furred and white. Pulse 76, soft and compressible. The discharge from the ear had quite stopped. A large tender swelling had appeared on the left temple. He was ordered to repeat the calomel at night, and to have a senna draught the next morning.

Oct. 6th. He still remained in a drowsy state; he appeared to wander considerably, and was constantly

crying out. He could be roused sufficiently to answer questions. Tongue furred: pulse 72. The mouth was drawn slightly to the right side. There was much oedema and swelling over the left temporal muscles; and the skin was red and acutely painful.

Oct. 7th. He was much more rational, and seemed altogether brighter and better; but he had been very restless all night and in great pain. Tongue furred; pulse 76, compressible. The oedema, swelling, and redness, had extended on to the face and down the side of the neck.

There was an indistinct feeling of fluctuation over the swelling, which was extremely painful. An incision was made into the tumour, and a small quantity of pus and a considerable amount of broken-down blood was discharged. On passing the finger in, the bone was felt to be exposed and roughened. The finger could be introduced to a very considerable extent under the temporal muscle. A poultice was ordered to be applied.

Oct. 8th. He was very much relieved by the incision, and had had a quiet night. There was less swelling and redness down the side of the neck. Tongue cleaner; pulse 80. Fish diet was ordered.

Oct. 9th. He slept well, and seemed quite bright and cheerful; he had quite lost his former drowsy appearance. Pulse 76; tongue still slightly furred. The swelling of the face and down the side of the neck had entirely subsided. The mouth was still slightly drawn to the right side. He complained of being deaf on the injured side.

He went on well till the 16th, when he complained of more pain, after having passed a very restless night. A large swelling was found above the left ear. This was opened, and a large quantity of pus and blood escaped. There was also discharge from the left ear. His tongue was furred; pulse 113; skin hot. He was ordered to repeat the calomel and senna.

The discharge from the ear continued till the 25th, when it ceased. The scalp to a great extent again became adherent to the bone; and he was discharged November 18th with one small sinus, which led down to exposed bone.

March 6th, 1865. He showed himself at the hospital. A small piece of necrosed bone had come away, and the wound was quite healed. He seemed quite hearty and strong.

CASE II. Thomas F., aged 21, butcher, was admitted November 1st, 1864, under Mr. Hewett.

History. A short time before admission, he was cleaning the windows on the second floor of a house, and, "missing his hold," he fell into the area below, pitching upon his head. He was insensible when picked up, and had no recollection of the accident.

On admission, he was sensible enough to answer questions and state the reason of the accident. When not roused, he lay on his left side, moaning and breathing heavily. He complained of his head "feeling queer." There was no bruise nor wound of the head. There was considerable oozing of blood from the right ear; and there was coagulated blood in the nostril. He was very deaf on the right side, and the mouth was drawn to the left side. The pupils acted naturally. The pulse was 72; the tongue clean.

Nov. 2nd. He was more conscious and rational, but drowsy. He complained of pain in the head. There had been continuous and very considerable bleeding from the ear throughout the night, and it still continued in small quantities this morning. Tongue clean; pulse 72, soft. He was ordered to have three grains of calomel at night, and a senna draught the following morning, and to take nothing but beef-tea.

Nov. 4th. The bleeding had now all stopped. He

was still drowsy, but in no pain, complaining only of numbness down the right side of face, and "tingling noises" in the right ear. He was still very deaf on this side, and the face was drawn to the left.

Nov. 5th. He had been very restless all night, and complained of intense pain in the head. There was a wild and vacant stare about the face. Skin hot; pulse 84, full; tongue furred. He was ordered to repeat the pill and draught.

Nov. 7th. He still continued to be extremely restless; did not sleep at all, on account of the great pain and singing in the head. The tongue was furred, and was protruded to the left side; pulse 64, full. The bowels had acted freely. He was ordered to have the head shaved and ice applied, and to take two grains of calomel twice a day.

Nov. 8th. He had had rather a better night, and was in less pain. Pulse 64; tongue furred; skin cool. The bowels had acted slightly.

Nov. 11th. The pain continued to abate; and to-day he thought he could hear a little better. Tongue very white; pulse 60, soft. He was ordered to repeat the pill every night.

Nov. 14th. He said that now the pain was only very trifling. He heard better, and the face was less drawn; he could now close the eyelid. Pulse quiet. He was ordered to have fish diet, and to leave off the pill.

Nov. 17th. The pain had entirely left him. There was still something, however, peculiar about his manner; he answered questions abruptly, and there was a vacant expression. Tongue clean; pulse quiet. He was ordered to have ordinary diet.

From this date he gradually improved; the face assumed its natural aspect; the deafness disappeared to a certain extent; and he lost his abrupt manner.

He was discharged December 3rd.

CASE III. Denis M., aged 27, labourer, was admitted November 25th, under Mr. Hewett.

History. He was discovered by a policeman lying in an area in a state of intoxication. He was supposed to have fallen down, but it was not known how long he had been there.

On admission, he was quite insensible and smelt of liquor. The surface of the body was warm; the pupils were contracted, but sensible; pulse 60, soft. There was a scalp wound about an inch long over the left parietal eminence, not going down to the bone. Soon after admission, he vomited a quantity of fluid strongly smelling of rum.

Nov. 29th. He had been constantly sick during the night. This morning he was to a certain extent sensible, but being in a drowsy state, and passed his urine and motions unconsciously. He complained much of his head. Pulse 84, fluttering; skin hot. The pupils were contracted, but acted. He was ordered to have three grains of calomel immediately, and broth diet.

Dec. 1st. He still lay in a sleepy state, taking no notice of anything or anybody; but he was more conscious; was aware when his bowels were going to act, and he answered questions rationally. There was total deafness on the left side, and the mouth was drawn to the right side. Pulse 64, weak and fluttering; pupils natural.

Dec. 2nd. He seemed much brighter, and began to take notice of surrounding objects. The deafness still continued. There was effusion of blood under the left optic conjunctiva on the outer side of the globe, passing back into the orbit beyond the view; no effusion into the eyelid. On telling him to close the nostril and mouth and blow up the Eustachian tube, no air entered the left tympanum, nor did any come out of the external auditory meatus.

On examination of the ear with the speculum, the

membrana tympani was found to be unimpaired, but to bulge considerably outwards.

Dec. 4th. He was now quite sensible. He complained of pain down the left side of the face, and giddiness. Pulse 58, very weak. He was ordered to take half a drachm of sal volatile in camphor mixture three times a day.

From this time he gradually improved; permanent deafness, however, continued, though the paralysis of the face disappeared.

He was discharged December 28th.

CASE IV. William S., aged 17, plasterer, was admitted January 23rd, 1865, under Mr. Hewett.

History. Half an hour before admission, he fell off a ladder a distance of fourteen feet. He was insensible when picked up, and had no recollection of the accident.

On admission, he was perfectly sensible and answered questions rationally. The skin was cool; pulse 100, full. The pupils were dilated, insensible. There was slight oozing of blood from the left ear. There was no wound or bruise to be felt or seen about the head. He was ordered to have five grains of calomel immediately, and beef-tea for diet.

Jan. 24th. He had passed a quiet night, and was quite sensible. All bleeding from the ear ceased soon after admission, and did not recur. Pulse 96, soft. The pupils were natural and acted. The tongue was clean. The bowels had not acted. He was ordered to have a senna draught.

Jan. 27th. He had gone on well till to-day, when he complained of having been in very great pain all night. The pain was confined to the left ear and left side of the face. This morning there was a little purulent discharge from the ear, and the pain had somewhat abated. Pulse 84, full; tongue white; skin hot. A linseed poultice was applied to the ear.

Jan. 31st. There were still discharges from the ear and pain in the head, though the pain was not so great. He complained of deafness on the affected side.

Feb. 2nd. He had passed a very restless night, and complained of very great pain, not only in the left ear, but across the vault of the skull. The tongue was furred. He had a most anxious expression of countenance. Pulse 102, very weak; skin hot. There was some loss of muscular power on the right side of the face. He was ordered to have a blister applied to the nape of the neck, and to have four ounces of brandy daily, and two grains of calomel to-night.

Feb. 4th. He slept all night and seemed better this morning. Pulse 60, weak. His appearance was less anxious. He still complained of great pain. The discharge from the ear continued.

Feb. 6th. He passed a quiet night. He said the pain was no better, and his expression was rather anxious. There was more discharge from the ear. Pulse 60, weak; tongue clean.

Feb. 7th. He did not seem so well; did not sleep last night. Pulse rather quicker, 72, quite compressible. There was more anxiety of countenance. He was ordered to have the third of a grain of morphia at night.

Feb. 8th. He seemed hardly conscious: was constantly wandering in his talk, and answered questions vaguely. He still complained of intense pain in the head. Pulse very quick and weak. He was ordered to repeat the anodyne draught immediately and at bedtime, and to have another blister.

Feb. 9th. He was quite unconscious. The breathing was laboured; the pulse very quick and running; the pupils were dilated and insensible. He died at 5 P.M.

POST MORTEM EXAMINATION. There was no sign

of external injury. The surface of the brain was slightly injected, and the convolutions on both sides were flattened. The ventricles were distended with sero-purulent fluid, and the septum lucidum was softened. There was about a tablespoonful of pus in the arachnoid cavity at the base of the skull. A quantity of the same fluid occupied the sub-arachnoid cavity, all about the pons and optic commissure. It also passed up the fissures communicating with the spaces at the base, and lay in considerable quantities in the median fissure of the cerebellum. The lining membrane of the ventricles appeared natural, but pus adhered closely to the choroid plexus. The fourth ventricle contained pus. There was a fracture of the base of the skull commencing on the left side of the cranium, about an inch above the petrous bone; it passed thence across the anterior aspect of that bone, and terminated close to the middle lacerated foramen, which was not penetrated. There was no displacement, nor any injury to the dura mater. The membrana tympani was lacerated. No other parts were examined.

REMARKS. The foregoing cases present several points of interest, and worthy of observation.

In the first two cases (Cases I and II), the symptoms were sufficiently well marked to leave no doubt as to the nature of the injury. The bleeding from the ear was both *profuse* and *continuous*; and this, conjoined with rupture of the membrana tympani, is sufficient to establish a diagnosis. On this Mr. Prescott Hewett is very positive. He says: "The bleeding, to be of any value to us as surgeons, must be of a serious nature; but this is not all, it must also, and mark this especially, continue for some time; and if, in addition to these points, you can also ascertain that the membrana tympani has been recently ruptured, you need no longer hesitate; and let the issue of the case be what it may, you can state with confidence that there is a fracture of the base running through the petrous bone." (*Vide Lectures on Injuries of the Head, Medical Times and Gazette*, vol. i, 1858, p. 445.) Hence it will be seen that the first two cases were clearly fractures of the base. Not so the other two; here in one case there was no bleeding, and in the other the bleeding was neither profuse nor continuous. We have then to look for other symptoms; and the symptom which ranks next to that of escape of some of the contents of the skull, is injury done to the nerves as they are emerging from the foramina at the base of the skull; and curiously enough this symptom was present in all four cases. In all of the patients under review, there was deafness and paralysis of the affected side of the face indicating injury to the seventh pair of nerves. It is evident, however, that these nerves may be injured without fracture of the base, or the portion of brain from which they take their origin may have suffered some lesion, and thus their functions may be destroyed; so that this symptom standing alone, does not afford us a certain means of diagnosis, and it behoves us to look further. In Case III the symptoms which, in conjunction with the paralysis, determined the diagnosis, were twofold. First the state of the tympanum, which was proved to be full of something; and from the history of the case, we were justified in asserting this something to be blood; and secondly, the effusion of blood under the ocular conjunctiva, and moreover, this effusion extending back into the cellular tissue of the orbit beyond our sight. This, therefore, must have been a most extensive fracture implicating both anterior and middle fossa; and the only thing required to make it a complete case, was a rupture of the membrana tympani; this remaining entire, threw some obscurity over it.

With regard to the fourth case (Case IV), the symptoms were extremely obscure, and had it not been that the boy died and a *post mortem* examination revealed the state of the injury, the diagnosis must ever have been uncertain. True it is that he had bleeding from the ear, but this bleeding was neither profuse nor continuous; "there was a little oozing which soon stopped," so that this symptom was of little value. In the same way, though he had paralysis of the seventh pair, this symptom by itself was of little value, since it was argued that there might have been some injury done to the external ear, which in the first place had caused the hæmorrhage; that that injury had set up inflammation, which had extended through the bones to the membranes of the brain, causing inflammation of the latter, and on its way implicating the portio dura and portio mollis as they pass through the bone.

Thus there were no certain symptoms to found an opinion; and none was attempted, as it is far better in such cases to find a fracture when not anticipated, than to be reproached with having diagnosed a fracture which never existed. It is remarkable how often the symptom of paralysis of the seventh pair of nerves is present in these cases of fracture of the middle fossa of the base of the skull. On referring to my note-book for the last two years, I find a record of thirteen well marked cases of fracture of the base, and in ten of these this symptom was present. Of these ten, the symptom did not come on for some time after the accident; in eight, the period varying from two to six days; in the remaining two, the symptom was present when the patients first came under observation. The state of the pupil was a symptom formerly much relied on; but, from an examination of the thirteen cases under review, this sign is shown to be most untrustworthy. In six cases, the pupils are reported as natural, and acting under the stimulus of light; in three, the pupils were dilated, but sensible to light; in two, they were dilated and fixed; and in the other two, they were contracted, but acted.

Another point of interest in connection with these cases is the extreme variety of cerebral symptoms which they present in some, symptoms of a severe nature presenting themselves; in others, a total absence of all cerebral disturbance being observed; so that the presence or otherwise of these signs is not to be depended on. One symptom, however, is pretty constant, and that is the presence of concussion; it was observed in all of the thirteen cases. But it may be said that an injury sufficient to produce a fracture of the bones of the skull, is sufficient to produce a jarring of the brain; and this is undoubtedly true. Hence, we meet with cases in which the most extensive and severe injury has been done to the brain without any fracture of the bones; and, on the other hand, we find cases where the base is fractured without any visible injury to the brain. It has been stated above, that cases of fracture of the base of the skull are not so fatal as was formerly supposed. Of the thirteen cases, embracing all that have been admitted into St. George's Hospital during a period of two years, five proved fatal; in three, death occurred from laceration of the brain; in two, within forty-eight hours of the receipt of the injury, and in the other, on the fourth day; in the remaining two, the fatal result was produced by inflammation of the membranes; so that, provided there be no symptoms to indicate any serious lesion of the brain-substance itself, we are justified in giving a favourable, though, of course, a somewhat guarded prognosis.

The treatment in these cases appears to consist in keeping the patient in perfect quietude and on low diet, and carefully waiting and watching for symp-

toms of inflammation of the brain or its membranes. Should these symptoms arise, the pulse is the best index for treatment. On reference to Case iv, it will be seen that the patient was treated with stimulants from the first; but it will also be seen that his pulse was weak, and after the first day never over sixty, until just before his decease, when it mounted rapidly. Should, however, the pulse increase in number and volume, as in Case ii, small doses of calomel and counterirritation are the remedies; but it appears that these patients bear the administration of mercury less well than cases of the idiopathic form of this disease. The quantity, however, must be regulated by the state of the pulse.

Original Communications.

ENTOPTICS:

OBSERVATIONS ON THE RELATIVELY GREATER FREQUENCY OF MYODESOPSIA IN THE MYOPIC EYE.

By JABEZ HOGG, Esq., Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital, etc.

[Concluded from page 507.]

The pearly and watery spectra are invariably associated with the earliest symptoms in nearly all affections of the conjunctivæ. The student sitting late and long over his books or microscope; the astronomer at his telescope, after long hours of night watching; the barrister and lawyer; are all, sooner or later, warned to desist by various troublesome spectra which confuse and dim the sight. Another class of sufferers from *muscæ volitantes* are those whose occupations make increasing demands upon the organ of vision. Intently occupied, it may be, in a badly-lighted and ill-ventilated room, and in a bent and constrained position, for many consecutive hours. An example or two of this class will serve to show the kind of annoyance usually experienced by them.

A gentleman, constantly engaged as a draughtsman, suffered for some time from spectra, which increased to such an extent, that after two hours at most he could proceed no longer with his work. A complete blur or black blot settled down over certain portions of the drawing, chiefly taking the form represented in fig. 10. If the day were cloudy, or the

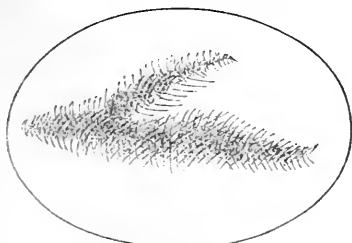


Fig. 10.

general health at all disturbed, they were much more troublesome; and always appeared to move in the horizontal plane. When walking the spectra took other forms; generally some six to ten feet in advance and above the line of vision, and looking like groups of pearly drops. Upon raising the head, they

then had all the appearance of a cluster of stars or crystals, represented in fig. 11. Apparitions of the lacrymal fluids were nearly always visible, and espe-

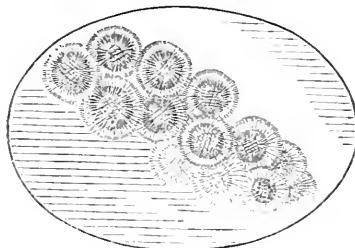


Fig. 11.

cially so after long fasting or fatigue; but much less troublesome when walking in a brilliant sunshine. At times, he thought rain was falling before him, each drop being surrounded by a bright halo of colours; then, again, descending more slowly, gliding, as it were, before the pupil, as represented in fig. 12.

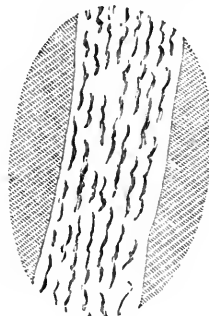


Fig. 12.

As this gentleman required only the occasional use of concave glasses for distant objects, it may be assumed that the spectra most annoying to him were in a great measure due to rays of light falling upon the retina in a state of dissipation.

Another illustrative case was that of a law-writer, also myopic, who, after days and nights of great fatigue, being at the time employed in the preparation of Parliamentary papers, became the subject of most annoying pearly and watery spectra. These were at one time associated with the more alarming symptoms of paralysis of the retina; insensible portions of which caused a partial obliteration of all objects. Letters and words were completely broken up, and occasionally quite blotted out; and when the head was thrown up, watery spectra fell over the sight like jets

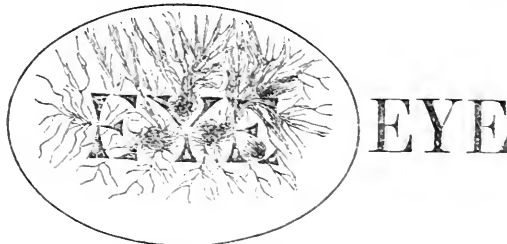


Fig. 13.

of spray from a fountain; or at other times resembling branches of trees covered with snow, as in fig. 13. Compare this with the good bold Roman

type near, and the defect will be at once understood.*

A tutor, myopic from childhood, after a long and anxious period, arose one morning from his bed to find the sight of his right eye nearly blotted out. A peculiar and dense black cloud appeared to hang over every object, and he could but just perceive a small portion of the window. This cloud is represented at B (Fig. 14). Upon suddenly closing both

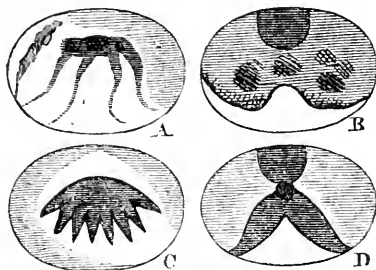


Fig. 14.

eyes, a number of spots darker than the cloud appeared to fall over the centre of vision. In a very strong light, he could just discern his hand, if held very near to the outer or temporal side of the head; but not so if placed directly before the eye. The black cloud partially disappeared when he assumed the upright position; but upon walking, a cloud not quite so dense moved directly before him. In the left eye, at the same time, pearly spectra appeared, which gradually expanded into a spider-like body, seen at A (Fig. 14). This followed the motion of the eyeball from right to left or upwards and downwards; but the densest part was always more in the centre of the pupil than shown at A. After a few weeks of medical treatment and perfect rest, some improvement began to manifest itself. While he was lying on the couch one day, a dark-looking fluid, "as black as ink", appeared to flow from the ovoid body situated at the top of the diagram B. On another occasion, it was all transformed into the jagged figure at C; and on stooping down and rather suddenly raising the head, it expanded into the curious looking body seen at D. The space on each side was always a perfect blank; doubtless insensible portions of the retina. The most marked improvement occurred while out walking in a clear bright atmosphere, when nearly all the spectra somewhat suddenly vanished from before both eyes. The right eye had several relapses, but sight slowly returned; and when last seen, he could read without producing fatigue either Greek or German; he could also see distant objects quite clearly, when he used glasses which neutralised the myopia. It was expected by his medical attendant that the retina had become detached in the right eye; but upon making an examination with the ophthalmoscope, an advanced staphyloma posticum,† a few

small, dark, scattered bodies in the vitreous humour, and an anæmic retina, were the changes discovered; so that to insensibility of the retina must we ascribe most of the distressing symptoms in this case.

Sir David Brewster, whose attention was early directed to these phantoms, in consequence (as he tells us) of the annoyance he experienced in his own eyes, observes of them "that, as they exist in all eyes, whether young or old, they are neither the result of disease, nor do they indicate its approach." This opinion Brewster afterwards qualified; and stated that, although some of the phenomena of *muscæ* may be seen by persons of all ages, and with the best eyes, "those which are more peculiarly entitled to the name, are exceedingly common beyond the middle period of life."

On the other hand, we know that opinions are still a good deal divided on this question. The older writers, as Pitcairn, Boerhaave, Plenck, and others, regarded all spectra with alarm; and believed that they were always indicative of retinal disease. De la Hire said "that only presbyopics were troubled with *muscæ*". The Royal Academicians of Paris added, that myopes are not more exempt from them than presbyopes. Wardrop says, "Short-sighted people are least liable to this affection". Donders has satisfied himself, both entoptically and microscopically, that, as age advances, *muscæ* float about in all eyes; but "that myopes are more troubled with them than others."* Dr. Mackenzie writes of them, "Certain it is, that the pearly spectrum is recognisable by all eyes, when sought for through a pinhole or through the eye-glass of a compound microscope. Yet eyes of normal conformation are seldom subject to *muscæ* (*myodesopia*). On the contrary, when a person complains much, he will always be found either myopic or presbyopic, or perhaps one eye will be myopic and the other presbyopic." This passage has been somewhat unfairly assailed; and, therefore, Dr. Mackenzie has endeavoured to make his meaning clearer: stating that (so far as he has been able to judge from a most extended practice) "eyes of normal conformation are seldom subject to *muscæ*; and, when a person complains much of *muscæ*, we always find him either myopic or presbyopic."

I have met with several persons, whose eyes were emmetropic, and possessed unimpaired power of accommodation, who nevertheless complained of *myodesopia*; and, therefore, I can go thus far with Sir David Brewster and others, in saying that sufferers from "*muscæ*" are not necessarily myopes or presbyopes. Dr. Mackenzie, however, complains that it should be said that he alleged as a reason why only myopic or presbyopic eyes are subject to *muscæ*, that "an accurate refocalisation of light issuing from external points upon the retina prevents their being projected thereon." But he denies that he ever said this; and gives the following as his opinion, that "the interception of the rays proceeding from external objects by filaments in front of the retina, or

* "Peculiar phenomena may be produced by these groups of scotomata, thus I have seen cases in which very small print was more easily and more quickly read than a larger one, because of the latter a whole word was never seen at once, and letters still larger were only partly visible. The glimmering usually complained of is entirely due to the fact, that in slight movements of the eye the letters form their images alternately on sensitive and insensitive parts, and thus each time come and disappear, sometimes with change of form, according to irregular displacement of the perceptive elements." (Donders, *op. cit.*)

† "Ophthalmoscopic investigation has shown that almost without exception, even in moderate degrees of myopia, changes, especially in the choroid, are to be observed; and it has been further found, that these changes are the expression of atrophy of the choroid, which, combined with atrophy of the sclerotic, is, as well as the latter, dependent on a distention of the posterior part of the eyeball. *Myopia* and *staphyloma posticum* have become nearly synonymous." (Donders, *op. cit.*, page 351.)

* "In the circles of diffusion of smaller surfaces of light, they exhibit themselves with extraordinary distinctness; and in general, the more diffuse uniform aspect of the objects is a condition under which they appear more distinct. In non-myopes, they are seen, indeed, also mostly on uniformly illuminated surfaces, while no other forms are depicted on the retina. Therefore, too, myopes find a diminution of this symptom from the use of concave glasses, which remove the uniform diffuse appearance of objects. But often the complaints continue, especially when the patients are uneasy about the symptom, and have once accustomed themselves to attend to it. I have seen instances in which anxiety about *muscæ* volitantes amounted to true monomania, against which all reasoning and the most direct demonstrations were in vain. This is especially the case when morbid changes in the vitreous humour have supervened. We must admit the existence of morbid changes as soon as we can with the ophthalmoscope perceive turbidities in the vitreous humour. And to these a real pathological importance is to be attached." (Donders, *op. cit.*, page 351.)

even the formation of magnified shadows by diffraction, produces comparatively little effect when the remainder of those rays are brought accurately to focal points upon that membrane. As I think, almost every one will perceive I mean 'comparatively little effect' upon the percipient organ."

This is certainly a very different statement from that contained in the quotation complained of; the one being the positive assertion of a supposed fact, involving an absurdity in reasoning upon optical effects; the other a modified statement which does not imply absolute contradiction of a well known fact. For the assertion that "comparatively little effect" is produced, does not amount to a denial that any effect is produced; on the contrary, it is an admission that some effect is produced, and that is all that is needed to render Dr. Mackenzie's assertion on this point compatible with the experience of other observers. Accidental circumstances, such as overwork of eyes or brain, as I have already shown, doubtless renders the perception of all muscæ greater and more annoying; and the indistinctness of images of external images in the case of either myopic or presbyopic eyes must, to a certainty, favour these distressing appearances and render them more perceptible.

One other illustration fully establishes the fact that, by neutralising the myopia, a marked diminution of the myodesopia takes place; the muscæ volitantes are (as Dr. Mackenzie says), "to a certain extent, extinguished in perfect vision", i.e., by a brilliant light, or by glasses which neutralise the myopia. Fig. 15 represents the field of vision of the left eye

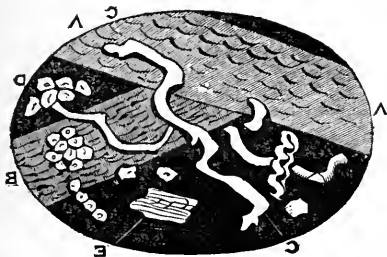


Fig. 15.

on a dark winter's day when the eye was directed towards a lightish part of the sky. The band A A is a floating portion of lacrymal fluid passing slowly over the cornea. B is a similar band, with pearly globules. From c to c are images of fibres in the vitreous humour. Near d is a group of pearly beads, very indistinctly seen, when compared with those on the band B. Near E is seen an anæmic portion of retina.

Fig. 16 represents the field of vision of the left eye precisely under the same conditions of light as the

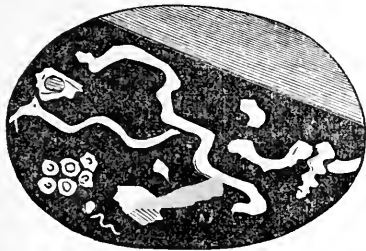


Fig. 16.

former fig. 15; but furnished with an appropriate glass to correct the myopia. In this diagram, it will be observed that one of the floating bands of fluid is

very faint; the other has quite disappeared from view. The fibres in the vitreous humour and the anæmic portion of retina are still visible; but several of the loose beads are no longer seen, and others become much fainter.

Fig. 17 represents the field once more of the left eye when directed toward the sky illuminated by a

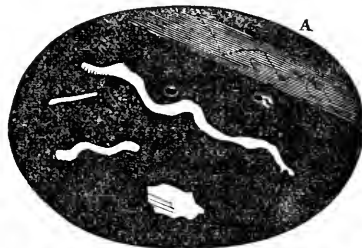


Fig. 17.

brilliant sunlight. In this very bright light, although the sight was quite unprotected, the images became fewer, and almost wholly confined to the anæmic portion of the retina, the deeper fibres in the vitreous humour, and to a very slight and fragmentary portion of the lacrymal fluid, much less distinctly seen than delineated at A.

Fig. 18 again represents the field of vision assisted by a concave glass, and directed to a clear sky under

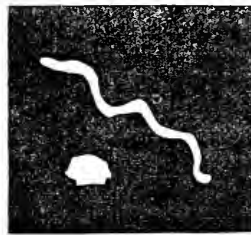


Fig. 18.

the same conditions as the former figure; namely, a brilliant sunlight.

So much for a good clear light and appropriate spectacle-glasses on the visibility of some muscæ. But I have found muscæ liable to be affected to a much greater extent by internal than by external circumstances; by only a slight derangement of health during a period of fatigue or overwork of the brain and eyes. As an instance of this, I give the field of vision of this gentleman after a period of prolonged anxiety and study.

Fig. 19 represents the left eye. The "veils" are very numerous, and merge so much into each other,

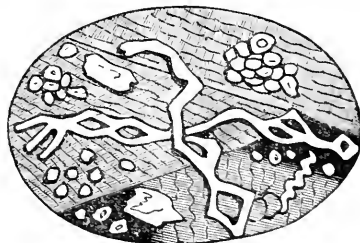


Fig. 19.

that it is difficult to say where one breaks off and the other commences. The fibres in the vitreous humour are numerous and very distinctly seen; the anæmic portions of the retina are two in number; the groups of beads larger and more numerous; in short, the

whole field of vision is peopled with entoptical spectra. In this condition, no glasses of any form appeared to diminish the number of spectra, lessen the inconvenience experienced, afford rest, or assist the sight in the least degree more; but when, after a period of rest and sleep, glasses were again tried, then a considerable diminution of the *visio phantasmatum* invariably resulted.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ENUCLEATION OF THE EYE.

By FREDERICK MASON, Esq., Bath.

[Read December 1st, 1864.]

THE attention of members of the Association was directed to this subject by a leading article in the JOURNAL of November 5th; and, as the question may arise as to the proper treatment to be adopted in a certain class of cases, I have considered the following may not be uninteresting, and may lead to useful discussion.

Judging from the records of the Bath Eye Infirmary, the operation of enucleation of the eye has not been a frequent one; for, on examining the case-books for the last fourteen years, I can only find an account of two eyes removed for disease arising from traumatic causes, in addition to two which have occurred during the present year.

I have not included those removed on account of malignant disease; but have confined myself to those cases where one eye has begun to suffer—the other having been lost by some wound or injury. The first two are from the case-book of the late Mr. Boulton.

CASE I. George Best, aged 37, a labourer, was admitted an in-patient of the Infirmary on September 6th, 1859, suffering from low traumatic ophthalmitis. He was dismissed on October 1st much better. On October 25th he was readmitted. As soon as he had been out a few days, all the symptoms returned, and it was determined to remove the eye to save the other, which was beginning to suffer. The eye was removed by Mr. Boulton. No difficulty occurred, and he was discharged with the right eye good, on November 7th.

CASE II. Samuel L., aged 37, a labourer, was admitted on January 23rd, 1860, suffering from traumatic loss of right eye. He lost his right eye by a blow from a stone two years previously, and the same globe had always been painful and irritable since. The left eye began to suffer, and it seemed necessary that the injured globe should be removed.

Jan. 28th. Mr. Boulton extirpated the right eye.

Feb. 4th. He had done remarkably well, the left eye improving daily. He was discharged.

CASE III. J. W., aged 47, a shoemaker, was sent to the Infirmary from Frome, on January 28th, 1864. He stated that, five years and a half ago, when chopping wood, a splinter entered the left eye, and destroyed vision. This eye is now shrunk and hard, and the cornea is altogether wanting. In the winter of 1862 and 1863, he found the sight in the right eye failing, but recovered during the summer. Six weeks ago, the sight again began to fail, and became worse so rapidly, that he had no useful or distinct vision, and was unable to distinguish the largest type.

The eye (the right) had a very dull hazy look. On examining it with the ophthalmoscope, the light did not penetrate to the fundus, and the reflection from the choroid was of a dark, reddish-black colour. Believing the remains of the left eye to be the source of

all the mischief, I did not hesitate to recommend him to submit to its removal; and, accordingly, on the 30th, he was placed under the influence of chloroform, and the eye was extirpated. Immediately after the operation, severe vomiting came on, but ceased soon after he was in bed.

Jan. 31st. He had passed a good night, and was doing well.

Feb. 3rd. The sight of the right eye was already very much improved, and he could read distinctly without the aid of a glass (he had previously worn spectacles) a text of scripture in large type fixed against the wall of the room.

Feb. 9th. He was discharged.

A fortnight after he left the Infirmary, he wrote to the matron, and said he had that day worked for four hours, repairing shoes; and he had no doubt that he should, in another week, be able to do a full day's (twelve hours) work.

Before bringing this case before you, I was desirous of knowing this man's condition at the present time. I therefore requested the matron to write to him. The following is an extract from his letter, dated November 21st, 1864.

"I did not try to work till a fortnight after I came home; the first day I could work but one hour; the next day about two and a half hours; the next day four hours; and within a fortnight, I could work twelve hours a day; but now I could work twenty hours a day if I wished to. Where there is good light, I can see to read the newspaper without glasses for a short time, but I generally use them for reading, but not in work."

CASE IV. John C., aged 37, a labourer, on April 23rd, 1864, was sent from Malmesbury to the Infirmary. He stated that, twenty years ago, the left eye was wounded with a piece of glass, and the sight was lost—probably from traumatic cataract. This eye remained quiet and without pain until two years ago, when he received a blow on the temple. The eye now became inflamed, and there had been constant pain ever since. He was on admission suffering intensely, not only in the eye but over the brow, which prevented him from either working or sleeping. The eye was congested, the cornea semi-opaque, with a large central portion perfectly so, and yellowish in colour, with commencing sloughing. Against this an opaque lens appeared to be resting. The right eye was weak, and constantly suffused with tears; and the tension was much greater than natural.

On April 24th he was placed under the influence of chloroform, and I removed the left eye. On dissection, the anterior chamber was found to be obliterated in consequence of the iris being firmly adherent throughout to the cornea, and to the capsule of the lens. The pupil was somewhat dilated, with the lens pressing forward through the opening. The lens consisted of a soft flocculent mass. The sclerotic, choroid, and retina, were all agglutinated and undistinguishable.

April 25th. Shortly after the operation all pain ceased, and he slept well through the night.

April 28th. He had had no return of pain.

May 5th. He had done well. The right eye continued to feel weak, if exposed to a bright light. He was discharged.

Since this man returned home, I have not seen or heard from him, excepting indirectly through other patients that he was able to keep to his work.

In neither of these cases was there any hemorrhage or constitutional disturbance after the operation; the after-treatment consisted in simply keeping a piece of lint wet with cold water over the eyelids,

and the men were kept in bed until the middle of the second day, when they were allowed to sit up.

The improvement in J. W. was most rapid and permanent; commencing disease in his right eye was at once arrested, and sight restored. In J. C. the mischief had been of longer duration; and the improvement, with the exception of cessation of all pain, not so well marked; the right eye continued weak and very tense. Yet in this case further mischief was arrested, and the man has since been able to work as a farm-labourer.

In addition to these cases, I may add one in which I have recently had an opportunity of observing in an advanced stage the effect of the destructive changes which arise in one eye after loss of the other by accident.

CASE V. Jane W., aged 21, when six years of age, lost the sight of the right eye by a blow from a bill-hook. Two or three years after this, the sight of the left began to fail, and she was then sent to an Asylum for the Blind, no attempt being made to save the left eye. She came to the Bath Eye Infirmary in May 1864. There were the remains of an eye collapsed on the right side. On the left, the central portion of the cornea was clear, but it looked altered in structure round the margin; the iris was changed in appearance, the pupil immovable, with the remains of a degenerated lens, so that she was quite blind.

On the 26th, I drilled through the lens, which was very soft and flocculent. She afterwards said she could perceive shadows and the difference between some bright colours.

In September, she returned to the infirmary, and was desirous that I should make a farther attempt to restore some sight. The eye was not altered in appearance since May.

On September 16th, I determined on enlarging the pupil by removing a portion of iris, but in consequence of the firm adhesions which existed between this membrane and the lens, this proved a difficult operation.

She was discharged on October 3rd. She had then a large pupil, which was entirely filled with opaque lens. She said that she could see better.

In these cases the progress of disease may be traced: commencing first in the deeper structures (the vitreous and choroid), and advancing, as in Jane W., to the lens and iris, ending in total destruction of sight.

From these and other recorded cases it would appear that secondary or sympathetic inflammation may arise in a few days or weeks, or one eye may remain quiet for many years after the other has been destroyed by accident. When once sympathetic inflammation has commenced, palliative treatment seems worse than useless; for much valuable time may be lost whilst changes leading to total destruction of sight are progressing, which changes are at once arrested by the removal of the useless and generally shrunk or atrophied eye.

Mr. White Cooper, in his work *On Wounds and Injuries of the Eye*, says: "It will be gathered from what has been said, that sympathetic ophthalmia is but little amenable to treatment; it may be palliated and slumber for a time, but with rare exceptions, it ultimately runs its course. The treatment which is applied with confidence to ordinary inflammations here falls powerless."

In the third volume of the *Ophthalmic Hospital Reports*, there is a paper by Mr. Poland, entitled *Medico-Legal Observations in Connection with Lesions of the Eye*, in which he says: "Where one eye has been injured, it is well known that it is liable to secondary inflammation, and may set up a sympathetic affec-

tion of the sound eye; so that this circumstance must be fully taken into account. Here also our hospital returns afford us no evidence. Mr. Cooper has attempted something of the sort, and records sixty-two cases which he has collected; but these are selected cases, and not so many sympathetic inflammations in so many injuries. What we want to know is the relative proportion of secondary inflammation and sympathetic inflammation in the sound eye, after wounds and injuries of the other eye. As far as our experience goes, it is not so great as is generally imagined; but this must be determined by facts."

Reviews and Notices.

CLINICAL LECTURES ON THE PRINCIPLES AND PRACTICE OF MEDICINE. By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh; etc. Fourth Edition. With Five Hundred and Thirty-seven Illustrations on Wood. Pp. 1021. Edinburgh: 1865.

THE third edition of this well known work having been for some time out of print, Professor HUGHES BENNETT has prepared a fourth; and, in doing so, he has subjected the book to a thorough revision, adding to it new matter to the amount of three hundred pages, but without materially increasing its bulk. Our readers—at least, many of them—are probably aware that the ten sections into which Dr. Bennett's lectures are arranged have as titles: 1. Examination of the Patient; 2. Principles of Medicine; 3. General Therapeutics; while the Sections 4—10 (both included) contain respectively the author's remarks on Diseases of the Nervous, Circulatory, Respiratory, Genito-Urinary, and Integumentary Systems, and of the Blood.

In the first section, there is no material alteration.

In the second section, the author has introduced an account of the molecular and cell theories of organisation. He refers to the theory of Schleiden and Schwann as to the formation of animal and vegetable cells, and their importance as the main agents of growth: to that of Goodsir, who held the nuclei rather than the cells to be the centres of nutrition or of germination; and to that of Huxley, according to whom, "a homogeneous plasma first exists, in which spaces (*vacuoles*) are formed, and these contain the cell-wall, contents, and nucleus. The walls of these spaces are called *periplast*, the nucleus *endoplast*"—the latter being unimportant as a nutritive element in comparison with the former. All these theories Dr. Bennett allows to be supported by numerous facts; but at the same time he holds that neither embraces all the facts of organisation; and in lieu of them he has proposed a theory—the "molecular theory"—in which the development and growth of organic tissues is referred to the minute molecules, of which each one is a centre acting by virtue of its physical and vital properties.

"This theory," says Dr. Bennett, "appears to me to comprehend all known facts; to unite the views of Schwann, Goodsir, and Huxley; and to explain the otherwise irreconcilable ideas concerning development sometimes proceeding from the nucleus, at

others from the cell, and at others from the intermediate substance." (P. 118).

The bearings of this theory on physiology and pathology are worked out in the succeeding pages. It is scarcely necessary, however, to dwell longer on the subject, as the views of Dr. Bennett on the action of molecules on growth and nutrition have already been put forth for controversial purposes both by him and by Dr. Beale, in this JOURNAL (vol. I for 1863.)

In the same section, the description of the general laws of nutrition and innervation in health and disease, of inflammation, and of tuberculosis, have been re-written. In speaking of morbid growths, Dr. Bennett holds strongly to the possibility of removing cancer, the microscopic characters of which have been determined beyond doubt, so that the patient shall not have a relapse; and in this he is supported by a letter received in October last from M. Velpeau, who tells him of several patients operated on by him at periods varying from six to twenty-eight years, and in whom there has been no return of the disease. In all these cases, M. Velpeau writes:

"Every precaution, whether clinical or anatomical, was employed, and the diagnosis established by direct observation, careful dissection, and microscopical research."

This view of the curability of cancer by operation has been long held by Dr. Bennett; and, as he observes, it involves an entire change in the meaning commonly attached to the term "malignant".

"Cases are now on record which prove that every kind of morbid growth is malignant, even in the worse sense of those who use that term; and that other growths, which the most experienced surgeons as well as histologists have declared to present the typical characters of malignancy, have been repeatedly excised with the greatest success. The establishment of these facts by the many recorded cases which may now be confidently depended on as having been carefully observed, and especially those of M. Velpeau, prove the impropriety of making this distinction between morbid growths." (P. 237.)

In the third section, Dr. Bennett has introduced remarks under distinct heads on the natural progress of disease; on the knowledge derived from an improved diagnosis and pathology; on the fallacy of the change-of-type theory; on our present means of treatment; and on the proposition that physiology and pathology constitute the true foundations for medical practice. Dr. Bennett insists on the importance of observing the natural progress of disease; viz., how long a disease naturally takes to get well of itself under favourable circumstances; what is its progress under unfavourable circumstances; and how far remedies are capable of shortening its duration.

"If every young practitioner", he says, "would dedicate his life to the careful elucidation of the natural progress of only one disease, he would do more for medical practice than has been accomplished by centuries of empirical trials of remedies." (P. 297.)

Of the change-of-type theory he utterly denies the correctness. Neither the human constitution, nor the human pulse, nor organic diseases, have changed their character. Recoveries from pulmonary tubercular disease occur much more frequently than was formerly the case; but, Dr. Bennett asks, "Are we therefore to believe that those affected with

phthisis and scrofula are stronger than they used to be?" Again, with regard to the pulse, Dr. Bennett points out that the experiments of Hales in 1732 on the force of the impulse of the blood produced the same results as those of Poisseuille in 1828 and of Vierordt in 1855.

"It appears to me, therefore, that the theory of change of type, so far from being established on well known facts, is, on the contrary, altogether fallacious, and entirely opposed to all the accurate data which histology, physiology, and pathology, have accumulated in modern times." (P. 302.)

All the remarks which Dr. Bennett makes in this section, as well as elsewhere, are deserving of the most attentive study. What he would have us to understand is expressed in the following words.

"An empirical treatment derived from blind authority, and an expectant treatment originating in an equally blind faith in nature, are both wrong.

"A knowledge of physiology and pathology is the real foundation and necessary introduction to a correct study of therapeutics.

"A true experience can only have for its proper aim the determination of how far the laws evolved during the advance of these sciences (physiology and pathology) can be made available for the cure of disease." (P. 351.)

In the more practical sections which follow, also, sundry additions have been made. In the section on Diseases of the Respiratory System, the author has introduced a carefully prepared table of all the cases of acute pneumonia—129 in number—which have been under his care in the Edinburgh Royal Infirmary from October 1, 1848, to January 1, 1865; following up this table by a summary of the results observed. He concludes, from the fact that 105 uncomplicated cases all recovered, that pneumonia treated by the restorative plan is not a fatal disease; also, that, in general, weakening complications or remedies prolong both the period of disease and of convalescence; that the amount of lung affected, or the presence of pneumonia at the apex of a lung, does not influence the result of the disease nor its duration—at least, to the extent generally supposed. The treatment he recommends is the following.

"For palliating symptoms, and especially pain and dyspnoea, warm fomentations and poultices I believe to be the best and safest remedies. Chloroform has been given by Varentrapp and others with good effect. No doubt, also, small bleedings, to the extent of eight or twelve ounces, give relief; but in debilitated persons they are dangerous, and in all tend, by weakening the strength at a period when the depressed system is struggling to retain its equilibrium, to prolong the convalescence and favour dangerous sequelae. Still, a small bleeding may be employed as a palliative with caution, to relieve engorgement of the lungs and congestion of the right side of the heart, although it is very rarely required. It should be remembered, in cases of double pneumonia, that there is often great dyspnoea on the sixth or seventh day, which will generally yield to warm poultices locally, and moderate doses of wine.

"As a curative treatment I am satisfied that the best plan is rest in bed, nutritive drinks, especially good beef-tea, from the first, arrested by four to eight ounces of port wine if the pulse become weak, and solid nutrients as soon as they can be taken. The elimination of the exudation may be further assisted by salines (acetate of ammonia, and small doses of tartar emetic, one-sixteenth of a grain) and diuretics

(nitric ether); although nature will accomplish this herself if the strength of the body be maintained. All active purgatives, contra-stimulants, depressants, anodynes, and lowering remedies of every description, should be avoided." (Pp. 712-13.)

In other sections, also, Dr. Bennett gives the results of his extended observation. In the tenth section, that on Diseases of the Blood, are some interesting observations on the administration of sugar in diabetes. Dr. Bennett observes that it is a question whether the cutting off of the external supply of sugar really affects the progress of the disease; inasmuch as the excessive formation within the body may continue in excess and exhaust the patient.

"Hence the idea that sugar furnished to the patient, instead of being injurious, might, by supplying him with the material the loss of which is so deleterious, serve to support his strength."

Piorry appears to have been the first to observe the actual diminution of diabetes in a patient under a saccharine diet; and the treatment has also been tried by Drs. Budd, Corfe, Bence Jones, and others, with generally favourable results. Dr. Bennett has carefully observed the effects of sugar in seven cases of diabetes under his care: and the conclusions at which he has arrived are:

1. We are still ignorant of how to cure diabetes.
2. The advantage to be derived from a purely animal or non-saccharine diet is over-estimated.
3. The giving sugar or employing a mixed diet produces no injury.
4. A non-saccharine diet diminishes the symptoms, controlling the hunger and thirst and diminishing the amount of urine and sugar passed, but does not cure the disease.
5. On this account it should be employed as a palliative when it can be followed without injury to the health, and especially where frequent calls to micturition disturb sleep at night." (P. 918.)

This book, as its title denotes, is eminently practical; the main object throughout being to illustrate the conclusions at which Dr. Bennett has arrived from a long and careful observation of disease. But, besides this, it is philosophical. The author endeavours to carry out the reconciliation of physiological and pathological observation with the practice of medicine; and hence we find, in the earlier sections especially, as well as in various parts of the work, the materials of a complete system of pathology and pathological histology, and also, though less elaborately put forth, of therapeutics. Many who read the book as all books of the kind should be read, with enlightened criticism, will doubtless find reason for differing from many of the opinions expressed by Dr. Bennett; but this must be the case so long as the theories of our science have not the absolute certainty of mathematical axioms. Whatever may be the result in this direction on the mind of the reader, he cannot study the book without deriving instruction from it, or without feeling grateful to the author for having so long and so usefully dedicated his talent and industry to the advancement of medical science.

A PRACTICAL ENUMERATION OF VARIOUS DISEASES OF THE HUMAN BODY OF BOTH SEXES.
By W. S. OKE, M.D. Second Edition. Pp. 100.
London: 1865.

It is not long since we noticed the appearance of the first edition of this work. A second edition has lately appeared—an evident proof that the book has found favour with the profession.

THE SURGEON'S VADE-MECUM; a Manual of Modern Surgery. By ROBERT DRUITT. Ninth Edition, much improved, and illustrated by Three Hundred and Sixty highly finished Wood-engravings. Pp. 860. London: 1865.

OUR old and valued friend the *Surgeon's Vade-Mecum*, whose name has long since become a "household word" among students and practitioners, now appears for the ninth time, with all the signs of having received from its author a thorough supply of the most sound and healthy material which modern surgical science can furnish.

To adapt and condense from time to time, for the benefit of the profession, the best established and the most newly approved doctrines of medical science and practice in any of its departments, is no small task for any one to undertake; but Dr. DRUITT has proved himself capable of performing it, and of keeping pace with the changes which time and thought and experience have produced in men's minds and actions in matters chirurgical. This constant attention which he has bestowed during more than twenty years on the progress of surgical science has culminated in a train of thought of which he gives an exposition in a highly interesting preface, wherein he comments on some of "the changes which have come over our profession in its ideas, theories, phrases, and rules of practice, during the five and twenty years which have passed since the first edition of this book." He remarks, for instance, how, in 1840, the doctrines of Cullen and John Hunter still held sway in pathology, and how

"The doctrines dominant among the great body of practitioners who had taken their tone from the teaching of an earlier generation, were *dynamic*; that is, they related to actions, forces, dispositions, and sympathies, supposed to exist in the animal body, with very little heed to *quantities* or to *composition*."

To deny, at that time, that all secretion and growth, and all organic change, were to be attributed to any other cause than the action of the blood-vessels, or that the absorbents were always on the watch to devour useless and superfluous material, was nothing short of heresy. When, Dr. Drutt says, he ventured in his first edition to say that pus might not only be formed by a process of secretion within the blood-vessels, but also outside them, he was obliged to speak cautiously—apologetically.

"An eminent teacher of surgery, with whom I was then familiar, reproached me almost as if it were a personal offence to suppose that any 'actions' could be done except by the capillaries, just as he considered me also a blind heretic for doubting the doctrine of John Hunter, that ulcers were eaten out by the 'mouths of the absorbents.'"

These errors of the past Dr. Drutt regards, justly, only as illustrations of certain vices inherent in the human mind—imperfect observation; wrong argumentation, in which that which requires to be proved is taken for granted; abuse of the "subjective", in supposing the figures of our imagination to exist in reality; assumption of final causes, whereby a moral purpose or intention was attributed to matter; and *rationalisticism*—the error of neglecting common-sense humble observation, and of trusting to *a priori* argument, in matters to which that line of argument is quite inapplicable." This rationalisticism—which

is as different from true rational argument "as a ghost from flesh and blood"—is, Dr. Druitt says, specially illustrated by the history of the abuse of blood-letting, which, as he reads its history, prevailed not with the ancients, but in the time from about 1790 to 1840, when practitioners persuaded themselves that they acted according to the scientific principles of John Hunter.

On the historical question we must differ to some extent from Dr. Druitt. No doubt, as he says, abuse of blood-letting did not prevail with the great English physicians of the eighteenth century; but, anterior to that time, there is evidence enough that the practice was carried to a very mischievous extent—perhaps more on the continent than in England. Any one who has read Molière's works, must have observed how pointedly he alludes, in his sarcastic manner, to excessive blood-letting as one of the abuses of the profession in his age. For instance, in one of his comedies, a physician in the course of a long harangue says:

"Premièrement, pour remédier à cette pléthore obturante, et à cette cacochimie luxuriante par tout le corps, je suis d'avis qu'il soit phlébotomisé libéralement; c'est à dire, que les saignées soient fréquentes et plantureuses: en premier lieu de la basilique, puis de la cephalique, et même si le mal est opiniâtre, de lui ouvrir la veine du front, et que l'ouverture soit large, afin que le gros sang puisse sortir, et en même temps de le purger, desopiler, et évacuer par purgatifs propres convenables; c'est à dire, par cholagogues, melanagogues, etc." (Molière, *M. de Pourceaugnac*.)

Returning to Dr. Druitt, we find him thus commenting on the causes of the abuse of blood-letting which prevailed at the time to which he specially refers:

"The hypothesis being that inflammation was an 'action' of the vessels (for they that believed in 'debility' of the inflamed capillaries believed in 'action' of the larger vessels), and the further hypothesis being accepted, that the action of the vessels was kept up by distension from within, it stood to reason that the way to diminish action was to empty the blood-vessels. Alas! that so many things which stand to reason (such as it is) should not stand to fact. But, as it was a logical deduction from established 'principles' that bleeding must diminish action, so practitioners went on bleeding in inflammation, consoling themselves for the deaths of their patients by the reflection that they had done their duty. That blood-letting in certain cases of the early stage of inflammation is of enormous service is an ancient and indisputable fact. There are many theories on which its good effects can be explained, among which may be mentioned that of Dr. Markham, that it is beneficial chiefly in inflammations which affect the act of respiration, and acts by diminishing the quantity of blood that need circulate in the lungs. But there is a fact I mention in these pages, which has been little noticed, and which may account for the perseverance with which blood was drawn in maladies where blood should rather have been injected—that is, the delicious sense of languor and ease which follows the abstraction of blood, as it does the Turkish bath..... Bleeding was done to excess, because our fathers had let themselves be led captive by the plausible 'scientific principles' of Cullen and Hunter; and bleeding is not carried to excess now, because homely observation has shown those principles to be but partially true."

In thus pointing out and unsparingly criticising

the errors of our forefathers, Dr. Druitt would guard himself from being supposed to condemn them absolutely, and to assert that we of the present age are altogether right. The main difference between the theories of the past and the present age is, that the latter are founded on a wider observation of phenomena than were the former; but it does not follow that the older theories were utterly wrong, or that ours are altogether right. On this point, Dr. Druitt expresses a rationally conservative opinion.

"The great thing to be desired is, that each generation should reverentially consider and adopt such of its predecessor's labours as stand the test of experience, instead of sweeping them contemptuously away and endeavouring to substitute an opposite and antagonistic universal theory. We need not be mere cellular pathologists, any more than mere vasomotor pathologists or humorists. Each of these doctrines has some foundation; but to apply any one of them universally, would be to bring back the darkest ages of physics."

This manner of treating the question is beyond doubt the sound one. We can no more reject the whole of the medical doctrines of our ancestors because they contained very much error, than astronomers can reject the entire teachings of the fathers of their science because these teachings were mixed up with imperfect observations and erroneous theories, and overlaid by the absurdities of astrology.

Dr. Druitt alludes to several instances of the changes in medical science. First among these is the revival of the ancient humoral pathology, which prevailed from 1842 to 1862, and has since been modified by the recognition of the action of the tissues as well as of the blood in the genesis of disease. Our knowledge of tumours, again, has undergone a thorough change since the introduction of the microscope into general use. On this subject, Dr. Druitt has bestowed special study, and more than ten years ago expounded his views in a paper read before the Medical Society of London and published in the ASSOCIATION MEDICAL JOURNAL. He now recognises the necessity of a classification founded on the anatomical elements of tumours, but believes that

"The cancers form but one part of a series, of which common inflammatory exudation or cell-growth, chronic inflammation, thickening and induration (the ancient *scirrhus*), cachectic or cacoplastic inflammation, as erysipelas and carbuncle, serofulous exudation, the fibro-cellular, fibro-plastic, fibro-nucleated, and fibroid tumours, together with the 'exudations' of rheumatism, gout, syphilis, and elephantiasis, are all closely related members..... A real advance will be made when the childish words 'malignant' and 'recurrent' shall be banished, and when all tumours of the kinds I have just enumerated shall be acknowledged to be individual members of one group."

It would be a long task to follow Dr. Druitt through all the instances of improvement in surgical science and practice which he enunciates, and which are illustrated in the body of his work. It must be sufficient for us to say, that he has brought his book well up to the present state of pathological and surgical knowledge; and that in this he has not acted as a mere compiler, but as a man capable of appreciating the relative value of the doctrines placed before him, and, in many instances, of expressing an opinion of his own. He does not, however, always trust to his own judgment; but says that, as for

many years his practice has been confined to surgery and midwifery, he has had the book, "especially all parts that relate to pure or operative surgery, submitted to the revision of an accomplished hospital surgeon."

To recommend this book to the profession would be superfluous; but this we must say, that Dr. Druitt deserves hearty thanks for having given the profession such a thorough epitome of modern surgery. We believe that there is not a single modern improvement in doctrine or practice, which is not here put forward with that conciseness of language and completeness of important detail which have been long known as leading characteristics of Druitt's *Surgeon's Vade-Mecum*.

A MANUAL OF THE PRACTICE OF SURGERY. By WILLIAM FAIRLIE CLARKE, M.A., F.R.C.S., Surgeon to the St. George's and St. James's Dispensary, etc. Pp. 352. London: 1865.

THIS book is written with a very good intention. The performance is also generally fair, as far as the actual contents are concerned; but we think the author has attempted an impossible task in seeking to compress the present science and practice of surgery within so small a volume, each page of which has a superficial area of little more than one-fourth of a page of this JOURNAL. We agree thoroughly with the remark of an author, whose long experience in epitomising surgical science gives his opinion special value.

"Surgery," says Dr. Druitt, "can now be condensed within no small space, and at best this work" (the *Vade Mecum*) "can but pretend to be a series of memoranda, sufficient perhaps for most maladies which fall to the lot of the practitioner, but not for those intricate subjects which claim special treatises to themselves."

MR. CLARKE'S *Manual* contains no illustrations, which are of the highest importance in works of surgery; and he omits, as far as we can observe, any allusion to the ophthalmoscope or to acupressure. Ovarian disease and ovariectomy, too, are dismissed in little more than one brief page; the directions for the operation occupying but fifteen lines. We can scarcely recommend this work in its present state to the profession; it may, however, sometimes be useful as a remembrancer.

SMALL-POX: HOW TO ANNIHILATE IT; OR, Observations on the Pernicious Consequences of Imperfect Vaccination, and on the Necessity of re-Vaccination. By R. T. LODGE, M.D. Liverpool: 1856.

DR. LODGE, the public vaccinator for Everton, has published a pamphlet, under the above title, to show the necessity of re-vaccination. He brings together an overwhelming mass of evidence in favour of re-vaccination. He fully believes that, by a properly carried out system of vaccination and re-vaccination, small-pox may be annihilated. He describes minutely the details of a good and of a bad vaccination. He especially dwells on the necessity for many—from four to even twelve—punctures. At fourteen years of age, all children should, in his opinion, be re-vaccinated.

British Medical Journal.

SATURDAY, MAY 27TH, 1865.

A PROPOSAL FROM STROUD.

MR. R. B. CARTER has addressed *A Letter to the Members of the British Medical Association on the Subject of their future Journal*; and as he promises, at our next annual meeting, to give the Association an opportunity of expressing their opinions on his proposals, our readers may, perhaps, be curious to know what his proposals are.

The medical profession, he argues, labours under many grievances; and all because the public are not properly made aware of their existence and nature. If, for example, the eloquence of an *Edinburgh Review* had been at hand to enforce on the public the facts and arguments used by Mr. Griffin in behalf of union surgeons, "how different would be the present state of things!" Again, abuses meet us at every turn. "Boards of guardians," Mr. Carter says, "cheat and rob their medical officers, as part of the system on which they cheat and rob the poor." Again, we have "some of our examining boards engaged in an unworthy and degrading struggle for fees, and refusing to require from their candidates such a preliminary and professional education as the present state of medical science renders necessary." Also, "we see teachers of medicine abusing their position as members of the Medical Council, and preventing the adoption of a higher standard of examination, avowedly lest it should for a time diminish the number of pupils at their respective schools, and thus diminish their receipts."

Now, if we only had the means of "teaching patients what is the precise value of a cheap doctor, and what is the nature of the process by which the article is manufactured for the market," we should then have, argues Mr. R. B. Carter, a perfect cure for these and all the other evils which afflict us. True, our medical journals talk continually about these evils; but then they only talk to the profession; they tell the public nothing about them; and what we want above everything is a journal that shall enlighten and influence the public. Such a journal Mr. Carter here offers to the Association and the profession. Its nominal qualities are as follows. It must be of such excellence as to support itself by its own inherent goodness; it must require no subsidising. It must be published quarterly, by a publisher of repute. It must be addressed to the educated public, rather than to the profession. The title must be brief, but *not* medical. The editor must never write in it: all contributions must be anonymous, and paid for at "the highest current rate".

Now, such a journal Mr. Carter promises to put into the hands of the members of the Association for £1,445—"a total which would scarcely exceed one-half of the subscriptions of the members." The advantages are these. "We should obtain considerable power of purse"—i. e., he says, "£1,000 or £1,200 a year," which, of course the Association might dispose of in a variety of benevolent ways, as he says, legal, parliamentary, or scientific; £500 might go to oppressed brethren, and £500 to the Provident Fund. But so many suggestive claims arise for the £1,000 or £1,200, that Mr. Carter becomes wisely cautious, and adds: "I think it would be rash to dispose of our surplus too hastily; and am content to point out that it would form a lever that might be used in various ways." Besides, as he hints, £100 a year will be required for advertising the new journal "outside the profession"; and, again, in some cases, £10:10 a sheet must be paid for contributions, which will probably take another £100 from the aforesaid surplus of £1,000 or £1,200. Moreover, our new Review, "like any other new undertaking, would require to be liberally fostered at the outset;" but, after two years, it would float of itself; and then, says the projector, the members shall have the option of paying their guinea and having the journal, or paying half a guinea and having no journal.

But then the Association must not "be left without some record of its public acts;" and this want is to be filled by quarterly or occasional "Proceedings", after the fashion of the *Proceedings of the Royal Medical and Chirurgical Society*—which "Proceedings", we may observe, by the way, the Council of the Royal Medical and Chirurgical Society have been recently discussing the propriety of abandoning.

The scheme, therefore, of Mr. Robert Brudenell Carter, as drawn by himself, seems to stand financially somewhat as follows.

	£	s.	d.
Paper, printing, etc. (rough estimate)	720	0	0
Contributions, at £8:8 per sheet	400	0	0
Editor's salary	200	0	0
Delivery by post	125	0	0
Advertising	100	0	0
Extra pay for contributions	100	0	0

To this must be added the expenses of publishing the "Proceedings"—an item which Mr. Carter has forgotten to note, but which we will put at £200. Neither has Mr. Carter considered it necessary to set down anything for the secretarial department of the Association, but which must, nevertheless, cost at least £250 *per annum*; thus making a total of £2,095. Now, we need hardly tell our readers that the patrons, especially the enthusiastic ones, of new schemes, rarely keep their expenses within their estimates; and we might, therefore, have fairly added another £200 for unforeseen expenses. We will, however, keep the publishing scheme as propounded by Mr. Carter himself; and we find that it, together

with the necessary business-expenses of the Association—small matters beneath the consideration of Mr. Carter—may fairly be expected to cost upwards of £2,000 *per annum*!

Now, when we turn to our Financial Reports of the four years preceding the last, we find that the average receipts from members of the Association amounted to (in round numbers) £2,080 *per annum*. Let us, however, take last year (1864) alone; in which, with between 2400 and 2500 members, the subscriptions received (including arrears) amounted to £2,500. Even in this case—the most favourable for his argument—Mr. R. B. Carter would be indeed a conjurer of the first water, surpassing Herr Frikel or even the Davenport Brothers, if he could spend very nearly £2,100 a year out of an income of £2,500, and then, at the end of the term, still find £1,000 or £1,200 at the bottom of the bag!

Such are the plan and promises of Mr. Carter, in accordance with which, he says, "it is proposed to submit a motion, embodying the project sketched in this letter, subject to such modifications," etc., at the next Association meeting; and he quite naïvely and innocently adds, to encourage his audience:

"Let me remind you that, if the proposed alteration be carried out, and be found detrimental to the interests of the Association, it will at any time be easy to return to the present state of things."

Mr. Carter, some persons will think, has forgotten the tale of killing the goose to get at the golden eggs; and has also forgotten that proverb which warns us against counting our chickens before they are hatched. Great schemers naturally do not concern themselves about minor details; but still some of our readers would have liked to hear how Mr. Carter has satisfied himself, that he will lose none of his audience—none of the present income of the Association—when the drop scene falls on the last act of the JOURNAL. Of course, the JOURNAL may have had nothing to do with the fact of the late increase of members; but still it is a fact, that when the JOURNAL came into the present editor's hands, the number of members was only about 1800. Under its present management, however, the annual average of withdrawals has not only been diminished, but several hundred new members have been added to the Association. Has the conduct of the JOURNAL, then, had nothing to do with the present prosperity of the Association? is a question which, at all events, evidently required a little examination at Mr. Carter's hands. Mr. Carter should surely, in the face of such facts as these, have devoted, in his twelve pages of pamphlet, twelve lines to show his reasons for assuming (as he does) that the income of the Association will be as great without as it now is with its JOURNAL.

On this head, we may fairly remind Mr. Carter of the opinion of an authority which he will no doubt

respect, of the Committee of Council. The Council, in their Report, spoke as follows in August 1861.

"There is every reason to expect that, if the JOURNAL be carried on with the energy and talent by which it has thus far been distinguished (under its present editorship), the number of associates will ere long be considerably augmented, and the Society at large hold even a higher status than it has previously attained."

Now, the Association since that date has increased greatly in numbers, and, we will venture to say, has attained a far higher status than it then held.

Surely Mr. Carter should, in the face of such facts as these, have given some reasons for his unargued assumption, that members are not kept in the Association by the JOURNAL.

Instead of this, he favours us with an estimate of the worth of the JOURNAL. He admits, that it has been of "great and unquestionable utility." But its work is done; and the Association should commence "a new career of active vitality"! The original contributions in the JOURNAL, Mr. Carter says, "on scientific subjects, are usually highly interesting.....and sometimes of extraordinary merit". But, then, the majority of them "do not at all enter upon the previously unknown"—a region which apparently has great attractions for Mr. Carter; and, besides, these contributions could always find space in other journals; and, in Mr. Carter's opinion, the business of the Association is more to foster social than scientific progress. As to the correspondence of the JOURNAL, it is of "languid interest". Its intelligence is behind hand; and as for its editorial compositions, they are beneath contempt.

"The editorial compositions would not, I venture to think, be missed by any living creature. They are chiefly remarkable for having attained that degree of extreme badness at which no amount of ingenuity could find any means of making them worse."

Rare specimens, indeed, must they exhibit of the "art of sinking." Surely some credit is due to the "ingenuity" of an editor who is able to reach down to such a depth of "badness." There must be a novelty and originality, a specialty, in his work in this way.

The only thing further required is that, at the Leamington meeting, the Associates should decide the question, "whether the Association be strong enough to lay aside leading-strings and enter upon action"—i. e., to start a "first-class quarterly review"; whether, in fact, they should put down their present one-horse (broken-winded and spavined) "shay", start a spick-and-span new four-in-hand, mount Mr. Carter on the box, give him the ribbons and the lash, and commit themselves under his skilful Jehuship to the glorious rush of four fiery real thoroughbred quarterly Pegasi.

Mr. Carter has not the slightest doubt that an experiment would determine this question in the

affirmative; and, no doubt, Phaeton-like, he is quite ready to undertake the experiment, if the Association will only say, *Fiat experimentum*.

Such is the scheme, long promised, carefully prepared, and elaborately hatched, by Mr. Carter. By means of his quarterly review, he will regenerate, *in primis*, the British Medical Association, and *secundo*, through it, the social life of British medicine.

THE COMING COLLEGE ELECTION.

WE are happy to be able to state authoritatively, that it is the full intention of Mr. Turner of Manchester to offer himself as a candidate for the Councilorship of the College of Surgeons. His success is, we should hope, certain. As a representative of surgery, and as a Fellow of the College, he is in every way highly qualified for the office; and we would remind our readers, that he has already pledged himself to perform fully the duties of Councillor if elected. We can hardly believe the country Fellows will allow such an occasion as this to pass without asserting their rights in Mr. Turner's, or rather we should say in their own, favour. Mr. Turner will enter the College in the liberal interest; and will assist in the removal of those close borough principles upon which the College is still administered, but which are, we trust, gradually yielding before the force of enlightened professional opinion. If we were again to tell the tale of the misdirection of the College under its present administration, we should have little more to do than repeat the words which for the last three or four years have been annually said in these pages.

We do not blame those who are the agents of the misdirection, because we believe the evils are inherent in the constitution of the College. And for such evils, there is but one remedy, and that is an alteration of the Charter; and, in the meantime, a pledge should be extracted from those who enter the Council that they will vote for such an alteration. We have already had elections of *soi-disant* reforming councillors; but what have they really hitherto done towards carrying out the principles of the Charter of the College? Have they ever fought the battle of the election of Examiners from outside of the Council? Never to this day has the Council elected an Examiner who was not one of themselves; nor elected a President or Vice-President who was not a member of the Court of Examiners: although indirectly told by the Charter of the College to do so. The country Fellows, again, are virtually excluded from voting at the election of Councillors, because they cannot vote by written papers: and why should it not ask for an alteration of its Charter in order to obtain for them such right of voting? Why should

the election of Councillors be really in the hands of the London Fellows?

The truth is, that the present institution of the College is at fault, is radically defective, and naturally conducive to the evils complained of. To produce an effectual reform, the Charter must be altered. The members of the Court of Examiners must cease to be members of Council; or, in other words, the Examiners must cease to elect and re-elect themselves. The whole proceeding is action in a vicious circle, and in this way. The Council is the door of entrance—the only door, as the Court will have it—to the Court of Examiners; and the examinership is the rich prize which the Councillor ever has before his eyes. But to become an Examiner, the Councillor must have favour in the eyes of the Court of Examiners, who rule supreme within the Council. But no Councillor of reforming tendencies has favour in the eyes of the Court. The Councillor, therefore, who lives in hopes of an examinership is discreet, and follows the retrograde tendencies of the Court of Examiners. So long, therefore, as the Examiners are members of Council—*i. e.*, we again repeat it, so long as they reign supreme in the Council, and virtually re-elect themselves—there seems little hope of any real reform being effected in the College.

But Mr. Turner has no intention of becoming an Examiner—as a rule, country members would not seek the examinership—and therefore is especially pointed out as a proper representative of the interests of the Fellows and of the College. It is only by men of his stamp that the first step of real reform—an alteration of the Charter—can be obtained, and so a separation of the present improper and unnatural connexion between the Council and the Court of Examiners effected. And can anything be more unnatural than that the Examiners should form part of the Council which elects them? Can it be right that the Examiners should virtually have the power, and should exercise it, too, year after year, of re-electing themselves to office—to the very lucrative and important office of Examiner? We blame not individuals; but then, unfortunately, individuals must in the meantime necessarily bear the odium of the bad government which they administer. And thus it is that the retiring Councillor who offers himself for re-election must bear the burthen and the penalty of the evil system. It is only through his rejection that the Fellows can speak out their opinions. The Fellows very properly regard him as responsible for the shortcomings of those whom he represents. He is responsible to the country Fellows that they have no power of voting by proxy, and for all the other evils of the present system as now administered. Besides this, it must not be forgotten that re-elections perpetuate one of the mischiefs which the last Charter was especially meant to remove; viz., the holding of office for life. Confidently,

therefore, do we trust, for the general good of the College, and for the especial benefit of the country Fellows, that Mr. Turner's election will, at all events, be secured. If the country Fellows on the present occasion fail to carry his election, we shall be forced to the conclusion that they really are apathetic as regards the power of exercising their rights as Fellows.

At another page will be found a note, which exemplifies in a remarkable manner the unfortunate condition of the Poor-law medical officer. A Committee of the House of Commons lately recommended that cod-liver oil and quinine, etc., should be paid for by the union, instead of being supplied by the medical officer. This recommendation was meant as a boon to the medical officer. But how has it been received? The Launceston Union write to their medical officer, and beg him to say what reduction in his salary he will submit to if the Board provide cod-liver oil as a medical extra!—the manifest intention being that the medical officer shall still pay for the cod-liver oil. We shall be anxious to learn how the Poor-law Board and the House of Commons' Committee accept such a shameful evasion of their manifest intentions.

DR. FAYNER, of the Bengal Army, on February 14th delivered the address at the annual meeting of the Bengal Branch of the British Medical Association. He chose for his subject "Surgery in Bengal". He referred to the immense field for experience which surgeons had in India, and expressed his surprise that surgery in India was so little heeded in "the West".

"I will venture to say that you will have difficulty in adducing even a casual reference, in any of the standard works of Britain professing to treat exhaustively of their respective subjects, to the authority, practice, or opinion of one Indian surgeon. Let us take the operation of lithotomy, for example. Not a word on the subject as it relates to India, where we count our operations by hundreds, I may say, and where some of our graduates have cut as many men successfully for stone as the greatest lithotomists Europe ever saw. I may refer to my friend Baboo Ram Narain's experience, who, within twelve years, in Cawnpore and Budaon, operated upwards of two hundred times, with a loss of seven cases. Or I might adduce a donation of seventeen large vesical calculi, presented to the College Museum by a graduate whose degree is not a year old, and removed by him. And I might refer to the names of O'Shaughnessy, Brett, Webb, Playfair, Naismith, Aitcheson, Partridge, Cayley, and others, as of surgeons who have had experience in this operation that scarcely the Frère Jaques, Rau, or Cheselden ever exceeded. And as in the case of lithotomy, so it is in other matters surgical; the scrotal tumours, for example, of which the hospitals in Lower Bengal record operations by the score. Tumours of vast magnitude removed with safety and celerity in a few minutes, the important parts involved being preserved and uninjured—a strange contrast to the descriptions still

to be read in standard works on surgery, of protracted and dangerous operations, involving not only loss of parts, but sometimes of life."

Dr. Fayrer then refers to some statistical details for the second half of 1863.

"In Bengal, there were sixty-eight cases of lithotomy with eight deaths, or one death in 8.5 cases; in the North-west and Punjab, five hundred and fifty-five cases with fifty-seven deaths, or one death in 9.9. In Bengal, forty-six cases of scrotal tumour with two deaths; in the North-west and Punjab, one case of ditto, and that recovered."

Dr. Fayrer, also points out grievous faults in the construction of some of the hospitals in India; and refers to gangrene, etc., and increased mortality, as the result. He also especially alludes to "one of the frequent causes of death after amputation or other injuries, or operations involving section of bone."

"In illustration of this, I have noted a series of amputations. In the Medical College Hospital, these amputations, thirty-two in number, were all capital operations. They were: one of the hip, three of the thigh, ten of the leg, four of the ankle (Syme's), five at the shoulder-joint, five of the arm, four of the forearm. Of these, thirty-two in all, three were secondary amputations; and of the number, fourteen lived, fifteen died. Of the deaths, nine resulted from pyæmia, the consequence of osteo-mycelitis; three from pyæmia not depending on bone-disease. There were six deaths from other causes, such as tetanus, gangrene, exhaustion. This proportion of deaths from pyæmia, depending on bone-disease, is something unusual—something very different to the ordinary death-returns of other hospitals."

Dr. Fayrer then enters fully into the history of osteo-mycelitis—a subject which was lately fully discussed at the Medical and Chirurgical Society, and in consequence of the attention of late called to it, especially by Dr. Fayrer. It is gratifying to find a man of Dr. Fayrer's experience recognising so fully as he does the benefits and utility of the Bengal Branch of our Association.

THE monster evil, gratuitous medical services, will, we suppose, in the long run, produce its own cure. We fear there is no appearance of cure coming from any other quarter. We perhaps ought, therefore, rather to rejoice at the increase of the evil, than to mourn over it. Village hospitals are springing up over the country—of course, all supplied with gratuitous medical services; and now are rising up a new style of hospitals, where patients are to be admitted who can pay 10s. or £1 per week. This is all well. But why should doctors work for them gratuitously? Why should they take away from their humbler brethren their paying patients, and treat them gratuitously? We see a prospectus flying about for a "new wing for paying patients" at the "Hospital for Women"; but nothing of any pay for the doctors who are to attend them. But why not? And why do doctors propose to give to "paying patients" their gratuitous medical services? Is it

out of a pure, heaven-born love of doing good? Is it out of pure charity? Is it ———? But perhaps some of our readers can give us a satisfactory reply. We have often asked, and long waited, but never yet received one.

M. BOUCHUT, of the Children's Hospital, Paris, has called in the ophthalmoscope as a diagnostic agent in chronic hydrocephalus and rachitic state of the cranial bones. In chronic hydrocephalus, the early signs of the disease, he says, are often obscure: but the vessels of the eye always undergo appreciable modifications. In proportion as the serum accumulates in and compresses the brain, we find—1, an increase of vascularity of the retina, with dilatation of the veins; 2, an increase of the number of vessels in the retina; 3, a complete or partial serous infiltration of the retina; 4, atrophy of the retina and its vessels; 5, atrophy, more or less marked, of the optic nerve. These lesions vary with the age of the disease and the amount of serous effusion. They result either from compression of the sinuses preventing the return of blood from the eye, or from compression of the optic nerve within the cranium. But none of these lesions exist in rickets. In twenty-two children between five months and three years of age, examined by M. Bouchut, in whom the body was only slightly deformed, but in whom the head was increased in size and the anterior fontanelle open, and some of whom had, and some of whom had not, had convulsions, the eye preserved its natural appearance. There was neither alteration of the pupil, nor any disorder of the venous circulation of the retina. Hence, he says, by means of the ophthalmoscope, we can distinguish between rickets and chronic hydrocephalus.

The *Gaz. Méd. de Lyon* tells of an English Life Assurance Society which takes the lives of persons treated homœopathically at a lower premium than those treated medically—statistics having shown that the former sort live the longest! Homœopathy, it adds, is sensibly losing ground in Lyons—"following the usual course of all errors".

The illustrious and venerable Professor Bufalini, says *L'Imparziale*, has commenced a course of clinical medicine. "Our great pathologist is still in the full vigour of mind and body." The same journal announces the death of the "illustrious reformer of Italian therapeutics, Dr. Semmola. He was a type of goodness and benevolence, independence and liberality. Loving his Italy with a tender love, he suffered for her in exile and in prison, under the tyranny of the Bourbons. Twice he was elected deputy."

L'Union Méd. tell us that, at Lübeck, the Senator Dittmers and all his family, consisting of seven persons, had been poisoned by eating a smoked uncooked ham, which was filled with trichinæ. Four persons had already died.

A RAMBLE IN THE ENVIRONS OF YOKOHAMA.

BY A MEDICAL OFFICER OF THE ROYAL NAVY.

IN the following notes, I will endeavour to convey to the reader some notion of the peculiar scenic beauties of the country in the neighbourhood of Yokohama,* as it appears during the pleasant month of May (Ya yoi ts'ki, or "development of nature" month, as the Japanese aptly term it), and some little insight into the everyday life of the simple peasantry of Dai Nippon.†

On a sunshiny, breezy afternoon, then, such as are frequent during this the pleasantest season of the year, I crossed one of the solidly constructed wooden bridges that arch over the narrow creek or canal that encompasses and isolates Yokohama, and passing the "kamo", or guard-house, where the squatted green-capped sentinels were whiling away their time of duty over tea and tobacco, I followed for some distance the course of the stream, in which idle Yakunins, girt with immense swords, were peacefully fishing, and ragged urchins (*more universo*) were delightedly dabbling in the mud, and speedily gained the open space at the head of the straggling village of Hon-moora, having met with, even in this short walk, evidence enough of the peculiar civilisation of Japan to furnish matter for yet another additional chapter to Mr. Buckle's laborious work. There were several sheds or booths, generally presided over by sharp-eyed old women, and exposing for sale various creature comforts for the delectation of the natives—small masses of rice, bits of queer-looking fish, slices of "tako" (cuttle-fish) for the luxurious, dumplings of indigestible dough skewered on strips of bamboo, and various other comestibles of an appearance more odd than enticing, flanked by minute cups of tea and small bowls of "sake". A nursery-garden, crowded with bright-hued flowers, with delicately leaved shrubs, with cypresses and curiously dwarfed trees in pots and tubs, formed a pleasant contrast to the mean and dingy mass of these humble *restaurants*.

Opposite the main street of the village, which lay baking in the sun, with its long, open, central drain festering with unsavoury odours, were the portal and flight of steps of a small temple; a prelude to a much larger one, if I could trust a huge board set up before me, which displayed a carefully executed drawing of a building of very imposing proportions, and which was intended, doubtless, as a hint to the faithful, that "contributions would be thankfully received."

Leaving the village on my right, a few steps brought me to the entrance of the foreign cemetery, which occupied the base, slope, and summit of a tree- and shrub-covered inconsiderable hill. Here the only striking object is a square stone structure, with four supporting pillars, and surmounted by a burnished copper dome. This was erected by the Japanese, at the instance of the Russian Government, to the memory of their sailors murdered in Yokohama in August 1859. The great majority of the graves are those of officers and men of the various ships-of-war that have been or are stationed in the bay; the summit being occupied by the French, the slope by the English, and the base by Russians, Americans, and Dutch. The graves appeared to be kept in tolerable order; but it was still evident that the poor

fellows whose last resting-places they were had died far from the loving remembrances of relations and friends.

Pursuing the path that skirted the base of the hill, I passed, a little further on, a small native cemetery,* remarkable only for a row of half-defaced stone images, with bags of pebbles hung round their necks and heaps of the same collected in front of them, as votive offerings, probably from the poorer classes; while, beyond this again, in a pleasant shady nook at the head of the valley, was another and much larger cemetery, through which short flights of steps brought me to a winding path among the trees that led to the summit of the broken range of low hills that forms the southern boundary of the wide alluvial valley in which Yokohama is situated. I paused here a few moments to inhale the fresh breeze that was blowing from the Gulf of Yedo, and to enjoy the extensive view that lay stretched out before me. For, as I looked down the valley, over the white-edged tiled roofs of the houses of the foreign quarter which lay glistening in the sun, over the blue waters of the bay, where rode quietly at their anchors the men-of-war that assured peace and prosperity to the community, over the straggling town of Kanagawa on the further side of the bay, with its frowning fort mounted with guns *en barbette* (as are almost all Japanese forts), over the low wooded hills beyond and the flat lands that stretched far out into the Gulf—my vision was arrested only by a blue line of distant hills, far away beyond the heights that overlook the capital city.

Here a somewhat uneven path led me, now along a comparatively broad and undulating table land, now along a kind of flat ridge, from which the cultivated or shrub-covered ground sloped away gently on either side. I passed through wheat-fields already commencing to change the green tint of youth for the brilliant gold of maturity, through patches of yellowed-flowered rapet redolent with a fragrant perfume, through masses of peas or beans in full flower; or I skirted shady groves of young pines in full blossom, and looking like huge Christmas-trees loaded with unlit tapers, or forced my way through thickets where palms, conifers, and bamboos, were intermingled with the red-flowered camelia, the brilliant *Azalea Indica*, the climbing, prickly *Smilax China*, and were hung with festoons of a curious purple-flowered fragrant twiner.

My route was protected by several of those guard-houses (or "kamo"), that have been erected ostensibly for the benefit of foreigners; but apparently only to harbour a set of idle and very dirty Yakunins, who dawdle away the day in tea-drinking, tobacco-smoking, and not seldom in sake-bibbing. There is nothing to distinguish these "kamos" from an ordinary house, except that they are somewhat larger, and are furnished with the array of hooked, curved, and barb-set spears, characteristic of an official resi-

* As in China, cemeteries are generally in some shady and retired nook. The gravestones are often simple slabs or columns, sometimes ornamented with an overhanging carved cornice. In the pedestal on which this slab or column rests, and in front of the latter, three holes are invariably scooped out, which contain sometimes water, sometimes little bowls of rice, sometimes joints of bamboos, in which joss-sticks are slowly burning. Some care appears to be taken of the graves for a certain time; but after that they seem to be altogether neglected. The coffin, which is nothing but a common square box, contains either the body bent on itself, so as to be held in the smallest possible space, or the ashes of the body after "kwasoo" or incineration has been performed, which appears to obtain chiefly among the better classes, and especially when a person dies far away from his own district. I am informed by the natives that, when a person is moribund, a powder is administered to him, which has the effect of obviating or delaying the *rigor mortis*, so that the adaptation of the body to the coffin, should "kwasoo" not be performed, may be more easily effected.

† *Brassica Chinensis*.

* Literally, Cross-shore.

† Or Great Japan. Nippon is compounded of two Sinico-Japanese words, meaning "the rising sun" or "the rising day".

dence. The men are sometimes retainers of the Tycoon, sometimes of Daimios subservient to him, and when they are changed, a copy of the "mon", or device, on their clothes is always forwarded to our commanders and consuls. Often the guard-houses are tenanted by the new levy of infantry, a dirty-looking set of rustics, wearing two swords and a green over-garment, whence the common people have given them the nickname of "nappa", or vegetable coats.

These men are drilled in the European mode. They manage the manual exercise very well; but their company drill is a miserable failure, and they seem quite incapable of steady marching in column. I do not think that the British soldier will have much to apprehend from these *quasi-militaires* for many years to come.*

At the last of the guard-houses, I began my descent into the valley, and skirted the base of a grassy bank, sparkling with the blue flowers of *Cynoglossum Japonicum*, with the brilliant carmine petals of a low rosaceous shrub, with purple violets, and rarely with a pretty yellow orchid, and a small arum. Leaving the path, I picked my way along the "nawade", or raised narrow turfy embankments which are the only divisions between the fields, and, gaining the bottom of the valley, crossed the paddy-fields, and reached the banks of the stream, which was pleasantly murmuring beneath the shrub-covered broken ground of the opposite side.

Of such valleys, and their intervening irregular ranges of hills, the whole country appears to consist. They are of all degrees of depth and width; but generally widen as the coast is approached. The bottom is generally converted into paddy-marshes or is left uncultivated, whilst the slopes are planted with cereals, etc., intermingled with patches of forest of tangled shrub, and groups of sakura (cherry-trees) or brya (mespilus) trees. Often no cultivated ground is visible; and the whole dale then has the appearance of a vast garden or shrubbery run wild in rich profusion, under nature's superintendence only.

The marks of the denudating process by which these valleys have been formed are evident everywhere; and if they were filled up to the level of the top of the enclosing hills, an almost flat surface of many miles extent would be formed. The underlying rock is a greyish sandstone, so far as I have been able to make out, non-fossiliferous, and easily disintegrating, under the combined influence of air and moisture, into a light friable soil, thicker, but not clayey, in the paddy-fields, and becoming on the slopes a dark-brown mould, rich with the often laid on and highly potent manure, and apparently very free from worms and grubs. As in China, human manure is chiefly used; and, as a result, the vegetables and fruits are abundant, but singularly deficient in flavour.

In sections near and along the shore, I have noticed alternating strata of shells, gravel, and sandy soil, the shells being apparently all of recent species and many only imperfectly fossilised: clear evidences of the various upheavals and depressions which might, *à priori*, have been expected to be met with in this volcanic country.

I ascended the valley in following the windings of the stream, whose banks were crowded with shrubs, among which the yellow-flowered prickly *Berberis cretica*, a species of wild *morus*, and the *fuji no ki*, a leguminous bush with handsome large racemes of lilac flowers, were prominent. And wherever the

stream wound beneath an overhanging broken bank of disintegrating dripping rock, this was sure to be crowded with the large coriaceous fronds of *Woodwardia japonica*, with various *Polysticha* and *Lathrææ*, with the well known *Osmunda regalis*, with a delicate *Davallia*, with the pretty *Grammitis decurrens*, with *Pleopeltis nida*, *Cystodium falcatum*, and many others, which it would be long to catalogue here.

I saw no four-footed animals—no hares, rabbits, nor foxes; but, nevertheless, the animal kingdom was well represented. Various spiders were lazily watching for prey; and one especially caught my attention, a huge bloated fellow, fully three-quarters of an inch long, with yellow spots and bands on his black fat body, and whose "laxi casses" hung on almost every bush. Dragon-flies were skimming over the surface of the water or poising upon the tip of a leaf or twig—dragon-flies of various hues; some with scarlet bodies and emerald green wings; some with bodies of lustrous steel and wings of burnished copper; and many other forerunners of the countless varieties that the approaching summer would show us.

Butterflies and moths there were in plenty; but not so numerous nor so gorgeous as they will be a month hence. The lithe, bright-eyed, brown lizard hurried through the grass, frightened by my approaching footsteps; and now and then a startled snake glided across the paddy-fields, with head erect and protruded tongue, both of us glad to be out of each other's way; whilst the rice-marshes were peopled by innumerable green frogs, that peeped for an instant above the mud as I passed by and quickly retreated again, as if dissatisfied with their inspection of me. Birds did not appear numerous; a pretty kingfisher, a prettier woodpecker, the ubiquitous crow, a kind of wagtail, flights of small birds not much larger than humming-birds, occasional wood-pigeons, and a rare pheasant startling me by its sudden and noisy rise at my feet, were all I noticed.

And as I ascended towards the head of the valley, leaving the rice-marshes behind me, the croaking of the frogs, and the hoarse cry of the ravens amid the pine groves, mingled with the sound of the frequent tap of the woodpecker as he industriously gained his afternoon meal, of the coo of the woodpigeon in the neighbouring copse, and of the twittering of the small birds, so as to blend in a not inharmonious murmur, suggestive of life and activity and enjoyment.

I saw no work doing on the slopes. The crops were half-ripe, and the peasants were waiting for the well-earned reward of their careful and persevering labours. But in the rice-fields was more activity. Men, women, and children, were busily employed in turning over the thick soil—no easy task; and then reducing it to an impalpable mud ready for the seed. I was glad to see that the heaviest work was done by the men, and that that of the women, though heavy enough, was comparatively light. Some few of the fields already showed the emerald green of the young shoots of rice just springing above the ground. When the young plants grow strong enough, they will be removed into the rougher, less elaborately prepared fields, and there will become ripe. The nurseries, as they may be called, are variously protected from the ravages of the crows and pigeons by radiating networks of cords, by bamboos provided with wooden rattles consisting of a loosely attached board against which hang a number of wooden pegs, or by more or less elaborate scarecrows, generally representing a Yakunin with beaded bow and arrow, on the point of departure.

Arrived at the head of the valley, a short walk brought me within view of Mississipi Bay; and a

* Their pay is, according to their own report, three riao a month (about 25s.), for which they find themselves in everything. There are, I believe, about 1500-2000 of them in and around Yokohama.

violet-covered bank, beneath the shade of a tall camelia tree,

"Ingens Fernstroemia inumbrat,"

invited me to rest awhile, and inhale the breeze that swept up the hill, bringing to me the sweet scent of the yellow rape-fields over which it had passed, and soothing me with the pleasant murmur of its rustling amid the neighbouring copse.

What a splendid scene on every side!

Before me lay undulating masses of green and yellow relieved by dark patches of wood or tangled thicket, and stretching away down to where the weathered cliffs of whitish sandstone barred the further progress of the ocean; on each side, the bold sweep of the bay, defended by a glistening line of pine-crowned precipices, bristling with endless wooded capes and headlands, the guardians of the entrances of endless creeks; while the blue expanse of water, dotted by a thousand white sails, was bounded by the distant blue hills of the province of Kadsusa, and added a charm to the landscape that may be felt but not described.

As the roar of the distant breaking surf ("*Magno misceri murmure pontum*") was borne to me by the breeze, my thoughts flew homewards, and I recalled the exquisite lines, half sad half hopeful, of a modern poet:

"Que dice ese sordo acento
Que de la mar se levanta?
Es un himno ó un lamento?
Es voz que llora ó que canta?"—*Ochoa*.

By the sea had I come so far from home, and by the sea alone could I return home.

Looking to the north-west, a more extensive and more striking view was to be obtained. And to enjoy it more thoroughly, I gained the edge of a thickly wooded slope at some short distance from my former post; at the base of which extended a broad valley at an angle with the valley which I had been traversing. The plain at the bottom was dotted with villages and patches of forest and cultivated clearings; and beyond it rose an irregular range of pine-fringed hills, whose slopes were covered with timber or shrub, excellent but difficult covers for pheasants, and dotted here and there by a single farm-house or by a small hamlet, surrounded by tiny patches of brilliant green and yellow. And beyond was an interminable succession of hill ranges, more or less wild or cultivated, losing more and more their distinctive tints and becoming gradually almost indistinguishable from the grey neutral hue of the extreme northern horizon, or abruptly backed up by a line of purple mountains, at some little interval from which rose high into the sky, in all its solitary grandeur, the glistening snow-covered conical mass of Fusi Yama, full forty miles distant.

A steep path that wound among the trees between overhanging dripping banks, luxuriant with broad-fronded ferns, brought me to a little wayside shrine, a kind of rude penthouse, sheltering a half-defaced stone image of some local deity, which guarded, as it were, the entrance of a small village that lay at the bottom of the hill. Here I was quickly surrounded by a crowd of urchins of both sexes, running about me with cries of "*Tempo sinjo*" ("Please give me a tempo"), or "*Tempo injo*", where the voice was the young treble of a child just emerged from babyhood. These young hopefuls were terribly dirty, but fat and rosy withal, and appeared well fed and happy enough. Skin-diseases, however, were prevalent, especially on the head, owing, doubtless, to the various tortures to which the skin of that part is subjected. The houses were of ordinary construction, clean enough as regards the raised and matted portion where the family dwelt, but surrounded by

various heaps of immundities, the accumulations of filth and refuse of months. I entered one of the best looking of the houses, and asked for a cup of tea. With this I was civilly supplied, the tea being brought in a small cup on a neat little lacquered tray. The whole family, father, mother, sons, and daughters, crowded round me, abandoning their several occupations, and overwhelming me with questions. Was I Ingirisy (English)? Was I married, and how many wives had I? Why had I come so far from home? Had we such flowers in my country? (as they turned over a portfolio which I carried about with me for the purpose of holding botanical specimens.) Did rice grow there? And numberless others of a similar tendency. They much admired the cloth of my coat, my watch, my knife, etc., and when, by means of a burning-glass, I set some tinder on fire, a simultaneous cry of "*Naruhodo*" betrayed the extremity of their wonder. They said that the advent of foreigners had caused the prices of provisions and clothing to rise; and that in the more distant districts foreigners were accordingly detested. But, on closer inquiry, it appeared that the elevation of price was very small, though perhaps enough to be of serious import to them. The good man of the house was a farmer possessing about seventy acres of land. I could not get from him—as, indeed, I have never been able to do from others—more information about his tenure and rent than that he held his land under the Kubosama (Tycoon), and that the rent was appraised according to the crop.

The persons of my hosts were far from clean; and their clothes had evidently gone through long and arduous service. They appeared to pay no attention whatever to personal adornment, except the "*musme*", or girls, and with them it was confined to the arrangement of their plentiful black hair. I cannot say that Japanese women are pretty. The older ones—and they are old at 26—are positively hideous, with their wizened yellow faces, shaved eyebrows, and black teeth. And the younger ones are rarely more than passable; their curious style of dress, loose where it should be close, and tightly drawn round the legs where it ought to be loose, causing their motions to be restrained and ungraceful. In the opinion of some, however, their hesitating and feeble gait is not altogether deficient in a kind of helpless attractiveness. Of course, I only talk here about the lower classes, who are much exposed to the withering influence of the elements. I can say nothing whatever about the wives, daughters, and concubines, of the Daimios, or higher retainers, or Yakumins; for I never, to my knowledge, saw a specimen of them. And I ought, in justice, to modify the statement above, and to confine myself to the averment, that I have never seen any really good-looking Japanese women.

These villages ("*mura*") are under the immediate rule of a head man (Nanoshi), and apparently of a kind of superior policeman or sort of rural judge (Seiji).

But the declining sun warned me to depart homewards; and gratifying my poor but courteous hosts with a few tempes, I left their dwelling, after a polite interchange of "*Sayoo nara*", and hastening over the paddy-fields, reached the banks of the canal, a branch of that which encompasses Yokohama.

Among the many pleasing traits in the Japanese character, none is more so, to my mind, than the extreme and very unaffected courtesy which even the lowest classes can, and almost invariably do, show to each other and to foreigners; a somewhat humiliating contrast to the gross incivility, I might say brutality, commonly exhibited in some parts of England, more especially as it would be experienced

by any unfortunate foreigner whose dress should differ from ours in a far less degree than ours differs from that of the Japanese.

As I trudged homewards, I met numerous Europeans enjoying their evening ride, somewhat careless, I thought of the foot-passengers on the narrow path, and with not a few drunken Yakunin and non-Yakunin. For the day was a Rei-bi, or visiting day, of which there are three in a month, and no work was doing, so that the *oi πολλοι* of Yokohama were amusing themselves much as the *oi πολλοι* of home amuse themselves under like circumstances. It is quite an error to suppose that intemperance is uncommon in Japan. And it is as great a mistake, and a very unjust one, to throw this sin upon the advent of foreigners. Here, at least, we are guiltless of introducing fresh evil; if, indeed, it were possible to add anything to the evils already in existence, the social evil and drunkenness, our two great stumbling blocks at home, being so well represented here; to which must be joined a third evil, from which we are happily free in Old England, a feudal despotism, with its accompanying laxity of justice and disregard of human life.* Further, the sale of alcoholic liquors and of opium to the natives is forbidden by a clause in the treaty.

I returned to the settlement some half hour after the sun had disappeared behind Fusi Yama, that was yet visible as a dark blue-grey conical mass, standing out in bold relief against the steel-lustrous zodiacal light that streamed along the western horizon; thankful that Fortune, who had brought me so far from home, had brought me, in compensation as it were, to so pleasant a land.

* Such oppression is, doubtless, not much felt by the rural peasantry. Their very insignificance in the eyes of the great seignours on whose lands they live, acts probably as a powerful protection to them. And the immense importance which the Japanese government attaches to a plentiful and regular supply of rice, causes the class of Hyakshoo, or farmers, to be regarded with considerable favour. Their rank is next after the Bushi, or military class.

TESTIMONIAL TO SIR JOHN LIDDELL. A testimonial, consisting of an elegant candelabrum and other pieces of plate, has been given to Sir John Liddell, K.C.B., by many of his brother officers, on the occasion of his retiring from official life. The plate presented bore the following inscription. "To Sir John Liddell, Knight Bachelor of the United Kingdom, Knight Commander of the Most Honourable Order of the Bath, Knight of St. Anne of Russia, Knight of the Redeemer of Greece, late Director-General of the Medical Department of the Navy, and an Honorary Physician to the Queen. In token of esteem from medical officers of Her Majesty's fleet, 1865." The testimonial was presented by Dr. Wilson; Dr. Bryson and many other medical officers of the navy being present.

CONTAGIOUS DISEASES AMONG SOLDIERS. In the House of Commons, on May 19th, Colonel North asked the Under Secretary of State for War what steps had been taken to bring into operation at Aldershot the Contagious Disease Prevention Act. The Marquis of Hartington replied that Dr. Leonard, the inspector under the act, had reported that the local hospitals were not suitable for the purpose. Under those circumstances, temporary arrangements were made to remove cases of this kind to the Lock Hospital in London. The very limited experience they had had in working the act had shown that, unless the provisions of the act were completely carried out, very little or no benefit whatever would result from the act. Dr. Leonard had proposed to carry out the act on a complete scale at Aldershot, and his plans were under consideration.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D. Cantab.

President-elect—S. J. JEAFFRESON, M.B. Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYDIE, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, May 16th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH MIDLAND. [Annual.]	George Hotel, Northampton.	Wednesday, June 7, 2 P.M.
LANCASH. & CHESHIRE. [Annual.]	Royal Institution, Manchester.	Wednesday, June 21.
NORTHERN. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.

SOUTH MIDLAND BRANCH.

THE annual meeting of the South Midland Branch will be held at the George Hotel, Northampton, on Wednesday, June 7th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, as soon as possible; or not later than the 23rd instant, to Dr. Bryan, Northampton.

JOHN M. BRYAN, M.D., } *Hon. Secs.*
G. P. GOLDSMITH. }

Northampton, May 15th, 1865.

LANCASHIRE AND CHESHIRE BRANCH.

THE Annual Meeting of the Lancashire and Cheshire Branch will be held on Wednesday, June 21st, in the Royal Institution, Mosley Street, Manchester; THOS. TURNER, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary, without delay.

WM. ROBERTS, M.D., *Hon. Secretary*.

89, Mosley Street, Manchester.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not later than June 17th. Dinner at 6 P.M.

G. H. PHILIPSON, M.B., *Hon. Secretary*.

BATH AND BRISTOL BRANCH:
ORDINARY MEETING.

THE sixth ordinary meeting of the session was held at the York House, Bath, on Thursday evening, May 18th; R. W. FALCONER, M.D., President, in the Chair. There were also present forty members and two visitors.

New Members. The following gentlemen were proposed and unanimously elected members of the Association and of the Branch:—Ebenezer Ludlow, Infirmary, Bristol; Francis Howes, M.D., Eastern Dispensary, Bath.

Papers. The following papers were read and discussed:—

1. Case of Necrosis of Clavicle. By A. Prichard, Esq.
2. Case of Rheumatic Fever followed by Pericarditis and Mortification of the Extremities. By Wm. Davis, Esq.
3. Case of Excision of Upper Maxilla. By H. Marshall, M.D.
4. On the Hypodermic Injection of Morphia. By H. W. Freeman, Esq.

EAST YORK AND NORTH LINCOLN BRANCH:
ANNUAL MEETING.

THE ninth annual meeting of this Branch was held at the Hull Infirmary on Thursday, May 18th, 1865, at 1 o'clock, under the presidency of ROBERT M. CRAVEN, Esq. There were also present seventeen members and five visitors.

Officers and Council. W. J. Lunn, M.D., was chosen President-elect; J. Fearn Holden, Esq., Honorary Secretary; and J. A. Locking, Esq., Honorary Treasurer. The following gentlemen were appointed the Committee for the ensuing year; viz., Sir Henry Cooper, M.D., Owen Daly, M.D., and Messrs. Sleight, Dix, Hawley, and Leppington.

Medical Provident Society. Sir Henry Cooper having resigned the office of representative of this Branch to the Provident Society, it was resolved that for the present no successor to Sir Henry Cooper be appointed.

New Member. Mr. Wm. Stephenson of Beverley was elected a member of the Branch.

President's Address. The PRESIDENT then read some very apposite and valuable observations on the present state of the medical profession, and on some of the more recent inventions in surgery.

Papers. The following papers were read.

1. A Case of Fibro-Cystic Tumour Cured. By John Dix, Esq.
2. Remarks on the Application of Blisters. By Owen Daly, M.D.
3. Mr. R. H. B. Nicholson gave two very interesting cases.

Dinner. The business of the meeting being completed, the members and visitors dined together at Glover's Hotel, where twenty-five gentlemen sat down to dinner, and brought to a most satisfactory close the best attended and most interesting meeting this Branch has perhaps ever held.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH. A special meeting of the Association will be held at the Scottish Corporation Hall, Crane Court, Fleet Street, this (Saturday) evening, May 27th, at half-past Seven o'clock. Dr. Clouston, of Carlisle, will read a paper on "The Production of Dysentery by Sewage Irrigation".

Correspondence.

A REASONABLE SUGGESTION.

LETTER FROM CHRISTOPHER JOHNSON, JUN., ESQ.

SIR,—I perceive in your paper to-day that you refer with approbation to a scheme propounded in the columns of the *Times* by Mr. Macdonald Stevenson, for the removal of fever cases to hospitals.

The evil which he desires to remedy has been met here in Lancaster in a far more simple manner. The authorities kindly presented to the Committee of the Lancaster Infirmary a secondhand roomy Clarence. The cloth lining was removed, and one of American oil-cloth substituted. This is kept at the infirmary, and is lent gratuitously; the patients' friends having merely to send a postboy and horse for it from one of the hotels. We had a sedan; but it was always evaded, on account of the notice it attracted.

Nine-tenths of first cases are kept in private houses, because the inhabitants fear the injury to their business that would ensue if it were known that fever was there. They are either kept at all hazards, or smuggled off in street-cabs.

A carriage with extra springs, India-rubber tires, and a *coupé* in front, may be a very ornamental and genteel affair; but it is not precisely the thing a tradesman would like to have standing at his shop-door. Hence I fear that the scheme of Mr. Macdonald Stevenson will not meet the difficulty.

A street-cab answers well every purpose. Why then aim at anything else? Why have a separate *coupé* for the attendant? A seat alongside the driver, or a dickey behind, would accommodate one person; which, with driver and patient, would be quite enough for one horse. A carriage to answer the purpose well may be purchased secondhand of any coach-maker for £10. It is not desirable to keep a horse, as that can always be obtained. I think that, if it were made compulsory to have such a carriage wherever there is a fever hospital, the sort of vehicle might be safely left to the selection of local authority.

I am etc.,

CHRISTOPHER JOHNSON, JUN.

Lancaster, May 20th, 1865.

CARICA PAPAYA: A VERMIFUGE.

LETTER FROM ROBERT DYCE, M.D.

SIR,—In the BRITISH MEDICAL JOURNAL for Saturday last (May 20th), there is a short paragraph at page 517 from the *Répertoire de Pharmacie*, respecting the experience of Dr. Viani, of the Island of Réunion, on the vermifuge properties of the juice of the "Papaw fruit". That this is no exaggeration I can bear my testimony, having had many years' experience of its virtues, now a long time ago, in the same island, where I was quartered as an officer on the medical staff of the army. I beg to refer you to a paper of mine on the subject of Lumbrici, published in the *London Medical Gazette*, vol. xiii, for the year 1834, page 866, where, amongst other remedies, I specially alluded to the juice of the fruit of the *Carica papaya* as a specific in that complaint. I then gave the method of procuring it, the dose, etc., and subsequent treatment.

Since that time I have made various attempts to get the juice brought to this country, by having it made into some extract or inspissated form, as at present it is only available in countries where it grows; but I regret to say that hitherto my efforts

have not been successful. A few years ago, I learned that the tree was common in the West Indies; and, through the kindness of Sir W. Jackson Hooker, was brought into communication with an eminent botanist in Jamaica, with whom I corresponded. Through his means and that of a resident chemist, I have had different preparations of the fruit, both ripe and green, the seeds, and latterly an inspissated form of the juice "dried in a steam-pan and sprinkled with alcohol", sent me for trial. Of this latter preparation, which seemed the most promising, I sent a considerable supply to my friend Dr. Murchison of London, requesting him to give it a trial. He writes me, a few weeks ago: "I have tried the papaw-juice in two cases of tapeworm; but so far it seems to be perfectly inert. In each case, three successive doses, of six drachms each, on an empty stomach, were administered, followed by castor-oil; but nothing came away except a few single joints, the same as had been coming away before." I fear, therefore, that the active principle must have been destroyed by the mode of preparation.

I may mention that I never saw it tried in tapeworm, as this variety does not, I believe, exist in the Mauritius; it is only the lumbrieus, and occasionally the ascarides, that are there such a pest. I have, however, no doubt but that the fresh juice, could it be procured, would be equally specific in the one case as in the other. I am, etc.,

ROBERT DYCE, M.D., F.R.S.E.,

Professor of Midwifery, University of Aberdeen.

Aberdeen, May 22nd, 1865.

Medical News.

APOTHECARIES' HALL. On May 18th, 1865, the following Licentiates were admitted:—

Fawcett, Thomas Joseph, Newcastle-upon-Tyne
King, John, Stratton, Cornwall
Oakley, John, Shrewsbury
Price, John Lowe, Cheltenham
Quin, John Hogan, North Street, Leeds
Shepard, William Lively, Gray's Inn Road

At the same Court, the following passed the first examination:—

Cremonini, John, Birmingham

APPOINTMENTS.

WATTS, Horace, M.D., appointed, by the Queen, Colonial Surgeon for the Falkland Islands.

ARMY.

BOULTON, Staff-Assistant-Surgeon E. J., to be Assistant-Surgeon Royal Artillery.

CAMPBELL, Staff-Assistant-Surgeon G. M'Iver, M.D., to be Assistant-Surgeon 67th Foot, *vice* R. Heard, M.D.

DEVLIN, Assistant-Surgeon H. W., Royal Artillery, to be Staff-Assistant-Surgeon, *vice* J. M. M'Lean, M.D.

HEARD, Assistant-Surgeon R., M.D., 67th Foot, to be Staff-Assistant-Surgeon, *vice* J. H. C. Whipple, M.D.

M'LEAN, Staff-Assistant-Surgeon J. M., M.D., to be Assistant-Surgeon 12th Foot, *vice* T. Walsh.

PARK, Assistant-Surgeon G., M.D., Supernumerary in 52nd Foot, to be Staff-Assistant-Surgeon, *vice* J. Wales.

WALES, Staff-Assistant-Surgeon J., to be Assistant-Surgeon Royal Artillery.

WALSH, Assistant-Surgeon T., 12th Foot, to be Staff-Assistant-Surgeon, *vice* G. M'Iver Campbell, M.D.

WHIPPLE, Staff-Assistant-Surgeon J. H. Connell, M.D., to be Assistant-Surgeon 21st Foot, *vice* H. O. Harvey.

MILITIA.

GRADHAM, C., M.D., to be Assistant-Surg. West York Rifle Militia.

STAFFORD, S. F. J., Esq., to be Assistant-Surgeon Norfolk Artillery Militia.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

CRAWFORD, J., M.D., to be Assistant-Surgeon 19th Lancashire A.V.

DOUGLAS, M., Esq., to be Assistant-Surgeon 3rd Durham R.V.

FOULKES, F., Esq., to be Surgeon 56th Lancashire R.V.

LOGAN, F. L., Esq., to be Assistant-Surg. 1st Northumberland A.V.

MORRIS, J. E., Esq., to be Surgeon 2nd Administrative Battalion Essex R.V.

OSMOND, T., jun., Esq., to be Honorary Assistant-Surgeon 16th Essex R.V.

SAVILLE, J. J., Esq., to be Assistant-Surgeon 8th Durham R.V.

DEATHS.

BUTT, William R., Esq., Surgeon H.M. Bengal Service, aged 38, on board the *St. Lawrence*, on April 14.

DUNLAP, James, M.D., at Windsor, aged 63, on May 21.

SHEPPARD, On May 23rd, at Neville Street, Brompton, aged 35, Hannah, wife of Walter G. Sheppard, M.D.

SCUMER, On May 14th, at 15, Wellington Terrace, St. John's Wood, aged 2 years, Frank Cecil, youngest child of W. Allen Sumner, Esq., Surgeon.

*WILLIAMS, Thomas, M.D., F.R.S., at Swansea, aged 46, on May 23.

NEW SOCIETIES. An Anthropological and Scientific Professional Society have been started at Madrid.

ETHNOLOGICAL SOCIETY. On the 23rd inst., the anniversary was held at St. Martin's Place; Professor Busk, F.R.S., Vice-President, in the chair.

EXTENSIVE SKIN-DISEASE. Dr. Fischer of Berlin relates in the *Berliner Klinische Wochenschrift* a case of tinea tonsarans affecting the whole body.

DR. JENNER. The Queen has given Dr. Jenner permission to wear the badge of Commander of the Order of Leopold, lately bestowed on him by the King of the Belgians.

A MEDICAL PREACHER. Mr. C. V. Cay, Surgeon of the Coldstream Guards, it is said, has lately preached in a chapel at Sunderland, where his father resides.

SIR CHARLES LOCOCK has issued an address intimating his intention of becoming a candidate for the representation of the Isle of Wight in Parliament. Sir Charles is a conservative in politics.

THE TRIAL OF DR. PRITCHARD is, according to the *Glasgow Morning Journal*, likely to take place in Edinburgh on some day between the 12th and 20th of June.

UNIVERSITY COLLEGE HOSPITAL. The late William Hollins, Esq., of Over Wallop, Southampton, has bequeathed to this hospital £500 for the formation of a fund to be called after the name of the testator.

MELBOURNE UNIVERSITY. At the last annual matriculation, the number of students who had passed the examination was thirty-five, of whom twenty-four were admitted, the rest being absent.

THE SUPERANNUATION BILL. This measure has passed its second reading in the House of Lords. The voice of the profession and its claims for consideration have been completely ignored. In not one sentence of the entire debate is the medical profession even mentioned.

PHARMACY BILLS. Dr. A. S. Taylor and Mr. Simon have been examined before the Select Committee of the House of Commons. The evidence of the former was mainly in support of a clause restricting the sale of the more dangerous poisons. Mr. Simon's evidence was to the same effect.

UNIVERSITY OF EDINBURGH. It is said that the trustees of the fund left by the late Dr. J. B. Gilchrist of Edinburgh for educational purposes, have decided on founding in the University of Edinburgh three scholarships of £100 a year each, to be held for three years by natives of British India, who shall have passed competitive examinations in the presidential colleges. These scholarships will be attached respectively to the medical, law, literary, and scientific classes, religious tests or distinctions being excluded. Similar scholarships, it is reported, are also to be attached to the London University College.

TESTIMONIAL TO DR. J. H. ROGERS. On his resignation of the honorary secretaryship of the East Grinstead Dispensary, Dr. Rogers has been presented with a testimonial by the friends of the dispensary. The choice of the testimonial having been left to him, he selected an elegant conservatory.

DEATH OF DR. VALENTINE MOTT. This celebrated American surgeon died on April 26th, in his eightieth year. In early life he was a pupil for some time of Sir Astley Cooper; and subsequently became distinguished as an operative surgeon and as a contributor to the literature of surgical science.

PUBLIC NEWSPAPERS AND QUACK ADVERTISEMENTS. It is gratifying to note, that the public journals have many or them lately refused to insert in their pages the filthy productions of the rascally advertising quack tribe. Nearly 250 newspapers in country and town have already thus honourably distinguished themselves.

MEDICINE IN BAVARIA. On February 3rd last, the King of Bavaria issued a decree permitting Bavarian doctors to settle where they pleased in his kingdom. It appears that, previously, a doctor after he had taken his degree, was ordered to fix his residence in that part of the country which the government thought most required his services. One could hardly have believed such tyranny had existed in an European kingdom at this time of day.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. An adjourned general meeting of this Society was held at 53 Berners Street, on Wednesday evening, for the purpose of considering a new code of byelaws, drawn up by the directors since the reception of a Royal Charter by the Society. Several of the laws were carefully discussed and adopted; and the meeting adjourned for their further consideration until Wednesday, June 7th, at 8 P.M.

THE EPIDEMIC IN SAVOY still attracts some attention. General Morin states that there can be no resemblance between this disorder and the Russian fever, for in St. Petersburg they carefully avoid the use of iron stoves. In connection with the same subject, and the notion that the disease results from the presence of carbonic oxide in the air, Mr. C. H. Deville reminded the Academy that his brother had shown that red-hot cast iron allowed gases to pass freely.

THE NEW YORK NEW MEDICAL JOURNAL. Memory fails us in endeavouring to enumerate the various attempts to establish a medical journal in the city of New York. We have received the initial number of a periodical entitled *The New York Medical Journal*, it is generally understood that the position of *rédauteur en chef* is held by Dr. Hammond, late Surgeon-General of the United States armies. (*Philadelphia Medical Reporter*.)

MEDICAL STOCK-JOBBER. The *Philadelphia Medical Reporter* advises its clients as follows:—"United States 7-30 Loan.—By an advertisement in our columns, the readers of the *Reporter* are invited to invest any surplus cash they may have, in the great United States 7-30 Loan. In our view, this is the safest investment that can be made of capital, and it will be placing money not only in a safe place, but where it will be of advantage to the country and the world, for truly our country with its institutions is a power for good in the earth. We will cheerfully give our readers who cannot conveniently visit cities where there are agencies for this loan, such information as will enable them to make their investments, or we will transact the business for them."

FEMALE MEDICAL SOCIETY. This Society, established to form a Medical College in London for Ladies exclusively, and to promote the proper education of female medical practitioners, more especially for the purposes of midwifery, held its first annual meeting at the Ladies' Medical College, Fitzroy Square, on the 23rd inst. The Marquis Townshend presided. It was contended that the employment of superior women in the practice of midwifery and the treatment of the diseases of women and children was called for by the gravest social and domestic considerations; and that those departments in the practice of medicine would not only open up to women a wide field of honourable and lucrative employment, but would also prove valuable as a means of intellectual culture and social usefulness to ladies who may not be dependent upon their own exertions.

IDENTIFICATION OF THE DEAD. The *Alta California* of March 16th, reports that Dr. L. J. Henry, by the consent of the coroner of Alta, brought into use the process of Dr. Richardson of London for restoring the features of a dead man who had undergone such change from decomposition that he could not be identified. The man had been murdered and buried in a very shallow grave; the body was discovered from some animals having partly removed the earth. On the body being brought to the dead-house it was quite unrecognisable. Dr. Henry placed it in a water-tight shell, and then covered it (the body) with water containing twenty pounds of common salt and one pound of hydrochloric acid. After immersion for three hours, the body was removed; the face was washed first with simple water, then with chlorine water, and finally a free current of chlorine gas was passed over the face. After the operation, by which the face was bleached, the friends of the dead man were able positively to recognise him as one Charles T. Hill, and on this identification a man was arrested in whose possession various articles belonging to Hill were found, and who is believed to be the murderer. The restoring process seems in this case to have been entirely satisfactory, and to have served a purpose which a few years ago it would have been considered impossible to carry out.

IRISH LUNATICS. In the House of Commons, Mr. McEvoy lately observed that, of 16,600 lunatics in Ireland, 8,000 were confined in gaols, workhouses, and lunatic asylums. The management and treatment of lunatics, therefore, became an important question. There were at present in the gaols 669 who had been committed as dangerous lunatics. The retention of lunatics in gaols had been condemned by the inspectors. The health of the lunatics was not sufficiently looked after, and the discipline of the gaol very much impaired. Lunatics should be sent to proper lunatic asylums, where there would be a prospect of a large number recovering their reason. Sir R. Peel said that Government were doing their best to remedy the want of proper lunatic asylums in Ireland. When the six new asylums they were building, in addition to the sixteen already in existence, were completed, there would be no want of accommodation for lunatics. Even under the present arrangement, whenever a lunatic was certified by the proper medical officers of the gaols to be dangerous, he was, if possible, at once removed to a lunatic asylum. The Government were devoting the most anxious attention to that subject; and, in the course of less than three years, every one of the district asylums, with the single exception he had mentioned, would be completed, and there would be every accommodation for all the dangerous lunatics who either now or who might hereafter be committed to gaols.

SANITATION OF THE INDIAN ARMY. In a general order issued by Sir W. Mansfield at Poonah we read: "His Excellency would further beg the Principal Inspector-General, Dr. Stovell, and Deputy-Inspector-General British Troops, Mr. Canning, to accept his warm acknowledgments for the excellent manner in which they have presided over their respective medical departments, and the energy with which they have directed the efforts of the medical officers under their orders for the improvement of the health of her Majesty's troops and for the spread of sanitary reforms."

THE AMERICAN MEDICAL ARMY STAFF. At the beginning of the present strife, there were but 107 medical officers in the army of the United States. Now there are 500 commissioned officers of the medical staff, 2,000 physicians serving under contract, and a vast force of regimental surgeons and assistant-surgeons. The estimate of the expenses of the medical service of the army, for the year ending June 30th, 1862, was 115,000 dollars. For the year ending June 30th, 1863, the expenditure was 11,594,650 dollars. Everything which science, labour, or money could wisely attempt, has been accomplished.

PAUPER NURSES IN WORKHOUSES. The Poor-law Board has issued a circular to the guardians and directors of the poor, urging the discontinuance of the practice of employing pauper nurses. The circular says a nurse should be a person of experience in the treatment of the sick, of great respectability of character, and of diligent and decorous habits. It is necessary that nurses should be adequately remunerated, and that they should be appointed after a strict investigation of their qualifications for the office. The Board consider it of the highest importance that the assistants to the nurses should also be paid persons. Where pauper inmates are directed to act as assistant-nurses, there is no stimulus, no test of capacity, and no responsibility for negligence.

THE LATE DR. GALLOGLY. At a recent meeting of the guardians of the Clogheen Union, it was resolved—"That we, the guardians of the Clogheen Union, feel we ought not to separate without placing on record our estimate of the long-trying and faithful services of the late lamented Dr. Gallogly, whose connection with us commenced with the formation of the union, and terminated only with his death. During that long period, embracing two visitations of Asiatic cholera and the famine, Dr. Gallogly was never known to shrink from the performance of his arduous duties, but with zeal, Christian gentleness, and benevolence, dispensed his valuable services to the poor, justly winning from them gratitude and respect. Gifted with every attribute of a gentleman, as well as with professional ability, he was beloved and esteemed by a numerous circle of friends, who now deeply mourn his loss." (*Clonmel Chronicle*.)

NOTE-TAKING. Sir Benjamin Brodie says it was from his friend Jeffreys that he first learned the importance of keeping written notes of cases. All his life he kept notes. At the bedside of his patients he jotted down a few memoranda, which he afterwards expanded in the evening; and his notes of cases thus kept for half a century now form many quarto volumes. He did not find that the habit of committing his observations to writing weakened his memory, but rather that it strengthened it; and in the most strenuous terms he insists that no one can become thoroughly well acquainted with his profession, either as a physician or as a surgeon, who has not studied it in that manner. He has always tried to impress this fact on his pupils, and has often lamented that only a small proportion of them would follow his advice.

ROYAL COLLEGE OF SURGEONS OF IRELAND. The 5th of June has been fixed for the annual meeting of the Fellows of the Royal College of Surgeons to elect their representative Council; and, as usual, the same day has been named for the yearly assemblies of the Irish Medical Association and the Royal Medical Benevolent Fund Society of Ireland. A seat on the Council of the College will become vacant by the retirement of Dr. Hutton, whose health has become much impaired. A vigorous candidature is anticipated. At the expiration of the President's (Dr. Jacob) tenure of office, Mr. Wilmot will become President, and Mr. Butcher is mentioned as likely to succeed to the Vice-President's chair. The Irish Medical Association will meet for the discussion of topics of interest to the profession, and will dine together in the evening. A large meeting is to be desired, and, we believe, anticipated. The Royal Medical Benevolent Fund Society will hold its annual assembly on the same day, at four o'clock.

SCOTTISH REGISTRAR-GENERAL'S RETURN. The returns for the first quarter of the year 1865 show a high birth-rate in Scotland. The return of marriages also is satisfactory. The unsatisfactory thing in the quarter's return is, as in England, the mortality, which was still above the average. The population of Scotland was not healthy during the quarter. The weather was very cold, and proved most deadly to the aged. The notes of rural registrars are, in many instances, extremely remarkable:—"Seven of the eight deaths were of persons above 80." "All but two were above 68." "Of the ten who died half had exceeded their three score and ten years." "The youngest of the persons who died was 84." Both last year and this epidemic diseases have prevailed over all parts of the country, especially fever, and increased the mortality. Work has been plentiful, wages high, and provisions cheap; yet fever has raged as a true pestilence in towns where none need have been idle who were willing to work. It has come after Scotland had been enjoying for more than ten years a notable exemption from epidemics of fever. The present epidemic of fever first appeared in September 1863, and if it follows the course of former epidemics it will probably continue for a period of nearly three years from the date of its origination.

ST. MARY'S HOSPITAL, PADDINGTON. On the 23rd inst., the ceremony of laying the foundation-stone of the new wing about to be erected to this building was performed by His Royal Highness the Prince of Wales, in the presence of a large number of ladies and gentlemen. All the galleries and seats containing the spectators were profusely decorated with laurels and evergreens, and dressed with flags. His Royal Highness was received on his arrival, shortly after three o'clock, in the Board-room of the hospital, by the Vice-Presidents, Treasurer, Medical Staff, etc. An address was then read to His Royal Highness, which, after referring to the fact that the original foundation-stone of St. Mary's Hospital was laid by the Prince's lamented father, the late Prince Consort, proceeded to observe that, although St. Mary's was the youngest of the general hospitals and medical schools of London, it having been founded in a new and fast growing suburb, the requirements of the neighbourhood had already rendered increased accommodation absolutely necessary. The new wing was to include a chapel; and the Governors ventured to hope that it would be agreeable to the feelings of His Royal Highness if the new wing should be called after himself—the Albert Edward wing, and the two wards receive the names of the Alexandra and Albert Victor wards, the latter to be exclusively devoted to

the reception of children under the age of five years. The purses presented by the ladies and children on the occasion contained £279.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 TUESDAY....Guy's, 11 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
 WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
 THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Lionel Beale, "An Inquiry into the Nature of the Phenomena which constitute Inflammation."
 THURSDAY. Linnean.—Chemical.—Royal (Anniversary).
 FRIDAY. Royal Institute.—Western Medical and Surgical Society (Anniversary). Secretaries' and Financial Reports to be read; Officers for next Session to be elected: Practical Evening for Cases, etc.

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

POOR-LAW MEDICAL REFORM.—SIR: I beg to enclose you a note addressed to each of the medical officers in this union, in order that your readers may see how much we, as a body, may expect to benefit by the recent recommendation of the Committee on Poor Relief.
 I am, etc., STAMFORD FELCE.

Launceston, May 23rd, 1865.

"Launceston Union, Launceston, 20th May, 1865.

"Sir,—I am directed by this Board to ask the question. What reduction you would be prepared to make in your salary in case the Board provide cod-liver oil as a medical extra?"

"I remain, your obedient servant,"

"S. Felce, Esq." "JOHN DINGLEY, Clerk.

MEDICAL ETIQUETTE.—A correspondent writes: "While I was attending a mild case of hæmoptysis in this village, the patient, being very nervous, wished a neighbouring practitioner to be called in, much my senior. He ordered a prescription, and called the next day, and examined the medicine. The following day, he brought a small ounce bottle of dark sherry colour (very clear) mixture, and in the presence of the patient produced it, and said: 'This is the kind of mixture it ought to be.' Do you think this etiquette a proper thing for a medical friend to do? I saw the case for two days afterwards, and then resigned it altogether, as I could find that my friend would continue to call. This is not the only case I have had."

LIEBIG'S EXTRACT OF FLESH.—SIR: In answer to your question respecting Liebig's Extract (Liebig's) in the JOURNAL of the 13th inst., I beg to say that I have always a supply on hand.

I am, etc., FREDERICK ANDREWS.

23, Leinster Terrace, Hyde Park, W., May 23rd, 1865.

THE GRIFFIN TESTIMONIAL FUND.—SIR: The following subscription has been further received on behalf of the above Fund:—Dr. W. W. Miller (Eye), 10s. 6d.

Amount previously announced, £121:1:3. Received at the *Lancet* office, £9:9.

I am, etc.,

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

115, Bishopsgate Street Without, May 25th, 1865.

TREATMENT OF CATARACT.—SIR: The accompanying letters on cataract and its successful treatment, induce me to request their insertion in your valuable columns; especially as three different surgeons have practised in three very similar modes for this ailment, with most satisfactory result: and, when it is remembered that the hazard of one operation—viz., extraction of the crystalline lens now usually adopted by oculists—is so frequently entirely destructive to the eye, whereas the operation of drilling the lens and "evacuating the aqueous humour", can be repeated a dozen times in hard cataract (if needful), with comparative little, or no pain or danger, and with perfect success. Furthermore, the patient is not required to undergo the present necessary confinement in a dark room after the extraction of the lens, or the skill of a few operators in an especial light room; but every surgeon, who can bleed, could perform the new plan in any room near a window. Thereby thousands of sufferers, who are now too nervous to submit to the confinement and pain, or have not the means to pay for the extraction of the lens, would be happily cured by a well established principle.

I am, etc.,

WILLIAM PARKER, M.R.C.S.,

27, Daniel Street, Bath, May 15th, 1865.

[COPY.]

To Sir David Brewster, Knight, Allerly, Melrose, Scotland.

Sir,—Having read account of your communication upon the cause and cure of cataract, at the last meeting of the Royal Society of Edinburgh, you will please to pardon my addressing you on such an important subject (by tapping the aqueous chamber), and forwarding herewith by same post statements of Mr. Jefferson, who has practised successfully on upwards of 7,000 cases, and myself on many, by drilling a hole in the crystalline lens.

I am, sir, faithfully yours,

WILLIAM PARKER, M.R.C.S.

27, Daniel Street, Bath, February 17th, 1865.

To Wm. Parker, Esq., M.R.C.S., Bath.

Sir,—I beg to thank you for your Lecture on Physiology. The operation which you have performed, by drilling a hole in the crystalline lens, is very interesting. M. Sperino has cured many cases of cataract at Turin, by my process of simply evacuating the aqueous humour, which I published many years ago. He has given an account of these cases in a volume published last year.

I am, sir, ever most truly yours.

Allerly, Melrose, May 6th, 1865.

D. BREWSTER.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Dr. C. H. ALLFREY; Mr. R. S. FOWLER; Mr. STONE; Mr. A. B. STEELE; Dr. W. P. STIFF; Mr. J. Z. LAURENCE; THE HONORARY SECRETARY OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; Mr. C. JOHNSON, JUN.; Dr. BUCHANAN and Mr. J. N. VINEN; Dr. B. W. FOSTER; Mr. EVANS; Dr. S. FELCE; Dr. JOHN THOMPSON; Dr. R. FOWLER; Dr. DYCE; Mr. HOLDEN; Dr. WM. ROBERTS; and Dr. MARSHALL.

BOOKS RECEIVED.

1. The Radical Cure of Extreme Divergent Strabismus. By James Vose Solomon. London: 1861.
2. Transactions of the Epidemiological Society of London. Vol. 11. Part I. London: 1865.
3. The Book of Prescriptions. By Henry Beasley. Third Edition. London: 1865.
4. On Diseases of the Throat; their New Treatment by the Aid of the Laryngoscope. By Thomas Dixon, M.D. London: 1865.
5. Sixth Annual Report of the Sussex Lunatic Asylum. Lewes: 1865.
6. Suggestions on Town Sewage, and its Application to Land by Gravitation. By Lucius H. Spooner. London: 1865.
7. Report of the Wye House Lunatic Asylum, Buxton. 1865.
8. Notes for Students in Chemistry. By A. J. Bernays. London: 1865.
9. Consumption, as engendered by Rebreathed Air and Consequent Arrest of the Unconsumed Carbonaceous Waste; its Prevention and Possible Cure. By H. MacCormac, M.D. Second Edition. London: 1865.
10. The Food of Man in Relation to his Useful Work. By Lyon Playfair, C.B., LL.D., F.R.S. Edinburgh: 1865.
11. Report on the Cheap Wines from France, Italy, Austria, Greece, and Hungary: etc. By R. Druitt, M.R.C.P.L. London: 1865.
12. Surgical Experiences; the Substance of Clinical Lectures. By Samuel Solly, F.R.S. London: 1865.
13. The Food of the People. A Letter to H. Fenwick, Esq., M.P. With a Postscript on the Diet of Old Age. By Joseph Brown, M.D. London: 1865.

I Lecture

ON THE

TREATMENT OF GASTRIC ULCER.

DELIVERED IN

Queen's College, Birmingham.

BY

BALTHAZAR W. FOSTER, M.D., F.L.S.,

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS;
PHYSICIAN TO THE QUEEN'S HOSPITAL, AND PROFESSOR
IN QUEEN'S COLLEGE, BIRMINGHAM.

GENTLEMEN,—In to-day's lecture we have to consider the treatment of ulcer of the stomach; but, before doing so, it may be well for us briefly to review the condition of the diseased viscus. In all cases of gastric ulcer we have an ulceration of the lining membrane of the stomach of greater or less depth and superficial area, and with this in many cases we have more or less congestion of the mucous membrane in the neighbourhood of the ulcer, accompanied often by a state of catarrh. We have also irritability of the stomach; so great in some cases, that all food is rejected almost as soon as received; while in others, the ingestion of food causes intense pain, which, instead of being relieved by vomiting, may pass away only when the ingesta are transmitted into the duodenum. The viscus is thus either partially or almost completely disabled; and, as the proper performance of its functions is of vital importance to our patient, so the treatment that we adopt is necessarily of the highest moment. The existing conditions point out to us two grand principles to be followed; viz.:

1. To promote the healing process by removing all local impediments to the cicatrisation of the ulcer, and by aiding the constitutional powers.

2. To alleviate, as far as possible, the distressing symptoms of the disease. (*Vide Dr. Brinton, On Diseases of the Stomach*, p. 165. Second edition.)

Now, if we consider for a moment the offices which the stomach is commonly called upon to perform in order to support life, we must at once perceive how difficult it necessarily is to fulfil the first of the two great indications afforded us. And if we further think of the process of digestion, the chief symptoms of the disease—the pain, the vomiting, the hæmorrhage, the cachexia—cease to be only alarming, and become to the eye of the physician the almost necessary consequences of overtaxing a damaged organ. We cannot wonder that the stomach cries out in its clearest and most unmistakable manner whenever its surface is irritated by food, and refuses with all its energy to perform functions which, in their very process, irritate the disease that frets it.

If we analyse for a moment the digestive act, we at once recognise several circumstances interfering with the healing of the ulcer, which we may arrange thus:

1. The movement and great changes in volume of the stomach necessitated by the ingestion of food.

2. The mechanical and chemical irritation to the surface of the ulcer produced by the food.* (*Vide Dr. Budd, On the Organic Diseases and Functional Disorders of the Stomach*, p. 138.)

The very functions, then, which it is the duty of the stomach to perform, and which are essential to life, are opposed to a great extent to the healing process which we have to promote. Do not understand me to say that no ulcer can heal so long as the stomach is called upon to act, for such an assertion on my part would be opposed to clinical and experimental facts; but rather that the process of digestion interferes much, in cases of gastric ulcer, with the efforts made to repair the lesion. Consider how, in the case of a cutaneous ulcer, similar irritation would act; and how quickly the surgeon would set about removing all such obstacles to healthy action. In the pain caused by the irritating substances and the movements of the part would be discerned the voice of Nature calling for rest; and, on rest being obtained by the removal of all causes of disturbance, the healing of the surface-ulcer would quickly progress. Rest is as essential to repair as it is to growth; for repair is growth, directed, not to development, but to restoration. (*Vide Mr. Hilton's Lectures on Rest and Pain*.)

Let us bear in mind this great fact, then, in our treatment of internal ulcers; for we shall find that, in all cases of gastric ulcer, our measures must be chiefly directed to procure rest for the organ—rest from all mechanical irritation—rest from all physiological action.

Every attempt to digest food in severe cases of this disease sweeps away, more or less completely, the results of that curative process which has been going on during the previous state of rest, and leaves the ulcer, if no farther, still often as far from being healed as ever. Our great therapeutical agent in the treatment of this affection is, I am convinced, "mechanical and physiological rest" (*vide Mr. Hilton's op. cit.*); and as this is more or less perfectly obtained, so we may divide our remedial measures into those which obtain *partial rest*, and those which obtain the most *complete rest* at our command for the organ. The milder cases of this malady we may treat by *partial rest*; and this we may obtain by regulating the diet of our patient.

We must rule, however, both the quality as well as the quantity of the food, and prevent any distension of the organ, while we guard against any irritation of the diseased surface. Simple and well ascertained physiological laws must guide us in our selection of food. We must recollect that certain forms of nutriment are more easily digested than others; and also that some substances—*e. g.* protein compounds—specially require gastric digestion. Experience teaches that all food which takes much time and energy to be digested, or which is chiefly transformed in the stomach, proves most irritating to our patients. Animal foods, substances likely to irritate the viscus, hot ingesta, and particularly full meals, must be carefully avoided, as they all aggravate the patient's sufferings, and are frequently expelled. On the other hand, as we naturally might expect, bland food of an easily digestible form, of a

* I have not mentioned the action of the gastric juice as an impediment to the healing process, because I believe Dr. Pavy's experiments have proved that, under ordinary conditions, it has no corroding action on the surface of the stomach.

cool temperature, and in small quantities, is easily borne. (*Vide* Dr. Brinton, *op. cit.*, p. 183, 2nd edit.) In milk we have a fluid meeting all the requirements of the system, and at the same time possessing the qualifications above mentioned—at once the most easily digested and the most elaborately composed food. Sometimes, however, when taken alone, it is rejected; and in such cases it is often retained, if diluted with half its bulk of lime-water. This addition prevents more or less the action of the gastric juice upon it; and thus the milk is often passed into the duodenum, to be there digested. By regulating the quantity, however, we can usually ensure its favourable reception; and in many cases we find that the addition of the purer forms of starch, so as to increase its consistence, renders it much more grateful to the stomach. Arrowroot is the best form of starch to use at first. As the patient improves, corn-flour, sago, tapioca, and rice may be substituted; and thus the advance to more solid food most zealously guarded. The more easily digested forms of fish may be next allowed; and from these a most gradual return to the more ordinary forms of nutriment may be made. The greatest nicety of judgment, as well as the firmest control over your patient, must now be exercised; for a single excess will often produce a most serious aggravation of the symptoms. For some weeks after apparent convalescence must you guard your case; and the necessity of this is very evident, when you consider how easily the newly formed tissue covering the ulcer may be irritated.

Such is a brief statement of the treatment by *partial rest*, aided, of course, by such drugs as the urgency of any of the symptoms may require. I shall speak of these drugs in the latter part of the lecture, as their use is only occasionally called for. This treatment is what you may rely upon in the milder cases of the disease, such as we constantly see among the out-patients at the hospital; and you will generally have to adopt it in private practice. By it the stomach is favoured by *partial rest*; and the healing process gradually advances—slowly, however, on account of the frequency of the admission of food. In the severer cases of the disease, where the intense pain and tenderness point to probable perforation, where the irritability of the stomach causes all food to be rejected, or where hæmorrhage in large or moderate quantities indicates quickly advancing ulceration, I would rather have you obey the great principles which I have laid down more completely. I would have you obey as far as possible the indications which Nature shows you, and cease to irritate the organ by forcing it to receive food of which it as plainly as possible expresses its fear. The most rational and most successful treatment in such cases is to give the *most complete rest possible to the affected viscus by stopping the supply of all nutriment by the mouth, and supporting the patient for several days by nutritive enemata*. Perfect quietude in the recumbent posture must be observed; the lips and tongue moistened from time to time with a little water; and everything likely to excite the patient avoided. The body, thus placed in a position requiring the least expenditure of material, is easily supported for several days by enemata alone, even when the weakness of the patient makes the treatment seem hazardous. For eight or nine days the patient may be kept, if desirable, on enemata—even longer, if necessary; and during this time the pain, the irritability of the stomach, and of

the system, cease; and the sufferer enjoys ease to which he or she has long previously been a stranger. Far from becoming weaker, patients in general rally somewhat while under this system. When I first determined to try this method of treatment, I expected that great difficulty would occur in obtaining the cooperation of the patients; but I have found in all cases, with scarcely an exception, not only a willingness to submit to it, but scarcely a complaint during its continuance. The pain is generally so intense, and the patient, if hæmorrhage has occurred, so alarmed, that any treatment is willingly obeyed, especially one the *rationale* of which is so easily understood.

The substances which I have found most useful for enemata are milk, strong unsalted beef-tea, raw eggs beaten up in milk, occasionally a little brandy, and generally, in two enemata daily, ten to twenty minims of tincture of opium.* Feeding the sufferer thus, you gain for the stomach a few days' rest (generally six or seven); and then the symptoms have so much abated, that the treatment by *partial rest* can be adopted with success.

This interval of *complete rest* from all irritation—from all action—I consider of the greatest importance; and I have found it so beneficial in its results, that I would recommend you to treat all severe cases of this disease, whenever possible, by this plan. The ordinary method only partly fulfils the indications that present themselves; and in my opinion, and in my experience, renders the time occupied in the repair of the ulcer much longer. In the treatment by *complete rest* for a time, the patients rapidly advance towards health, and only remain under observation for about three or four weeks. A fortnight of restricted diet, after a week of perfect rest, is usually sufficient to restore the subject to comparative health. In all cases, however, it is essential to ensure, as far as in your power, a favourable form of diet for some short time longer.

I may here mention to you a case which, although not one of gastric ulcer in the ordinary acceptation of the term, nevertheless called for much the same line of treatment. I allude to a case of poisoning from a corrosive fluid (acid solution of chloride of zinc), now in No. 1 Ward of the Queen's Hospital. Gastritis and ulceration arising from causes like this you will often meet with; and, as I have in a previous lecture told you, they can be best treated by *complete rest*. This man had marked symptoms of gastric injury after he had recovered from the immediate effects of the poison. He was treated for some time on the restricted diet plan. The symptoms varied from time to time; but at last, after rather too full a meal, a severe attack of hæmatemesis occurred. Now thoroughly alarmed, he was glad to assist in any treatment that might prove beneficial, and for six days was fed by nutritive enemata given every two hours. From day to day he improved; the pain, the tenderness on pressure, disappeared; no hæmorrhage recurred; and when, after his long fast, he began his slight milk diet, no unpleasant symptoms followed. Ever since, the patient has done well, and advanced steadily towards health.

Cases of this kind, gentlemen, and the cases of gastric ulcer which you have seen treated in the hospital, speak more strongly and effectually than any

* The enemata should be as small as possible, from two to six ounces.

words of mine can in favour of a method of treatment which, by its simplicity and rational character, needs little argument to recommend it.

I have avoided as far as possible mentioning the drugs that are used for certain purposes in this disease, because I believe none of them are essential to us in promoting the first great object of our desire: I mean the healing of the ulcer. Certain symptoms, however, arise in the course of the malady; and, as in other diseases, the treatment of these symptoms forms often a great portion of our work. Rest for the organ has the effect of quickly diminishing the pain and allaying all irritability; and, if the rest be complete, these symptoms rapidly disappear. Perforation is best prevented by the treatment I have recommended; but, when it has occurred, the attention ceases to be occupied by the gastric lesion, and is concentrated on the resulting peritonitis. The hæmatemesis is, however, the symptom that we usually have to combat; and here, when it is copious, we often find drugs of great assistance. As we have usually time given us to check this hæmorrhage—for it is seldom immediately fatal—we can take a variety of measures to prevent its recurrence. When it occurs in small quantities, the recumbent posture, and rest as perfect as possible for the viscus, usually suffice to stop it. In most cases, ice in small rounded pieces may be swallowed. When the hæmorrhage is copious, I have usually found a mixture containing diluted sulphuric acid and gallic acid (ten minims of the former and five grains of the latter) in water, taken every two or three hours, the best remedy. Oil of turpentine—ten to twenty minim doses—has been strongly recommended. Acetate of lead with opium, alum, and tannin, may also prove useful.

As long as rest is observed strictly, the bleeding does not often recur; and this perfect rest, obtained as I have recommended, will usually be sufficient to prevent the return of this bad symptom. In treating patients, then, by the plan of *complete rest*, we not only place them in the most favourable position for the cicatrisation of the ulcer, but we also, for the most part, fulfil our second great indication—the alleviation of the symptoms. Certain medicines are, however, useful to us in this disease, not so much as curative agents as auxiliaries to our great therapeutic agent—rest. Opium has deservedly the highest position on the list, and you will find it in this affection most valuable. Not only in allaying pain, in soothing the general irritability of the patient, but also by its action as a stimulant, and by checking the waste of the tissues, do we find it most beneficial. Mr. Skey's observations as to its efficacy in the treatment of cutaneous ulcers are equalled almost by the general praise which it receives from all authors who have written on gastric ulcer. I have usually given it in the enemata to my patients, as thus we, in addition to its constitutional action, gain its soothing effect on the rectum, and prevent that irritability of the gut which sometimes interferes much with the treatment by *complete rest*. In some of the milder forms of hæmatemesis, if you cannot altogether stop ingestion of food, you will find good effect from this drug combined with kino, as in powder of kino with opium.

Tonics are needed during the period of convalescence, to remedy the cachexia; though this symptom, for the most part, begins to disappear as

the healthy condition of the stomach is restored. You will find the milder preparations of iron and quinine the best. I usually prescribe five-grain doses of citrate of iron and quinine, in infusion of calumba. This latter is probably the most useful vegetable tonic infusion at our command. In the anæmic state, often so marked in our younger female patients, the ammonio-citrate and the potassio-tartrate of iron may be prescribed with benefit.

Bismuth, since its introduction by Odier, has enjoyed a considerable repute in the treatment of stomach-diseases. In this affection, you will often find it useful as an auxiliary to your after-treatment, allaying as it does the irritability of the stomach, and checking the pyrosis. (*Vide Dr. Budd On the Organic Diseases and Functional Disorders of the Stomach*, p. 332.)

With regard to the use of *aperients*, I must warn you that they are only necessary, as a rule, in the after part of your treatment. Occasionally they are required in the earlier stages, but at all times should be of the mildest kind. Castor oil is probably the best, and may be given in enema, in which form all purgatives are best exhibited. Mercurial preparations prescribed to this end have, as Dr. Brinton has well observed, a most injurious effect.

You will find many authors vaunting the use of nitrate of silver. Let me remind you, as I have often done before, how useless the administration of a drug must be whose composition, if not changed long before its arrival in the stomach, is converted into an insoluble chloride immediately it reaches that viscus. Its stimulant action on the ulcer itself cannot be insured till we can directly apply the unchanged nitrate. "The careful system of diet, which is usually adopted in conjunction with the remedy, is itself sufficient to account for all the benefits observed." (*Vide Dr. Brinton, op. cit.*, p. 182.)

PRURIENT EXHIBITIONS. We hope that the case heard a few days ago at the Marlborough Street Police Court will have the effect of putting an end to the dirty and prurient exhibitions which are set up in London under the pretence of affording anatomical instruction. A gentleman went into one of these places in town and found it full of "disgusting models," so disgusting that the reporter states his description of them "is unfit for publication." A creature stands at the door of this den inviting the passers-by to walk in, and almost laying hands on them to compel them, while the immediate neighbourhood is infested by men who thrust loathsome bills upon everyone they can get near. There is a part of the Strand, and thence to Temple Bar, which is a disgrace to London during the day, and at night it is hardly safe to pass along it. It is thick with the scum of the town. Sir Richard Mayne would be doing a public service by ordering more vigilance to be used in this part; and as for the detestable exhibition which pollutes the thoroughfare, if it cannot altogether be removed, surely the pavement can be kept clear of the vagabonds who are touting for the spirits, more evil than themselves, inside. Thousands of poor creatures are being driven about from hole to corner in order to make our streets respectable, while indecency is thus openly advertised and proclaimed. If the police did their duty, the nuisance could at any rate be so reduced that it should not be an insult and an offence to every one who walks by the doors. (*Pall Mall Gazette*.)

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ROYAL PORTSMOUTH HOSPITAL.

DISLOCATION OF THE KNEE-JOINT.

Under the care of E. K. PARSON, Esq.

J. B., aged 74, a strong muscular old man, was admitted on March 2nd, with dislocation of the knee-joint. The accident occurred as follows. The patient was descending a step-ladder; his foot slipped, and, catching between the steps, the knee-joint was twisted with considerable violence; the head of the tibia was thrown outwards; the internal condyle of the femur pressed inwards against the skin, threatening momentary protrusion. There was considerable deformity, making the nature of the accident easy of recognition at a glance. Reduction was effected in the following manner. Two assistants, grasping the leg near the ankle, made extension; another steadied the femur; while the house-surgeon, passing both hands round the head of the tibia, pulled it strongly inwards. It slipped into its place with a jerk. There was some swelling afterwards; and an evaporating lotion was applied. The patient was discharged twelve days from admission, with perfect use of the joint.

As this is a rare accident, it may be of some interest to note it. The reduction of the dislocation is not easily effected. Contrary to what we read in surgical works, considerable force must be used in extension to bring the bones into their natural position.

AMPUTATION OF THE THIGH.

Under the care of H. B. NORMAN, Esq.

W. M., aged 22, was admitted March 24th last, with disease of the knee-joint of nine years' standing. Amputation of the thigh was performed two days after the patient's admission; and, as is usual in such cases where the cause of constitutional irritation is removed, his improvement was immediate; and he was discharged in thirty-eight days from admission, vastly improved in health, with the wound completely cicatrised.

The operation was of the flap kind. Silk ligature was used to tie the femoral artery; thread for the smaller vessels. The flaps were brought together with iron wire; and a piece of wet lint was applied to the wound. This is the usual and only dressing applied after amputation in this hospital; no roller is used; but the stump is placed on a carefully arranged pad or pillow, which affords an uniform support, and serves every useful purpose.

Amputation of thigh was performed by Mr. Fergusson at King's College Hospital on May 6th; and, as there are some interesting and novel points in the mode of operating, they are reported here for the consideration of the profession. The patient was a woman who had been some time afflicted with a large tumour springing from the inner condyle of the right tibia; and, as she was suffering from intense pain

and considerable constitutional disturbance, it was deemed that amputation was the only sure means of giving her relief. The operation was performed as follows. The patient being chloroformed, an assistant compressed the femoral artery as it passed out under Poupart's ligament, no tourniquet being used. Mr. Fergusson raised the diseased limb nearly at a right angle with the patient's body for about two minutes; he then transfixed the thigh directly in front of and close to the femur, about three inches from the patella, bringing the knife out obliquely downwards. He proceeded in a similar manner at the back of the thigh, making as it were two short flaps. He then divided the tissues close to the bone, while an assistant made retraction. The bone was sawn off about three inches higher than where the knife first passed in; the vessels were then secured, and the flaps brought together with silk ligatures. The wound made but one line, as in the circular operation; and very little blood was lost. Strips of wet lint were then applied to the stump, and a roller over all.

Mr. Fergusson made the following remarks. He said that, after a large experience, he thought it better, in amputation of thigh, to depend on compression of the main artery by the finger of an assistant, than to trust to a tourniquet. It might have been also observed that he raised the limb for a short time, so as to unload the vessels, as it was of importance that as little blood as possible should be lost by the patient in her weak condition. The consequence of this proceeding was satisfactory; not more than an ounce of blood was lost. There were two modes of operation for amputation of the thigh, usually styled the flap and the circular; and he was of opinion for some time that a modification of each could be used, as in the present case, with very great advantage. It may have been observed that he transfixed the limb as in the flap operation, bringing the knife out obliquely downwards; and that he divided the tissues adherent to the bone, as in the circular operation; while retraction was made by an assistant. The consequence was apparent when the flaps were brought together. We had a wound in one straight line, getting rid of the side wounds, which very often extended three inches up the stump in the ordinary flap operation. He thought that this mode of operating would be found to be a great improvement on the old methods.

VENTILATION IN FEVER. Dr. MacCormac of Belfast thus writes on this subject to the *Dublin Medical Press*. "If Dr. Kennedy will come to Belfast, I will show him hundreds, if not thousands, of persons, of both sexes too, myself inclusive, who keep their windows open all night through, in all seasons, and with every possible advantage. I kept the windows entirely out during the treatment of cholera, and with the utmost benefit. I never treat a case of fever, at whatever period of the year, without opening the window and keeping it open day and night—a degree of exposure which Dr. Henry Kennedy affirms to be impossible. Persons in fever do not commonly labour under cold and livid feet, with cool breath and pulseless wrists. The hot stage is of a certain duration. There are also hot months in the year, during which the absence of ventilation entails, if possible, yet greater evils than during the cold. I never found the least difficulty in maintaining warmth along with open windows in fever. It is a perfect matter of notoriety, that fever cases by the roadside recovered oftener and better than in hospitals with the closed windows. Dr. Kennedy says he does not see how wards are to be kept dry. To which I reply, it is simply by not wetting them."

Original Communications.

ON AZOTURIA.

By EDWARD H. SIEVEKING, M.D., Physician to
H.R.H. the Prince of Wales, and to
St. Mary's Hospital, etc.

OF late years it has become the fashion to deny the existence of such a malady as the one to which Dr. Willis gave the name of azoturia. But, if the prominence of a particular symptom may determine the nomenclature of disease, it appears to me that the term in question may readily be justified. I have often in conversation discussed the matter with medical friends, and have stated my opinions; but have avoided any publication of them, because, though satisfied in my own mind, I felt that the evidence I had to offer was not so complete as the bio-chemist of the present day demands. I may at once state that the evidence I have to offer is defective in this way: modern analysis requires that, in order to determine the real excess of urea, the urine of twenty-four hours should be collected and measured; without which proceeding it is affirmed that the absolute quantity of urea passed cannot be fixed. I have no desire to set any limits to accuracy and minuteness of analysis, and feel assured that perfect correctness can only be attained in the way indicated. At the same time, the practitioner, in dealing with cases in private practice, and especially with cases that are only seen occasionally and at long intervals, is compelled to use comparatively coarse modes of estimating; and, if his statements are made with the necessary reservation, he may hope to advance the truth, though in a less perfect manner than is in the power of those capable of adopting a more perfect method.

Although I do not doubt that many cases of azoturia occur among the poorer classes, their maladies generally assume a more tangible character; and until the out-patient system of hospitals and dispensaries is revised, it will be impossible for the physicians to devote that care to their investigation which is necessary for the present purpose. Dyspepsia or anæmia are terms that cover a multitude of diseases, which a greater refinement of diagnosis would readily reduce to some other denomination.

While admitting the imperfection of my analyses, I cannot but think that, if we find a patient habitually passing urine of a high specific gravity, averaging 1030, and not due to the presence of sugar, nor associated with albumen, and proved to contain a very large amount of urea, we are justified in terming his case one of azoturia; the more so, if on close inquiry, no tangible disease can be detected to which the accompanying symptoms are referrible.

It has been my lot to have met with numerous cases of protracted indisposition, accompanied by defective powers of assimilation, irregular digestion, debility, general and indefinable *malaise* and more or less emaciation, though this not always, in which I held the excessive waste of the nitrogenous tissues, as indicated by the increase of urea in the urine, to be an adequate explanation of all the phenomena. The diagnosis was, in part, attained *par voie d'exclusion*; but after satisfying myself of the absence of all other sources of the morbid feelings of the pa-

tient, it appeared that a persistent and palpable feature, such as the one alluded to, would justify the application of Willis's term. Dr. Prout (*On the Nature and Treatment of Stomach Diseases*, 1848, p. 94), who gives a description that in most points tallies with my own observations, distinguishes between two forms of the disease; in one of which there is diuresis; while in the other there is an excess of urea without diuresis; and he regards the affection as analogous to diabetes. He considers that he has the strongest presumptive evidence, both from observation and analogy, that, if permitted to proceed unchecked, or if injudiciously treated, it passes into diabetes or some other formidable disease, though he has no positive proof of such termination.

I have at present under observation the case of a gentleman, in whom there is an alternation of azoturia and glycosuria; though, in neither case, is there a secretion of urine justifying the term diabetes. The amount passed rarely exceeds three pints in the twenty-four hours; but, while at times the urine is almost solidified by the addition of equal parts of nitric acid, owing to the formation of nitrate of urea, at others it is found to contain a palpable amount of sugar, as confirmed by the examination of my friend, Dr. Matthiessen, the lecturer on Chemistry at St. Mary's Hospital.

I have shown elsewhere, that an excess of urea is, as was already shown by Dr. Prout, a frequent accompaniment of epilepsy—an exhaustive condition which might have been predicated *à priori*, if *à priori* reasoning were of any value in determining natural phenomena. The occurrence, however, is not uniform; in fact, it fails with sufficient frequency to have induced one writer to assert that the characteristic feature of the urine in epilepsy was an absence of urea. Dr. Parkes, in his admirable work on urine, states that he has never met with a case of genuine azoturia, though he admits the possibility of its occurrence, as he quotes a case examined by Dr. Ringer, in which a man who was not febrile, and only appeared feeble, passed no less than 1130 grains of urea in each twenty-four hours, or about three times the average secreted by an adult male. It is of such cases, and not of the coincident occurrence of an excess of urea in other diseases, as in epilepsy, that I am now speaking; and I cannot but think that, were a special series of volumetric analyses undertaken to determine the point, the view originated by Prout would receive more positive support than it yet has, and azoturia would be definitively accepted as a member of the nosological fraternity. It is possible that Golding Bird, who laid what I should regard as an undue stress upon the presence of oxalates in the urine, because they come and go like will-o'-the-wisps, often spoke of cases of azoturia when he discussed his hobby oxaluria. He admits that, in oxalic urine, the density increases with the quantity of urea, which is often present in large excess. Indeed, he continues, "I regard the presence of a greater or less excess of urea almost as characteristic of the morbid state of the urine for which I am contending, as the oxalate of lime itself." (*Urinary Deposits*, 1857, p. 241.) Without controverting Dr. Bird's statement, I may state that, in the cases of azoturia as I have observed them, this balance between oxalates and urea has not presented itself; and, in fact, I may say, that the oxalates have but rarely occurred with the excess of the latter substance.

The following is a case to which I should apply the term, azoturia.

A gentleman, aged 53, but looking much older, consulted me in January 1861. He had always been very temperate, and had enjoyed good health till after an affray with poachers ten years previously,

when he had an attack of jaundice. He recovered from this, and remained well till, four years ago, he became subject to bilious attacks accompanied by irregular action of the bowels. Three years ago, after much annoyance and mental excitement, he suffered from carbuncles on his back. Since that time he had been in bad health; suffering from a feeling of numbness in the left leg, and occasional severe attacks of diarrhoea. He complained of occasional neuralgic pains, and at times entire absence of sensation in the left foot. He walked into my room like a man debilitated by disease, but in no way resembling a paralytic. He complained of having been affected with seminal emissions. I examined him very carefully afterwards in bed, and could find no trace of loss of parallelism or loss of motor power. I could not satisfy myself, by the æsthesiometer, of any material impairment of tactile sensibility; no tenderness of the spine and no abdominal derangement were traceable; nor was there any disease of the rectum or prostate. I commenced the treatment with steel, and the application of an anodyne liniment; and ordered wine, beer, and nutritious food. The patient, being a teetotaler, was with great difficulty persuaded to take any fermented liquors. I obtained a specimen of the morning and evening urine before my next interview, when I had a consultation with a leading physician on the case. Both specimens had a specific gravity of 1035, were strongly acid, exhibited no increase of phosphates, and contained neither sugar nor albumen. There were no crystalline forms in either, and specifically no oxalates; but both specimens almost solidified on the addition of equal volumes of nitric acid, by the formation of nitrate of urea. The joint examination elicited no proof of any organic disease; and it was agreed that the case was one of azoturia. The quantity of urine never was large that was passed in the twenty-four hours; it rarely attained to three pints. I find that on one occasion I had the advantage of obtaining a volumetric analysis from Dr. Ringer; and the estimate was seven drachms and a half in the twenty-four hours—an amount considerably above what Dr. Parkes considers the average in the healthy adult. The gentleman remained under my treatment for three weeks; and improved materially under the administration of mineral acids, opiates, and tonics of various kinds. It was not till after twelve days' observation that I discovered a few oxalates in his urine. In a medical report which I gave the patient at his request, on leaving town, I stated that I regarded the azoturia as the source of debility; and that the drain caused by a persistent waste of tissue, indicated by an excess of urea is the urine, sufficiently accounted for the anomalous nerve-symptoms to which he was liable.

I saw the same gentleman again at the end of 1862, when he was passing through London after he had, without medical advice, been taking the waters of Kissingen, and thereby brought on severe diarrhoea. He was naturally weak in consequence; but the urine presented a specific gravity of 1025—lower than I had ever seen it formerly, and I have a memorandum that it contained but little urea.

There are many insidious morbid conditions for which we may find an adequate explanation in the urinary secretion, with important hints as to treatment and regime. The insidiousness of degenerative renal disease as indicated by albumen, is a point that can scarcely be too often mooted; and it is surprising how often and how long patients continue ailing and complaining of feebleness and want of power without presenting any very tangible symptoms, when an examination of the urine reveals the cause of the anæmia, the weakness, and the apnoea,

and at once suggests the proper indication. Although albuminuria is a much more frequent cause of these insidious symptoms than azoturia, still I am satisfied that there are numerous cases of chronic disease going through a weary life, for which the undue waste of the nitrogenous tissues indicated by a high specific gravity of the urine and an excessive proportion of its urea affords a satisfactory explanation.

ON SYPHILITIC ULCERATION OF THE PALPEBRAL CONJUNCTIVA.

By JOHN WINDSOR, Esq., Consulting Surgeon of the Manchester Eye Hospital.

OF the secondary symptoms of syphilis, there is one which appears to have been rarely observed by writers on this subject, or, if observed at all, to have scarcely attracted particular notice or description: I allude to an ulcerated state, evidently, from its history, of syphilitic origin, appearing on the palpebral conjunctiva, and generally involving the adjoining tarsal cartilage. It is certainly an affection, as compared with other secondary symptoms, of rather rare occurrence; and in my own practice, of now a long duration, I do not remember (excluding, perhaps, two or three instances of it in congenital syphilis) to have met with more than about seven or eight cases; and of these, two of which occurred recently, I am enabled to add a brief report. Before doing so, however, I wish to premise a few remarks.

The subject of syphilis has for a long time, but more especially at a comparatively recent period, attracted considerable attention and research, both in this country and abroad; from which, I believe, a more correct knowledge of the specific distinctions of the disease has been acquired than was previously possessed.

At the present time, the conclusion arrived at seems to be, that there are two forms of primary syphilitic ulceration. One is the soft suppurating sore, sometimes accompanied, or soon succeeded, by enlargement, and not unfrequently suppuration, of the adjoining inguinal glands, but not contaminating the system, although communicable to others, and capable of reproducing repeatedly, by inoculation, similar sores in the same or in a different individual. It may be observed that occasionally, from some inflammation being excited, a degree of hardness is produced even in this form, but still distinct from the circumscribed and generally characteristic induration of the other.

The second form is the indurated sore, sometimes called the Hunterian chancre, the character of which is, in the first place, the secretion of an adhesive material, fibrine instead of pus (which latter occurs in the other form); thus appearing at first often rather as a pimple or hard tubercle, than a pustule. With this second form there is also not unfrequently some indurated enlargement of the adjoining inguinal glands, but it is not apt to undergo a suppurative process. This second form is the one which infects the blood; enters into the patient's system, producing secondary symptoms; and, although communicable to others, is not autoinoculable, except in its earliest period, before the adhesive effusion takes place. It, as a rule, occurs only once during life; whilst the first form may occur many times.

The first form I would compare to the *porrigo* (*impetigo*) *larvalis* (Willan), which, by contact, is often conveyed from one part of a child to other parts, or to those of its nurse. The second form I would rather compare, as infecting the general constitution, and mostly occurring once only during life, to small-pox, although

differing by the virus of the latter being in a great degree speedily eliminated from the system. Like small-pox, also, it has a period of three to seven weeks, or more (according to Mr. Henry Lee), of incubation, before the characteristic circumscribed hardness appears in the original fissure, abrasion, or pimple; and we know that another period intervenes before the appearance of secondary symptoms.

It seems possible that these two forms of syphilitic ulceration may coexist in the same person, and thus be communicated simultaneously to another; and thus, probably, the appearance of a pustule, not attended by a period of incubation, may sometimes precede the development of the true incubated chancre.

The first, or soft suppurating sore, is curable without the use of mercury, and its specific character may be generally effaced by the early application of caustics. The second, or indurated infecting sore, along with its secondary constitutional symptoms, or, as not unfrequently occurs, in its congenital hereditary form, yields to the action of this valuable medicine, administered seasonably, moderately, and cautiously, according to the circumstances or peculiarities of each case. For our present more precise knowledge of syphilis, we are especially indebted to the researches, experimental and practical, of Mr. Henry Lee, as shown in his recent work on *Syphilis*; although, doubtless, there have been other able coadjutors, both domestic and foreign, in the investigation of this important subject.

With regard to the more immediate subject of this paper, it seems, as far as I know, that Mr. Lawrence was the first to give an accurate description of it, as published in his work on *Diseases of the Eye*, as also in his work on the venereal disease of that organ. It has been since mentioned in the works of Mackenzie, and also of Middlemore, on the eye; and in the manual of Wharton Jones; perhaps, also by others; but I do not see it mentioned in Travers's excellent *Synopsis*, nor in Morgan's *Lectures on the Eye*. Neither have I seen any account of it in Scarpa's or Weller's works on the diseases of the eye. It is adverted to in Desmarres's, and also in Déval's, *Traité des Maladies des Yeux*; but not in the earlier works of Demours or Desmonceaux; nor is it noticed, I think, except very slightly, by Carmichael of Dublin, or Sir Charles Bell; nor in the comprehensive work of Langston Parker (third edition) on *Syphilitic Diseases*; yet Mr. Parker notices particularly the frequent occurrence, in secondary syphilis, of inflammation and ulceration of the mucous membrane investing the nares.

Some of the first examples of the affection which I had an opportunity of seeing occurred in persons whose cases I have recorded as instances of the phagedenic form of syphilitic ulceration; and the sores appearing on the palpebral conjunctiva are noticed incidentally, as seen in a subsequent period of the progress of the disease. Indeed, at that time (1821) my attention had not been particularly directed to the subject; and the first edition of Mr. Lawrence's work, containing his remarks on it, was not published until 1833.

CASE I. I was called on May 16th, 1825, to a gentleman named R. Allen, on account of a rheumatic affection. At the same time, a hard tumour, of about the size of a pea, presented itself near the frænum penis, which gradually became more inflamed, and afterwards ulcerated; the ulceration soon extending much over the part between the prepuce and the glans, forming a very large irritable sore, with hard ulcerating edges. In this state it proceeded for a few weeks; and then, after the continued use of decoction of sarsaparilla, aperients, and

milk diet, with rest, it began to assume a healing aspect, and was nearly well, when he irritated it by exposing himself to a fresh infection; but, by persevering in the same treatment, it again presented a healthy healing appearance, under the application of poultices and mildly stimulating mercurial ointments. On August 12th, it was nearly well; and an eruption on the forehead, which had troubled him for about six weeks, had also disappeared, excepting the marks, under the same treatment. Recently, however, the disease had reappeared in the form of five or six blotches on the forehead, of a circular form, of about the size of a sixpence, or smaller, flat in the centre and elevated at their margins, all of a coppery red colour; one on the head, amongst the hair, discharged matter occasionally from under a crust; and one on his forehead was nearly in the same state. There were two or three smaller eruptions on his face, in the form of acne or ecthyma. He continued to take decoction of sarsaparilla; and a solution of hydrargyrum corrosivum sublimatum was applied.

Oct. 1st. The eruption on the head and face was nearly well. For the last fortnight he had complained of his throat, which, on inspection, looked rather red, but was not ulcerated. The sore on the inferior part of the glans, or rather on the corpus spongiosum behind it, continued open, but had a clean healthy appearance.

Nov. 12th. He called upon me. Having gone out much during wet cold weather, and also living rather irregularly, he was not so well; his throat had become ulcerated on both tonsils, and on the posterior part of the pharynx, with hoarseness and some cough. The eruption on the skin continued better; the sore on the penis about the same. His pulse was accelerated; his appetite and general health indifferent. I directed him to stay at home, and to live much on milk diet; prescribing him pills twice a day of extract of conium and rhubarb (sing. gr. ij); and decoction of sarsaparilla with dilute nitric acid after each dose; also to use frequently a gargle of oxymuriate of mercury with tincture of myrrh and rose-water.

Nov. 19th. A sore (serpiginous), which he had had on his forearm, was now healing from the centre, whilst its margin was yet rather ulcerating. The sore on the penis was healing in some parts from its edges, but in others was rather ulcerating. His throat was about the same. A very large abscess, formed in the perineum in consequence of a blow on the part, discharged freely. A few scattered spots appeared on the trunk, but were scarcely ulcerating.

Nov. 27th. He was in nearly the same state. The phagedenic or serpiginous sores were still rather extending. The tonsils and posterior part of the pharynx were almost covered with ulcers. *One also, for the last ten days, had formed under the superior palpebra of the left eye.* That on the penis was extending at the margin, although healing at its middle. That on the arm was cicatrised, but was red, hard, and elevated. There were several sores on his body, but there was scarcely any discharge from them. The sore from the blow in perineo seemed healthy, but was still large. The sores on his body were dressed with resin cerate, and those in the throat were touched once or twice a day with oxymel æruginis. The other medicines were continued.

Dec. 18th. The oxymel æruginis, with an equal quantity of water, the parts being washed immediately afterwards, seemed to have had a good effect on the sores of the throat, penis, forearm, and conjunctiva palpebræ; and all of them appeared healing, as was also slowly that of the perineum. The pulse was still frequent, and the appetite indifferent.

Dec. 28th. The sore on the penis, after being open

nine months, was now just healed. The throat and other parts were also rather better, and his general health was a little improved.

Jan. 1st, 1822. About a dozen scabbed sores existed on the back and right side of the trunk, varying in size from that of a sixpence to a shilling. I prescribed him hydrargyrum cum creta and rhubarb (sing. gr. iij) three times a day, with an antimonial demulcent mixture.

Jan. 30th. He was nearly in the same state. Another small ulcer, which had appeared under the same palpebra, but rather nearer the external canthus, was touched with the oxymercurinis.

Feb. 18th. The conjunctival lining of the superior palpebra was nearly healed, but appeared of an unequal white and red colour, and was not perfectly smooth. The throat also appeared rough and ulcerated in points. Small ulcers on the penis alternately healed and broke out again. The incrustations on the trunk were in general falling off, but some formed again. His general health seemed rather improved.

April 20th. The state of the throat, conjunctiva, penis, and perinæum was about the same; and the cutaneous incrustations continued in the same state. He had some cough, and a little œdema of the lower extremities towards night.

June 4th. The palpebral conjunctiva continued a little red and rugose, but not ulcerated; the other parts were much the same. The cutaneous scabs had in a great measure fallen off. The cough and œdema of legs were nearly gone. Pulse frequent; appetite and sleep moderate. He walked out now a little almost daily.

June 21st. The palpebral conjunctiva of the left eye was again ulcerated; that of the right one had also latterly become affected, first by a few enlarged vessels appearing, which soon increased so as to produce a dense red spot, the precursor, probably, of ulceration. Numerous scattered spots of acne or ecchyma, with a yellowish suppurating point, had appeared nearly all over the body, producing much soreness. The throat was also in the same ulcerated state as it had been occasionally before. For the last four or five weeks he had been using, by his own desire, a mild mercurial course; but during this time there had been rather an aggravation of his complaint.

July 15th. The eruption was rather worse than better, affecting the face (especially the nose, which was almost covered with scabs and ulcers), the head, back, arms, and indeed the whole surface of the body. Some of the ulcers were covered with large crusts; others were discharging, and requiring to be dressed. The throat, palpebral conjunctiva, perinæum, and penis were much in the same state as before. I desired the mercury, which had been taken lately in very minute doses, to be entirely omitted; and ordered him to take only a mild aperient pill, and the decoction with acid as before.

Oct. 30th. Since last report, he had been staying in Liverpool; and during that time had been chiefly under the care of Dr. Macartney, who prescribed for him compound decoction of sarsaparilla, with an addition of extract of sarsaparilla, three tablespoonfuls three times a day; one-eighth of a grain of bichloride of mercury three times a day; and six minims of liquor arsenicalis three times a day; also antimonial powder, with extract of conium and opium, each night; and black oxide of mercury for fumigation. He also took twice a day a pill of two-thirds of a grain of black oxide of mercury, with ten grains of compound chalk powder and a grain of opium. The warm sea-bath was tried, but it seemed rather to increase the eruption. At present he was much better. The scabs had in a great measure fallen off, leaving

the parts healed. The ulcers of the conjunctiva were healed; the penis also. The throat was better, and the perinæum was healing. His general health was improved. Pulse natural; appetite moderate.

Dec. 6th. The pills and arsenical drops had been continued; but, some diarrhoea having come on, I desired him to discontinue them for a short time. A spot of ulceration, of about the size of a split pea, had appeared on the velum pendulum palati. He was prescribed half a pint of compound decoction of sarsaparilla twice daily, and to use the gargle as before for his mouth and throat.

Feb. 20th, 1823. About three weeks since, whilst there was a very severe frost, he continued to go out daily. Calling upon him at this time, I found the throat, tonsils, uvula, and pharynx presenting a sloughy appearance. Two sores upon the front of his leg had also a nearly similar aspect. His pulse was frequent, but his appetite tolerable. I desired him to keep the house, to live pretty well, to use his gargle warm, and to apply to his leg a linseed poultice. In about a week, the throat became cleaner; the greater portion of the uvula, sloughing off, came away. The ulcers on his leg had a sloughy and ulcerating appearance. I desired the linseed poultice to be exchanged for a bread and milk one, which immediately effected a favourable change, the sores assuming a granulating state, and soon beginning to cicatrise. His general health again improved. The conjunctival sores healed; those of the penis and perinæum nearly so. His skin was pretty free from tuberculous or ecthymatous eruption, but almost covered with large cicatrices.

March 27th. He continued better as to the external complaints, these being confined to a few small clean ulcers on his legs; but he had now become decidedly the subject of ascites, with œdema of the lower extremities.

Having already related this case so much at length, I will refrain from further details, only stating that, by the means adopted, the dropsical symptoms were removed.

March 1825. After the last report, he had a return of tuberculous or acne-like eruption all over his body, with much headache and some sore-throat; but he had now for some time been in tolerable health, only he was considerably altered in his appearance by the very long duration of his illness and the numerous cicatrices on his face.

Since reading the work of Langston Parker, I am inclined to think that the disease would probably have had its course arrested by larger use of some mercurial fumigation.

Having dwelt so long on the recital of the above, as I consider, very interesting case, I will endeavour to be more brief in what has to follow.

CASE II. In October 1827, I saw a gentleman named Daniels, affected much in the same way as Allen was. He had ulcers on the palpebral conjunctiva and tarsal or ciliary margin; also an enlargement of the left testis, or what has been called syphilitic arceole. Under the use of decoct. sarzæ and liquor arsenicalis, he soon improved, and in about two months was almost well, the sores being all healed, except one on the left arm, now also healing. The testis also was much reduced in size, under the application of ol. palmæ camphor. I saw him occasionally for a while; and on April 5th, 1828, I found he had been well for some time. I should add, that he had been under good medical advice for some time before I saw him.

CASE III. September 1841. I attended a Mrs. B., affected with an eruption of rupia and the phagedænic form of secondary syphilis. The throat was ulcerated, and there was ulceration of the palpebral

conjunctiva near the ciliary margin. There was a large prominent crust in the hairy scalp, near the forehead; and a smaller one behind it. There was an ulcer on one thigh, succeeded by a few others on the foot. She had a good deal of pain, with some swelling and tenderness of the knees.

She was soon relieved by the use of anodynes and the iodide of potassium. The throat healed over very soon; and also the ulcer on the thigh, which was dressed with resin cerate and a small addition of red precipitate. The ulceration of her palpebræ continued for some time; and the crusts on the head were very slow in falling off and healing, the larger ones especially.

CASE IV. Ann Barlow, aged 23, married about fourteen months, came under my care as an out-patient of the Manchester Eye Hospital October 28th, 1847. The ciliary margin of the superior palpebra of the right eye was ulcerated away, except a small portion towards the external canthus. There was also an ulcerated state in the middle portion of the ciliary margin of the lower palpebra, which was more especially covered with a puriform fluid. The globe itself was unaffected, only it had been a little red occasionally. There was an enlarged gland, rather sore when touched, in front of the right ear; and a similar one just below the angle of the inferior maxilla on the right side. She complained of much pain, of a burning, throbbing, and lancinating kind, in the palpebræ and surrounding parts. That side of her face was hotter and redder generally than the other. About fourteen weeks previously, a small ulcer appeared under the upper eyelid. Her medical attendant at Ashton-under-Lyne applied to it stimulants and escharotics; but the ulceration extended to the tarsal margin, and had extended during the last fortnight. Pulse 96; tongue pretty clean; bowels confined; appetite indifferent; she complained of headache; the catamenia had not appeared since her eye was affected; and she thought she might be pregnant. She had had one child born at seven months—on May 3rd. It died of convulsions, when five weeks old. It had no particular eruption on the skin. About seven months after marriage, she became affected with sore places about the pudenda; and, some time before that, she had much vaginal soreness. Some months afterwards, her throat became sore and ulcerated; it was about two months in healing. Afterwards, her eye became affected; and, within the last fortnight, red hard spots had appeared on her legs; they were very sore to the touch, and apparently intermediate between nodes and erythema nodosum. There were several of them on the right leg, and a few on the left; they were not all on the periosteum. There were about three also on the left thigh, quite cutaneous. She could ascribe no cause for the complaint, except infection from her husband, who appeared to have had syphilis. Previously to her marriage, she was very healthy.

A colleague of mine, who accidentally saw the case, was, at first view of the palpebræ, impressed with the idea that it was a malignant and intractable affection; but, judging from its history and my former experience, I was inclined to entertain a more favourable opinion. I prescribed ten grains of blue pill three times a day; and with each dose two table-spoonfuls of an iodide of potassium mixture, and zinc ointment to the tarsi.

℞ Potass. iodid. ℥ij; syrup. pap. f. ʒiv; aquæ ad f. ʒxij.

Nov. 1st. The ulceration of the palpebræ looked cleaner, more kindly, and was attended with less pain.

Dec. 1st. The ulcerated parts were now nearly healed, the improvement having progressed regularly

since last report. The tarsal margins were again nearly even, being only slightly indented in one or two points. She had continued her medicines regularly. Sulphate of copper had been occasionally applied to the ciliary margin.

Jan. 10th, 1848. She continued pretty well, and scarcely any difference was observable in the two eyes.

September. She called again to express her thanks, and to show that her eyes remained well.

CASE V. July 29th, 1840. Jane Beresford, aged 21, married, came under my care as an out-patient of the Manchester Eye Hospital. She said that, about twelve months since, she became infected with syphilis by her husband. After suffering from secondary symptoms, in a few weeks she became affected with sore-throat, followed by ulcerating blotches on her legs and back, not more than two or three on the former, and one or two on the latter, all now nearly healed. Latterly the palpebræ had become affected, presenting a reddish swollen appearance, along with some ulceration of the ciliary margin, extending a little inwards upon the conjunctiva. I prescribed for her the same treatment as mentioned in the preceding case.

Aug. 3rd. The palpebræ were still reddish, and a little swollen; but the ulceration was already almost healed, and her general health was improving.

Nov. 12th. She had been for some time pretty well, and discontinued her medicines soon after last report.

CASE VI. On December 30th, 1863, I was consulted by Mr. N., a middle-aged man, unmarried, on account of an affection of his eyes and throat, which had been coming on for a week or more. The ciliary margins appeared red and somewhat swollen; and, on evertng the superior palpebræ, two small ulcers were visible on one of them, and one only on the other. Each ulcer was a little excavated, presenting a yellowish base, and was about the size of a split pea. They were all on the palpebral conjunctiva, quite within the ciliary margin, and, therefore, not observable until the palpebræ were everted. On examining the throat, a rather large yellowish ulcer was seen on the left tonsil. I prescribed him the same medicines as in the preceding cases, and a lotion for his eyes.

Jan. 3rd, 1864. The ulcers on the palpebral conjunctiva and left tonsil had lost their yellowish coating, and seemed healing.

Jan. 9th. The ulcers were now scarcely visible either on the palpebræ or tonsil. The medicines were continued.

Jan. 15th. The ulcers were now healed, and his general health was improved. He had, however, still some ulcers on his legs—a frequent, if not general, concomitant of this form of syphilis; the ulceration being often of a sloughy, phagedenic, or serpiginous character, at least in one period of its progress.

CASE VII. October 29th, 1864. I was consulted by a Mr. B., aged about 30, married, residing until recently at New York. He had an ulcer occupying the tarsal margin of the left superior palpebra, and extending somewhat within the conjunctival surface. The surrounding textures appeared reddish and thickened. He first noticed the affection about three weeks ago, and it had gradually become a little worse. He had not hitherto used any particular treatment for it. About eighteen months since, he became affected with a cutaneous eruption in large spots (ecthyma?) on his legs and shoulders, and also with ulcerated sore-throat; but these were now all healed, leaving rather large cicatrices on the skin. He said that he had gonorrhœa about the commencement of

his complaint, but was not certain as to the existence of primary sores. I prescribed for him nearly the same medicines as in the preceding cases; the blue pill being united with an equal quantity of extract of conium and mixture of iodide of potassium. The affected lid to be brushed occasionally with tepid water, and anointed afterwards with the milder mercurial ointment.

Nov. 2nd. The ulceration of the ciliary margin and adjoining palpebral conjunctiva, as well as the accompanying redness and swelling, were diminished. The cicatrices on his legs, etc., varied in size from that of a sixpence to about that of a shilling.

Nov. 7th. The external ulceration of the tarsus was now healed; that of the conjunctiva internally was contracting, and presented a healthy granulating surface. The swelling and redness of the margin had disappeared.

Nov. 19th. The ulceration was quite healed, leaving a slight, scarcely perceptible depression in the site of the lately ulcerated ciliary margin; and the cilia corresponding to that part had quite disappeared.

Reviews and Notices.

REPORT ON THE CHEAP WINES FROM FRANCE, ITALY, AUSTRIA, GREECE, AND HUNGARY, ETC.
By ROBERT DRUITT, M.R.C.P., etc. Pp. 179.
London: 1865.

THE writer advocates the largely increased use of wine in diet and in medicine, and the use of greater variety. His is not a formal treatise on wine; but he takes the various cheap wines actually on sale in London at the present moment, and describes their qualities and uses. First, he discusses the difference between pure wine and fortified wine, observing that the English differ from every other civilised people on the face of the earth by their predilection for wine which has been dosed with about 20 per cent. of proof spirit. He shows that common spirit is more or less contaminated with fusel oil and other irritating substances, and is made out of the cheapest and commonest grain; and that this common spirit is largely exported to Portugal, and returns in the shape of port wine! He shows that pure wine, of natural strength and unfortified, has about 20 per cent. of natural spirit, derived from the fermentation of its saccharine element. He teaches us how to judge of wine, laying especial stress on the *body* of wine—*i. e.*, the totality of its sapid and aromatic ingredients, as contradistinguished from mere alcoholic strength. A mixture of spirit and water, he says, however strong, has no body. The question of acidity is also treated of, and a table is given with new determinations of the acidity of twenty-four kinds of wine. The headaches, heartburn, gout, etc., which follow the use of wine, he attributes to the wine being imperfectly fermented, or to the admixture with it of ardent spirits; and, let the wine only be pure, and there is no fear in drinking of it plentifully. Taking half-a-crown per bottle as a definition of cheapness, he gives a description of more than a hundred samples of cheap wine of all sorts which he has purchased and drank in London within the last two or three years; beginning with the Bordeaux and Burgundy; then taking the less known Greek, Hungarian, Austrian, and Italian

wines, of which he details the names, prices, taste, alcoholic strength, etc. Amongst the Hungarian and Austrian, he describes *all*, whether cheap or dear. There are also remarks on cider, mead, champagne and sparkling wines, and on cheap port and sherry, etc. The whole is interspersed with constant eulogies of that mode of philosophising which the writer calls "empirical", and which consists in arguing from the results of experience, and not from *a priori* considerations. Some space is devoted to an examination of hypotheses on which certain wines have been recommended by well known chemists and physicians, as, for example, Liebig. He and some of his disciples have asserted that good wine is "rich in phosphorus"; and have asserted of some wines, that they are good because rich in phosphorus, which is a very different thing. Our readers must often have noticed a wine advertisement in which the words "NO LIFE WITHOUT PHOSPHORUS" appeared in staring letters. It seems to give the writer a peculiar satisfaction to tear these hypotheses to rags and tatters, and to deride all systems of medicine and diet which do not rest upon experience.

The subject is naturally an attractive one even to teetotallers, and our author has certainly treated it in a practical and attractive manner. The British consumer of wine will derive both pleasure and profit from its perusal; but that he will be seduced from his strong and old-fashioned glass of port and sherry to the lighter draughts of Rhenish and Austrian, etc., produce, we will not venture to prophesy. Nevertheless, the author deserves our thanks for throwing his stone at the system of brandying natural wines and poisoning them with bad spirits.

A MANUAL OF THE DOMESTIC PRACTICE OF MEDICINE. By W. B. KESTEVEN, F.R.C.S. Pp. 339. London: 1865.

"It is not," says the author, "the intention of this Manual to supersede the office of the professional attendant." But many persons are themselves obliged to practise medicine, because they cannot procure the benefits of medical skill; and it is for the benefit of such that this book is written. Mr. KESTEVEN says that he has reason to know that the first edition of his Manual has been of service both at home and in the colonies. We have no doubt it has been so; but then, unfortunately, books of this kind are apt to be a source of error to the well-intentioned. A few distinct practical rules, comprehensible to ordinary non-professional understandings, are no doubt very serviceable to all persons, as well to those who can as to those who cannot obtain professional assistance; but works which enter too minutely into the subject are likely to be the source of mischief in the hands of the good-natured busybodies who generally undertake the duties of doctor in village and outlying districts, where doctors' aid is not readily procured. How, for example, can my Lady Bountiful, even with the help of this manual, make a diagnosis of "Brain, Inflammation of; Acute Water on the Brain; Acute Hydrocephalus"? Is it safe to tell that good lady that, in cases of this kind, she must give "an adult ten grains of calomel" and a senna purge; and, after action of the bowels, "calomel in doses of two grains every four or six hours" until the gums become inflamed; and also to tell her that, "when this

disease occurs in infants or children, the same line of treatment must be adopted, but the doses very much reduced"? The example we here give illustrates what seems to us the error to be avoided in books of this nature. They attempt too much. Those to whom they are addressed will, we may be very sure, think themselves equal to the occasion of any sickness described in it, and will operate accordingly; and no doubt, therefore, erroneously and very much to the injury of the patient. Works, therefore, on domestic medicine should, in our opinion, contain only matter of the most elementary character. To attempt therein a description of symptoms and the treatment of all diseases is, we fear, infallibly to lead the public into error, and into the doing of mischief either to themselves or to others.

ON THE METHOD OF THE STUDY OF MIND; an Introductory Chapter to a Physiology and Pathology of the Mind. By H. MAUDSLEY, M.D. London: 1865.

Dr. MAUDSLEY is a thoughtful writer, and has well studied the special subject of which he treats; and has, therefore, a good right to unfold his views on this very difficult subject.

THE STUDY OF SCIENCE, AND ITS UNDUE NEGLECT AS A BRANCH OF EDUCATION. Delivered (in part) as a Lecture at the Royal Institution of South Wales. By GEORGE PADLEY, M.D., Physician to the Swansea Infirmary. Pamphlet. Swansea: 1865.

THIS is a very sensible lecture, showing in well set terms the advantages of scientific studies as an ordinary part of education.

Progress of Medical Science.

MEDICINE.

POISONING BY ATROPIA: RECOVERY. Emilie M., aged 25, had for some time been using, by direction of an ophthalmic surgeon (Dr Förster of Breslau), an application of atropia to the eye. On March 6th, she procured from an apothecary a bottle of the preparation, containing one grain of sulphate of atropia in two drachms of water; and, at about half-past one o'clock on the same day, having had a quarrel with her mother, she drank the whole—at least, the bottle was found by the mother to be empty. Soon after taking the poison, she asked for milk, of which she drank nearly a pint; and, in half an hour, she had entirely lost consciousness and had occasional twitches. At three o'clock Dr. Körner saw her. She was lying in bed on the left side, entirely unconscious and incapable of being aroused by loud calling or by pinching the most sensitive parts of the skin. At intervals of two or three minutes there were convulsive movements, of short duration, in the face and limbs, the arms being moved forward on the chest. The skin was warm everywhere; the face was undoubtedly red; the eyes were closed. Both pupils were so much dilated that the iris could not be distinguished, and were quite insensible to light. The pulse was 130, very small, and compressible; the breathing was 16-18, stertorous. A solution of four grains of sulphate of copper in four ounces of water was ordered to be given in half-ounce doses every ten

minutes as an emetic. The first dose was administered with some difficulty, on account of the firm closure of the teeth. It was followed in five minutes by violent and copious vomiting of a greenish white milky fluid, mixed with much granular matter. Ice was applied to the head, and an enema of cold water and vinegar was given; this produced a motion in a quarter of an hour. Strong coffee was also given in teaspoonful doses. At a quarter before five, Dr. Cohn, the assistant of Dr. Förster (who had been sent for), saw the patient. She now lay with her face downwards, and it was with great difficulty that several persons could make her lie on her back. Consciousness and sensation were still entirely lost; the convulsions continued; no delirium was observed. The pulse was 140, very small. After she had taken five doses of the emetic mixture, she again vomited, the ejected matter being similar in quantity and character to that already mentioned. At five minutes before 5 p.m., half a grain of acetate of morphia in water was injected about half an inch above the exit of the right supraorbital nerve. In five minutes the pulse had sunk to 100; the countenance began to assume a lively red colour, and to become very hot; and the extremities were cold. At ten minutes past five, the patient was more easily kept lying on her back than before. The pulse was 120, but somewhat fuller; the respirations 15, still laboured, but not more stertorous. The convulsive movements continued; and there was a peculiar perpetual vibration of nearly all the muscular fibres, which could be especially felt in the masseter and pectoral muscles. The face was very warm; the hands cold. On being loudly called to, the patient shrank and opened her eyes, but was quite unconscious; she felt sharp pinching slightly. She had much difficulty in swallowing the coffee which was put by spoonfuls into her mouth. The left pupil seemed already somewhat smaller than the right. A little more than eight ounces of urine was drawn off by a catheter and retained for examination; and about the same quantity escaped into the bed. In addition to the ice to the head and the coffee, carbonate of ammonia was now ordered to be given every hour in ten grain doses. The hands were well wrapped in cloths wrung out of hot vinegar. At a quarter past six the patient for the first time answered a question. The answer was rational; but when she attempted to speak spontaneously, her speech was unconnected. At half-past six she was able to recognise the persons around her. She now talked much, and had rapidly alternating paroxysms of laughter and crying. At ten minutes before seven, a small piece of Calabar bean paper was laid on the lower conjunctival sac of the right eye. The pulse was 120; the breathing quiet and normal; the convulsions recurred less frequently. The medicines were continued. At 9 o'clock p.m., the patient was perfectly conscious, gave correct answers to questions, and complained only of weight in the head and difficulty in swallowing. Convulsive twitchings still occurred, but was very slight. The pupil of the right eye was decidedly wider than that of the left. The patient slept tolerably well through the night, and was out of bed at nine the next morning. She felt cheerful, but had some sensation of weight in the head and trouble in swallowing. Slight twitchings occasionally occurred in the feet, rendering her gait unsteady. The pulse was 60; the right pupil was $3\frac{1}{2}$, the left $2\frac{1}{2}$ lines in diameter; the pulse 60. The patient now confessed to having drank the entire bottle of atropia solution. At 7 p.m., the pulse was 80; her condition in other respects was the same. Three days after she had taken the poison, she still complained of difficulty in swallowing; the convulsive twitchings had entirely ceased; the head was free;

the pulse 80; the right pupil 3, and the left 2 lines in diameter. She was now convalescent. The urine was yellow, of specific gravity 1008, and free from albumen and sugar. A small quantity was concentrated by evaporation, and a few drops placed in the right eyes of three rabbits, with the effect, in each case, of producing a remarkable enlargement of the right pupil. (*Berliner Klin. Wochenschr.*, 17 April, 1865.)

URÆMIC CONVULSIONS. Dr. D. R. Haldane lays down and supports the following propositions. 1. In the present state of our knowledge, we seem justified in believing that the retention of urea is the chief cause of uræmic convulsions; though the effect of this agent is probably aided by individual peculiarities, and by deficient nutrition and consequent irritability of the brain, the result of the hydræmic condition of the blood. 2. It seems probable that the mass of the blood may be increased when deficiency of the urine is not compensated for by augmentation of other secretions, or by the occurrence of dropsy, and that this condition predisposes to apoplectic symptoms. 3. In cases where symptoms of cerebral congestion are present, especially where well marked contraction of the pupil exists, bloodletting is likely to do good. 4. In cases where symptoms of cerebral congestion are absent or all masked, and where dilatation of the pupil exists, bloodletting is likely to be injurious. 5. Chloroform is valuable as a palliative, especially in cases of puerperal convulsions; but when symptoms of cerebral congestion are present, it should not alone be depended on. (*Edinburgh Medical Journal*, April 1865.)

THE THERAPEUTICAL USES OF OX-GALL. Professor Wolff wishes to direct the attention of the medical public to a renewed trial of ox-gall, so that it may again effect the purposes for which it was formerly recommended. The ox-gall acts as a tonic, laxative, and nervine. As a tonic it is especially useful in dyspeptic cases dependent on atony of the gastro-intestinal canal; as a laxative when a powerful stimulation of the intestine is at the same time required, and in cases of deficient and morbid secretion of bile with attendant constipation. In such cases ox-gall is more useful than any other medicine recommended for the same conditions, and a patient who was treated by Dr. Wolff for symptoms of cirrhosis of the liver, jaundiced skin, obstinate constipation, and increasing emaciation, was completely cured by the use of this agent. Dr. Wolff also found this remedy very beneficial in two cases of spasm of the stomach in an especially severe form. In order to produce a laxative effect he ordered a tablespoonful of a solution of from four to six drachms of inspissated ox-gall in six ounces of aromatic fluid, to be taken four times a day; but to produce a tonic effect smaller doses are sufficient. (*Brit. and For. Med.-Chir. Review*.)

SURGERY.

EXTENSIVE INJURY OF THE LEGS BY MACHINERY: AMPUTATION: RECOVERY. August W., aged 17, was admitted into the Charité Hospital at Berlin on March 14th, 1864. On the morning of that day, he had been injured by the iron work of a threshing machine. The patient was a very weakly youth, of small size and strength and weak in intellect. On his admission, there was found to be considerable deformity of the left knee. The tibia was broken close below the joint, and the lower fragment was displaced backwards and upwards; and an angular projection end-

ing in a sharp point could be felt behind the joint. When the leg was fully extended, this part formed a sharp projecting swelling, which disappeared when the joint was bent. Moderate but decided crepitation was perceived during these movements. The upper fragment of the bone formed a small projection anteriorly. The external malleolus and the lower end of the fibula were also broken on the left side; there was, however, no displacement of the fragments, but some crepitation and abnormal mobility. The joints of the knee and foot appeared to be uninjured. The right thigh was broken close above the knee. The upper fragment projected somewhat forwards; the lower, although very small, had undergone partial rotation on its axis, so that the internal condyle was directed somewhat forwards, and the external condyle backwards. There was distinct but slight crepitation, and slight abnormal mobility. It could not be ascertained whether there was a fracture between the condyles; the knee-joint was apparently unhurt. There were some contusions and slight bruises on the face and other parts. Chloroform having been given, the displacements of the left leg were reduced, and the limb was put up in a plaster of Paris bandage, over which a bladder of ice was applied. The right thigh was laid on a double inclined plane, and ice was applied to it also; and, after some days, a plaster of Paris bandage was used. The progress of the case was tedious, in spite of the greatest care; and it was only at the end of April that a tolerably good union of the fractured parts appeared to have taken place. At this time there set in painful swelling over the end of the fibula and external malleolus; this was in vain treated with antiphlogistics, and at last burst and discharged a thin pus. Examination with a probe detected separation and necrosis of the fibula. In May the joints of the left knee and foot became diseased; and, as the patient's constitution was thereby seriously affected, the left thigh was amputated at the lower third on May 30th, by the circular incision. On examination of the removed limb, the following appearances were found. 1. There was a removal of the epiphysis of the upper end of the tibia, and an attempt had been made at firm union. The upper fragment was dislocated forwards, so that the two fragments did not lie in apposition; the free parts presented some new formation of bone. There was no necrosis. 2. Both epiphyses of the fibula were displaced. The surfaces were tolerably smooth. The upper epiphysis was necrosed on the outer side, the lower one entirely. 3. The joint of the left foot was destroyed, and there was commencing suppurative in the knee-joint. The amputation wound healed slowly, but without any untoward symptoms. In the meantime, the fracture of the right thigh became united; the fragments, however, not having regained their normal position. The patient was discharged, able to use the limb well. (*Berliner Klin. Wochenschr.*, 10 May, 1865.)

DISLOCATION OF THE HIP-JOINT INTO THE SCIATIC NOTCH: REDUCTION AFTER FIVE WEEKS. On August 7th, 1864, Dr. Zimmer of Fulda was called by a woman to prescribe an embrocation for her brother. On inquiry, he found that, five weeks previously, the man had been thrown from a waggon of hay and had thereby dislocated the hip-joint. He was treated during four weeks by cold applications and embrocations; but, from the description given by the woman, Dr. Zimmer concluded that reduction had not been effected, although he had been under the care of two medical men. The next day, he saw the patient. The right foot was strongly inverted, the buttock turned to the right and outwards, and the thigh shortened by at least six centimètres. The patient

was entirely unable to raise the thigh. On examination, the head of the bone was found in the sciatic notch. On the 9th, Dr. Zimmer, with two assistants, attempted to reduce the limb. The patient was placed under the influence of chloroform, and the joint was moved in various directions as it had become nearly fixed. An assistant then fixed the pelvis with his hands; another knelt at the side of the dislocated bone with his right arm in the popliteal space and his left embracing the limb at the same part and making extension. This manoeuvre was unsuccessful. Dr. Zimmer then bent the dislocated limb to a right angle and performed adduction, so that the knee approached the hip of the other side; this was attended with a crackling sound, as if some bands had been torn through. The dislocated limb was then rolled outwards, and at the same time an assistant produced strong extension; wherein the head of the bone returned audibly into its normal position. The foot and buttock now resumed their proper direction. The patient's recovery was rapid; and he was well able to walk a long distance, with some support, on August 29th. (*Berliner Klin. Wochenschr.*, 6 May, 1865.)

MIDWIFERY AND DISEASES OF WOMEN.

LIGATURE OF THE PEDICLE IN OVARIOTOMY. A discussion took place lately at the Pathological Society, relative to the use of silver wire as a ligature for the pedicle in ovarian operations. The silver wire is left on the pedicle, as recommended by Dr. Marion Sims, and excellent results follow. The ligature buries itself in the pedicle, but produces temporary pressure sufficient to arrest the hemorrhage. When, however, it has buried itself in the pedicle, the pressure is diminished, and so enough vitality left in the stump to enable it to adhere to the peritoneal surface, and to prevent its sloughing. Dr. Marion Sims had observed, when operating with silver wire on a nœvus on the face, that the wire, which at first completely strangled the nœvus, had on the next day buried itself in the skin which had healed over it; and that it no longer completely obstructed the circulation. He therefore recommended its use in the removal of ovarian tumours. It was stated that the silk suture was also used in a similar way by Dr. Tyler Smith, who returned and left it in the abdomen attached to the pedicle; and had found no bad consequences result.

PUERPERAL FEVER. Dr. D. Miller, of Chicago, as chairman of the Committee on Puerperal Fever, has presented a report upon this affection. With the most modern pathologists it is considered due to a new element not found in ordinary inflammation, which renders its nature essentially different from peritonitis, phlebitis, metritis, etc. The new element, we are led to believe, is a poison in the blood, producing a septic influence there—and through this medium producing changes sometimes in the tissues of important organs. That the disease is truly zymotic. Its history observes the laws of all poisons. 1. It is a uniform disease; the description given of it an hundred years ago, describes the disease of to-day equally well. It selects a tissue for its seat, viz., the serous membranes and tissues analogous to them. 3. The definite action is in the blood; the quantity of fibrine is increased, its quality is deteriorated. 4. The action of the poison is modified by the quantity introduced into the circulation. When it is in excess the patient may die suddenly without leaving any local manifestations of its presence. When the poisoning is in less quantity, its course is less rapid,

and is followed by local changes. Without attempting to trace this poison to its source, or detail its mode of propagation, he concludes that: 1. It may originate within the system, from the decomposition of organic matter; 2. It may be introduced from without, by exposure to diseases characterised by ichoræmia; or, 3. It may be communicated by the attendant, who is the vehicle of transportation from a distant case. Dr. Miller arranges the treatment under three propositions; 1. Neutralise the *materies morbi* in the system, in the uterus, and in the vagina. 2. Eliminate the disintegrating and effete materials from the system. 3. Support the vital forces of the system. He believes the first can be fulfilled by *chlorine* and *bromine* as injections into the vagina and uterus; while the second indication is carried out by such articles as are known to arrest the septic influence of the poison already circulating with the blood; such as the mineral acids, chlorine salts, the bromides and sulphides. The third object is accomplished in the usual manner by nutritious food and judicious use of alcoholic preparations. (*Phil. Med. Journal.*)

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

CYSTICERCUS IN THE CAPSULE OF THE LENS. At the meeting of the Berlin Medical Society on February 8th, Dr. Von Gräfe mentioned a case in which, on an operation being performed for cataract, a cysticercus cellulose was found within the capsule of the lens. This is the first instance in which the cysticercus has been found in this situation. (*Berliner Med. Wochen.*, 27 März, 1865.)

THE PRÆPATELLAR BURSE. Dr. S. H. Scheiber of Bukarest has published the results of examinations made by himself and Dr. Quinquerez on one hundred bodies, with regard to the presence and anatomical relations of the synovial bursa in front of the patella. He finds the following results. 1. The bursa lying in front of the patella, between this bone and the integument of the knee, are either (a) situated superficially or subcutaneously between the skin and the fascia lata; (b) between the fascia lata and the tendon of the extensor quadriceps; or (c) between the last named tendon and the patella. 2. Of these three bursæ, one, two, or all three may be present in the same individual. 3. They are to be found at all ages, from 13 to 82. 4. In 100 subjects examined, 22 presented no præpatellar bursa; in 15 there was a bursa on each side only; in 63 on both sides. 5. In 10 cases all three kinds were met with; but one subject only had the three bursæ on each side. 6. The proportion of their occurrence on the right and left sides is nearly the same. 7. The presence or absence of the præpatellar bursa is of nearly the same frequency in both sexes. 8. These bursæ were mostly found in men aged from 40 to 50, and in women from 20 to 30. 9. In 13 cases there was a communication between the two bursæ; those so connected being always the superficial and middle sacs. (*Wiener Medizin. Wochenschr.*, 15 May, 1865.)

THE TURKISH BATH. We learn that the promoter of the Turkish bath at Geneva, Mr. David Urquhart, formerly a member of the English parliament, after having passed the winter at Geneva, has quitted us to establish himself on Mount Prarion (near St. Gervais). Mr. Urquhart is building, 6,000 feet above the level of the sea, a Turkish bath, to try its efficacy for the cure of cretinism. (*Journal de Genève*, May 16th, 1865.)

British Medical Journal.

SATURDAY, JUNE 3RD, 1865.

THE PUBLIC ESTIMATE OF MEDICAL SCIENCE.

ALTHOUGH the medical profession was but sparingly included in the hospitality lately afforded by the Lord Mayor to the notables of the scientific world, and though no notice was taken of them in the programme, we cannot but congratulate our readers on the occasion.

A banquet given to the President and Council of the Royal Society, as the representatives of science, was a fitting compliment, paid at an appropriate time. It is the function of the Royal Society to gather in all contributions towards further discovery of the laws of Nature, whether communicated by professional men or by amateur philosophers, it sifts these contributions, and judges their merits; and it is becoming, as it ought to be, more and more the practical authority of the State for the due application of the knowledge thus accredited. As an instance of prudent deference to the best authority, we may observe that the Government, awakened to the difficulties and perils attending the large introduction of iron into shipbuilding, tardily convinced that many losses of property and life are to be attributed to a consequent deviation of the compass, and finding also that, in consequence of the large amount of iron, Professor Barlow's system of correction has become inapplicable, have referred to the Royal Society, and that Society has furnished valuable assistance. And when it is remembered that the safety, not only of the navy, but of the mercantile marine, is compromised by this deviation, as well as probably by other causes which come within the province of scientific investigation, we must all acknowledge the importance of the body of learned men who form the recognised organ of philosophical discovery for the benefit of the nation.

We must, however, contend that there is another large class of philosophers who are equally labouring for the public good—the medical profession; and it is not without a certain sense of injustice that we observe so little account to have been taken of them in the recent honour paid to science.

The City functionaries are probably not aware of the intimate connexion between the Royal Society and the Royal College of Physicians at the first formation of the former. The nucleus of the Royal Society was formed in Gresham College, in the days when the Royal College of Physicians was a City corporation, under a separate Royal Charter; and a large proportion of those who attended the meetings

whence the Society emanated were the leading physicians of the day.

It would be superfluous to contend that medical philosophy has the widest bearing on the good of society, and that it includes all branches of natural science; the fact, therefore, that it is forgotten, suggests some significant reflections. It almost seems as if the scientific pursuits of medical men and the profession itself are declining in general estimation; and, should this be true, does it not become us to regard it as a call to set our house in order, and to inquire whence is the falling off in its condition?

Can the fault lie with the heads of the profession? Are they making no advance in medical and natural philosophy; forgetting true science in the race for practice; seeking a reputation which bears no fruit but the emolument—a mere fleeting popularity, which leaves no traces of original thought, and bequeaths no fund of discoveries for the benefit of succeeding generations? And further, should there really be this debasement in the aims of men whose predecessors strove to throw new light upon disease, laboured with noble philanthropy to afford relief, and pushed their discoveries into every branch of natural science; as Harvey, revealing the circulation of the blood; Baillie, demonstrating morbid change; and Young, developing the undulatory theory of light. How has this been brought about? Is it to be looked for partly in the democratic spirit which has invaded all professions, discouraging preliminary mental training, equalising education in all the branches, which tends not so much to raise the useful workers to higher efficiency, as to obliterate the class from which deep study, new views, keen apt opinions were to be looked for? or must we seek the deteriorating influence without the pale? Is it to be found in that materialistic tendency which affords no encouragement but to professions which minister to the accumulation of wealth and the invention of new luxuries? or is it in that waywardness and love of quackeries and silly novelties—that want of faith in knowledge as opposed to ignorance—which pervade the general public, which have crushed out too much of the energy which once made our profession famous?

POOR-LAW MEDICAL INSPECTORS.

A REPORT of the proceedings of a deputation which waited on Mr. Villiers at the Poor-law Offices on the 29th ultimo, is given at another page. The main object of the deputation was to ask the Poor-law Board to take into consideration the propriety of appointing medical inspectors under the Poor-law, for the purpose of visiting, investigating, and reporting upon the treatment of sick paupers. The deputation was very courteously received by Mr.

Villiers; but not much hope was held out by him for the appointing of such Commissioners; although the necessity for their appointment was clearly enough made out, and must be, indeed, apparent to every medical man.

Mr. Villiers said, the thing most needed at present was that greater powers should be given to the Poor-law Board, whose best efforts were often paralysed through the effectual opposition of Boards of Guardians. At present, the Poor-law Board issue their orders and recommendations to the Boards of Guardians; but, in many instances, they have no power at all to enforce the carrying out of those orders. Boards of Guardians, in fact, constantly set them at defiance. The Poor-law Board have even tried to enforce their orders through courts of law; but even then they have also failed.

Now, it seems to us, that the answer to Mr. Villiers should be this: Nothing more plainly shows the necessity for the appointment of Medical Poor-law Inspectors than this very statement. The orders set at nought by the Boards of Guardians, in the main, are orders affecting sanitary arrangements. Now, it is clear that, if the Poor-law Board could issue reports, on the high authority of Medical Inspectors, showing the absolute necessity for the carrying out of the orders issued by the Board, Parliament would at once give the Board the powers necessary for the purpose. At present, the Poor-law Board have not any such authoritative documents to lay before Parliament, and Parliament, therefore, does not give them the powers required.

The only objection stated by Mr. Villiers against the appointment of Medical Inspectors was that the country would object to the expense. But if this is all that can be urged against the proposal, there is evidently nothing to be said against it. It is not necessary for us to argue to medical men, that no class of persons can be so well fitted as medical men to superintend the hospitals, etc., of the sick paupers of the country. Why, have we not again and again had the proofs of it demonstrated to us—first, in facts which have shown the disgraceful treatment of sick paupers; and secondly, in the other fact that when inquiries have been instituted into these disgraceful disclosures, the Poor-law Inspector is obliged to call in some non-official medical man to assist him? Who can doubt, if medical Inspectors were appointed, that their well experienced eyes would enable them, at this moment and in all parts of the country, to detect abuses in the treatment of the sick which have naturally escaped the eye of the non-medical Inspector? In Mr. Villiers's own statement, therefore, that Boards of Guardians defy the Poor-law Board, we find the very strongest argument in favour of the appointment of Poor-law Medical Inspectors. We sincerely trust that this question will not be allowed to drop. We verily believe

that such appointments would be the first step to the doing of some effectual justice to the sick; and would inevitably tend to the amelioration of the Poor-law medical officers' present cruel position.

Since the above lines were written, we read, to our surprise, in the *Times* of the 1st inst., that

"The President of the Poor-law Board has appointed Edward Smith, M.D., author of *Practical Dietary for Families, Schools, and Labouring Classes*, and also of a Report on the Dietary of Lancashire Operatives and Low-fed Populations, and other works affecting the health and well-being of the poor, as Inspector of Poor-law."

We most sincerely congratulate the President on his good sense in doing this plain act of justice. We trust the appointment is a permanent one. It can, however, only be regarded as an instalment of the proper thing; for it is manifest that one medical inspector is quite unequal to cope with the work which ought to be done.

SOME remarks lately made in this JOURNAL, respecting the uses and abuses of beef-tea as an article of diet in our hospitals, have, we hear, already found an echo in one of our large London hospitals. Our remarks have, in fact, led to an inquiry there into the cost and quantity of the beef used for the purpose of making beef-tea, and of its value as a nutriment. Some very striking facts have already been elicited. We believe it is true that the beef used for making beef-tea in the hospital referred to costs something over £1,400 *per annum*; that about 50,000 pounds of beef—*i.e.* about 1,000 pounds a week—are used in its manufacture; and that, in fact, the beef-tea of each patient costs about one-half of the whole sum expended on his diet. The *bouilli*—that is, the solid material from which the beef-tea is made—is, of course, all thrown away, or partially wasted. The fat is skimmed off, and probably also goes into the hog-tub; and the muscular fibre, which forms the great bulk of the meat, passes into the same receptacle. Thus, in fact, the very greatest portion of the meat is absolutely wasted. We leave our readers to decide how much solid matter there is contained in a pint of beef-tea. But small it must be; and assuredly it is all the representative of a pound of flesh which finds its way into the stomach of the patient. If physiologists tell us truly, the whole of the muscular fibre of meat is capable of being dissolved and absorbed in its passage through the digestive organs. Why, then, should the enormous bulk of muscular fibre—nutritive matter—left after the manufacture of beef-tea, be thrown away into the pig-bucket? If, for example, we suppose that a pint of beef-tea contains one ounce of solid materials derived from the sixteen ounces of meat from which it is extracted, then the fifteen ounces of flesh are thrown away; so that, of the

50,000 pounds of meat used at the hospital in question for making beef-tea, upwards of 45,000 pounds are thrown away. Besides this, all the fat is carefully removed from the meat, and carefully skimmed from the beef-tea, and, no doubt, in great part lost as an article of nutriment. Hence, it appears that each patient, who has a pint of beef-tea *per diem*, consumes $6\frac{1}{2}d.$ worth of meat; whilst the meat in his ordinary diet costs only $2\frac{1}{2}d.$ We sincerely hope that the attention of our hospital medical officers will be called to this question in hospital economics; for it is certain, when we consider the immense consumption of beef-tea throughout the country, that it is one of serious importance. Without at all touching the question of the value of beef-tea as an article of sick-diet, we may very reasonably affirm that the rejection of the meat from which the beef-tea is made is pure waste of highly nutritive flesh-forming matter. The rejected matter consists wholly of fibrous and albuminous tissues, every particle of which is capable of being dissolved and absorbed into the system. And especially ought attention to be called to this subject, at a time when meat has become an exceedingly expensive article of food.

SIR CHARLES LOCOCK has issued his address to the electors of the Isle of Wight. He offers himself as a moderate conservative candidate. We must express a hope that he will receive the earnest support of the medical profession in the island. His presence in the House would be a very great boon to the profession at large. Sir Charles Locock has always shown himself to be an earnest supporter of the best interests of the profession; and would, we are satisfied, gladly give his aid, were he in Parliament, to the promotion of its welfare. One of the greatest misfortunes to medicine is, as we have all so often lamented, that we have no proper spokesman in the House of Commons. Here there is assuredly an occasion for us to lay hold upon. Sir Charles Locock, by his high position, would be naturally regarded as an authoritative exponent of medicine in the House; and we may be very sure, from his well known business habits, that he would always be ready energetically to support our interests there.

CAPTAIN GROSVENOR, one of the candidates for the representation of Westminster in Parliament, and Mr. Hughes, a candidate for Lambeth, are both of them, we believe, staunch homœopaths. The latter gentleman, as our readers may remember, lately held a prominent position as defender of that creed at the annual dinner of the Homœopathic Hospital. Our own idea is, that, independently of all professional antipathy to the spreaders of that fallacy, no man who believes in it can be possessed of that plain matter-of-fact sense and judgment which should be required of a legislator. A man who is a quack in

one thing is, in our opinion, likely to be a quack in all things; that is, he is possessed of an intelligence which takes contracted views of things. He may be good and clever, and even a genius; but he is wanting in bottom and soundness and common sense.

THE remarks made by the *Wiener Med. Woch.* to the effect that the Government at St. Petersburg would not allow the foreign physicians who visited that capital to study with their own eyes the epidemic then raging, seem confirmed by the silence of our own Board of Health. Dr. Whitley was, as our readers will remember, many weeks ago, despatched in hot haste to St. Petersburg; but nothing in the way of information upon the subject of his special visit there has as yet found its way, either directly or indirectly, into print. The Vienna journal says, that the foreign doctors have been received by the Russian doctors with open arms and extreme politeness; that they have been *fêted* and champagne'd; but have been carefully admitted only into those hospitals and localities where no epidemic fever existed. This might have been expected. Publicity is not the order of the day in Russia.

MR. SPENCER WELLS objects to the operation of incision of the mouth and neck of the womb, as performed by Dr. Marion Sims. In his opinion, the use of the speculum is neither necessary nor desirable in the performance of the operation. "The operation can be much better done with a proper instrument in a second or two by the touch alone, than it can by a complex process of speculum, assistant, hook, scissors, knife, and plugs, as advised by Dr. Sims." Further, he says that there is no necessity to do more than cut through the mucous membrane and the innermost layer of muscular fibres. Mr. Wells holds it "to be not only unnecessary, but dangerous and injurious, to cut into the thick middle layer of muscular fibres." Mr. Wells says he has seen two fatal cases of periuterine abscess after free incision in the practice of others. He is confident that very "free incisions are as unnecessary as they are dangerous."

Dr. Simas, of La Miséricorde at Lisbon, gives the following as the results of 216 cases of hereditary syphilis observed by him between January 1858 and February last. Of these, in 27 cases the disease appeared during the first month, in 49 cases during the second, in 56 cases during the third, in 30 cases during the fourth, in 14 cases during the fifth, in 16 during the sixth, in 7 during the seventh, in 2 during the eighth, in 7 during the ninth, in 4 during the eleventh, in 1 during the thirteenth, in 1 during the fourteenth, and in 2 during the eighteenth. These statistics show that the disease may appear at a much later date than is usually supposed.

INSPECTION OF WORKHOUSE HOSPITALS.

On Tuesday last, a deputation from the Workhouse Visiting Society had an interview with the Right Hon. C. P. Villiers, M.P., President of the Poor-law Board, on the subject of the constant inspection of workhouse hospitals by medical men. The deputation was introduced by the Earl of Devon; and was accompanied by C. Buxton, Esq., M.P., E. Warner, Esq., M.P., G. Lyall, Esq., M.P., A. Smith, Esq., M.P., Sir J. K. Shuttleworth, Bart., Dr. Watson, Dr. Burrows, Dr. Goodfellow, Dr. Sieveking, Dr. Markham, and Dr. Stallard.

The Earl of DEVON, whilst not committing himself to the particular recommendation of the deputation, thought that the question ought to be ventilated; and believed the Poor-law Board anxious to assist in any improvement which might be really necessary.

Mr. BUXTON, M.P., said that there could be no doubt that improvement in workhouse hospitals was urgently required. The deputation believed that the appointment of medical inspectors would secure for the sick poor proper attention, advice, medicines, and other comforts. The many evils of the present system would be removed by degrees; the nursing would improve; and all might be done at a moderate expense.

THE PRESIDENT OF THE POOR-LAW BOARD inquired as to the particular defects which, in the opinion of the Visiting Society, rendered necessary the appointment of medical commissioners.

Dr. STALLARD said that the following defects had been observed.

1. That, compared with other hospitals, the medical staff is insufficient and underpaid.
2. That the united service of advice and medicines is not calculated to secure the best of either that can be obtained.
3. That the medical officers are subject to no medical inspection or control, so that the public have no guarantee that the duties are well performed.
4. That the construction of workhouse hospitals is generally defective; the wards being small, ill-ventilated, over-crowded, and unprovided with the furniture and comforts supplied at other hospitals.
5. That the nursing is most inefficient, the paupers being morally and physically unfit for the duties too often imposed upon them.

The Society, therefore, urged the appointment of two physicians and one surgeon as additional commissioners, to organise and inspect the administration of workhouse hospitals, and to advise the Poor-law Board in all sanitary and medical questions.

Mr. LYALL, M.P., stated that a new infirmary had been built for the Reigate Union some years ago; that the plans had been approved of by the Poor-law Board; but, not having been submitted to medical inspection, they have been found inefficient in many respects. He thought that medical inspectors should be employed to supervise the construction of workhouse hospitals and the details of their management.

Dr. GOODFELLOW said that no one could be satisfied with the present state of the workhouse hospitals. The medical treatment of lunatics and criminals was far better than that of the poor. The qualification for the office of union surgeon was lower than that for the gaol or lunatic asylum; and the salaries were in many cases such as to prevent the best class of medical men holding the appointment. If the election of surgeon could not be taken out of

the hands of the Guardians, he would recommend payment *pro rata*, according to a scale to be fixed upon by the Poor-law Board.

Mr. WARNER, M.P., stated that it was clear that there were many subjects upon which medical inspectors could alone decide; as, for instance, the dietary of the sick, which ought to be regulated by medical authority. They were alone gauges as to the adequacy of the hospital accommodation, the character of the nursing, the quality of the drugs supplied, and many other matters equally important. In his opinion, the inspection must be persistent and at short intervals.

Dr. SIEVEKING stated that, at least in one particular, the Poor-law Board had signally failed; it was in the matter of nursing. Guardians had not regarded a circular of the Board issued some years ago. He believed that the Board would be greatly strengthened by the appointment of eminent medical men as additional commissioners. They would act as *amici curiæ*, and assist in carrying out the improvements required. The persons so appointed must not be expected to work in a desultory manner; but must give their whole time and energies to the duty before them. A mere knowledge of medicine or surgery would not suffice, without special acquaintance with the workhouse hospitals.

Mr. VILLIERS observed that the Poor-law Board had undoubtedly effected great improvements, and he was anxious to receive any new suggestions. He agreed as to the propriety of at least occasional inspections by physicians of eminence; but the main difficulty he had to contend with was the existence of local acts, which enabled the guardians to resist the authority of the Poor-law Board. He hoped to bring in a Bill for remedying this defect; and he would give the question of medical inspection his serious attention.

The Earl of DEVON having thanked Mr. Villiers for his courtesy and attention, the deputation withdrew.

LAST HOURS OF ABRAHAM LINCOLN.

Mr. C. S. Taft, Acting Assistant-Surgeon, United States army, furnishes the following account of the progress of the case of President Lincoln, and of the *post mortem* examination.

While sitting in an orchestra chair at Ford's Theatre, on the 14th inst., about 10.30 P.M., I heard the sharp report of a pistol in the direction of the State box, and turning my head in that direction, saw a wild-looking man jump from the box to the stage, heard him shout "*Sic semper tyrannis*," as he brandished a glittering knife in his right hand for an instant, and dart across the stage from sight. A few moments of utterly indescribable confusion followed, amid which I heard a call for a surgeon. I leaped upon the stage, and was instantly lifted by a dozen hands up to the President's box, a distance of twelve feet from the stage.

When I entered the box, the President was lying upon the floor. The respiration was inaudible and scarcely perceptible, and he was totally insensible. Assistant-Surgeon Charles A. Leale, United States Volunteers, was in the box, and had caused the coat and vest to be cut off, in searching for the wound. The wound in the head was soon found, but at that time there was no oozing from it. The President was removed to a house opposite, and laid upon a bed in fifteen minutes from the time the shot was fired. The finger being used as a probe, the ball was found to have

passed beyond the reach of the finger into the brain. A teaspoonful of diluted brandy was swallowed with much difficulty; a half-teaspoonful administered ten minutes afterwards, was retained in the throat, without any effort being made to swallow it. The respiration now became laboured; pulse 44, feeble; eyes entirely closed; the left pupil much contracted, the right widely dilated; total insensibility to light in both.

Surgeon-General Barnes and K. Stone, M.D., the family physician, arrived. The left upper eyelid was swollen and dark from effused blood; this was observed a few minutes after his removal from the theatre. About thirty minutes after he was placed upon the bed, discoloration from effusion began in the internal canthus of the right eye, which became rapidly discoloured and swollen with great protrusion of the eye.

About 11.30 P.M., twitching of the facial muscles of the left side set in and continued some fifteen or twenty minutes, and the mouth was drawn slightly to the same side. Sinapisms over the entire anterior surface of the body were ordered, together with artificial heat to the extremities.

The wound began to ooze very soon after the patient was placed upon the bed, and continued to discharge blood and brain-tissue until 5.30 A.M., when it ceased entirely; the head, in the meantime, being supported in such a position as to facilitate the discharge.

Colonel Crane, surgeon, had charge of the head during a great part of the time. While the wound was discharging freely, the respiration was easy; but the moment the discharge was arrested from any cause, it became at once laboured. It was also remarkable to observe the great difference in the character of the pulse whenever the orifice of the wound was freed from coagulum, and discharged freely; thus relieving, in a measure, the compression. This fact will account for the fluctuations in the pulse.

About 2 A.M., an ordinary silver probe was introduced into the wound by the Surgeon-General. It met an obstruction about three inches from the external orifice, which was decided to be the plug of bone driven in from the skull and lodged in the track of the ball. The probe passed by this obstruction, but was too short to follow the track the whole length. A long Nélaton probe was then procured and passed into the track of the wound for a distance of two inches beyond the plug of bone, when the ball was distinctly felt; passing beyond this, the fragments of the orbital plate of the left orbit were felt. The ball made no mark upon the porcelain tip, and was afterwards found to be of exceedingly hard lead. No further attempt was made to explore the wound.

After the cessation of the bleeding from the wound, the respiration was stertorous up to the last breath, which was drawn at twenty-one minutes and fifty-five seconds past seven; the heart did not cease to beat until twenty-two minutes and ten seconds past seven. My hand was upon the heart, and my eye on the watch of the Surgeon-General, who was standing by my side, with his finger on the carotid.

The decubitus during the whole time was dorsal, and the position on the bed diagonal, the length of the bedstead not admitting of any other position.

The respiration during the last thirty minutes was characterised by occasional intermissions, no respiration being made for nearly a minute; but by a convulsive effort air would gain admission to the lungs, when regular, though stertorous, respiration would go on for some seconds, to be followed by another period of perfect repose.

At these times the death-like stillness and suspense

were thrilling. The cabinet ministers, and others surrounding the death-bed, watching, with suspended breath, the last feeble inspiration, and as the unbroken quiet would seem to prove that life had fled, turn their eyes to their watches; then as the struggling life within would force another fluttering respiration, heave deep sighs of relief, and fix their eyes once more upon the face of the dying chief.

The wonderful vitality exhibited by the late President, was one of the most interesting and remarkable circumstances connected with the case. Mr. Lincoln lived from 10.30 P.M., until 7.22 A.M.

About 1 P.M., spasmodic contractions of the muscles came on, causing pronation of the forearms; the pectoral muscles seemed to be fixed, the breath was held during the spasm, and a sudden and forcible expiration immediately succeeded it. At about the same time both pupils became wildly dilated, and remained so until death.

During the night Drs. Hall, May, Liebermann, and nearly all the leading men of the profession in the city, tendered their services.

Autopsy, Five Hours After Death. The calvaria was removed, the brain exposed, and sliced down to the track of the ball, which was plainly indicated by a line of coagulated blood, extending from the external wound in the occipital bone, obliquely across from the left to right through the brain to the anterior lobe of the cerebrum, immediately behind the right orbit. The surface of the right hemisphere was covered with coagulated blood. After removing the brain from the cranium, the ball dropped from its lodgment in the anterior lobe. A small piece of the ball, evidently cut off in its passage through the occipital bone, was previously taken out of the track of the ball, about four inches from the external wound. The hole made through the occipital bone was as cleanly cut as if done with a punch.

The point of entrance was one inch to the left of the longitudinal sinus, and opening into the lateral sinus. The ball was flattened, convex on both sides, and evidently moulded by hand in a Derringer pistol-mould, as indicated by the ridged surface left by the nippers in clipping off the neck.

The orbital plates of both orbits were the seats of comminuted fracture, the fragments being forced inward, and the dura mater covering them remaining uninjured. The double fracture was decided to have been caused by *contrecoup*. The plug of bone driven in from the occipital bone, was found in the track of the ball, about three inches from the external wound, proving the correctness of the opinion advanced by the Surgeon-General and Dr. Stone as to its nature, at the exploration of the wound before death.

The ball and fragments, together with the fragments of the orbital plates and plug from the occipital bone, were placed in the possession of Dr. Stone, the family physician, who marked and delivered them, pursuant to instructions, to the Secretary of State, who sealed them up with his private seal. The Nélaton probe used was also marked by me, and sealed up in like manner. (*Phil. Med. Reporter.*)

MEDICAL LOGIC. The nomadic tribes who inhabit the steppes of Russia are said to be completely exempt from pulmonary consumption. They also indulge in *Kumis*—an intoxicating liquid made by fermenting mare's milk. Here are two facts for a medical logician, Dr. Schnepf, who argues from them that *Kumis* is prophylactic against consumption. But mare's milk is not easy to get; the Doctor therefore contents himself with asses' milk—from which he prepares an intoxicating drink called *galazyme*, with which, he says, he treats most successfully all catarrhal affections and consumptions in general.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D.Cantab.

President-elect—S. J. JEAFFRESON, M.B.Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, May 16th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH MIDLAND. [Annual.]	George Hotel, Northampton.	Wednesday, June 7, 2 P.M.
BIRMINGHAM AND MID- LAND COUNTIES. [Annual.]	Hen and Chickens Hotel, New Street, Birmingham.	Friday, June 10th, 3.30 P.M.
LANCASH. & CHESHIRE. [Annual.]	Royal Institution, Manchester.	Wednesday, June 21.
NORTHERN. [Annual.]	Library, Newcastle- upon-Tyne Infirmary.	Wed., June 23, 10.30 A.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.

SOUTH MIDLAND BRANCH.

THE annual meeting of the South Midland Branch will be held at the George Hotel, Northampton, on Wednesday, June 7th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, as soon as possible; or not later than the 23rd instant, to Dr. Bryan, Northampton.

JOHN M. BRYAN, M.D. } *Hon. Secs.*
G. P. GOLDSMITH. }

Northampton, May 15th, 1865.

LANCASHIRE AND CHESHIRE BRANCH.

THE Annual Meeting of the Lancashire and Cheshire Branch will be held on Wednesday, June 21st, in the Royal Institution, Mosley Street, Manchester; THOS. TURNER, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary, without delay.

WM. ROBERTS, M.D., *Hon. Secretary*.

69, Mosley Street, Manchester.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 25th, at 10.30 A.M.; D. B. WHITE, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not later than June 17th. Dinner at 6 P.M.

G. H. PHILIPSON, M.B., *Hon. Secretary*.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, APRIL 20TH, 1865.

J. C. LANGMORE, M.B., President, in the Chair.

Medullary Cancer. Dr. ROYSTON exhibited a specimen of medullary cancer of the upper part of the right femur. The patient was a widow, aged 48 years, who had ricked her thigh whilst walking in the park in July 1862. Besides the disease in the right femur, there was a corresponding cancerous affection in the last lumbar vertebrae and in the sacrum. A small scirrhus tumour had existed in the left breast for the last five or six years. After death, both thigh-bones were found to be fractured at the junction of the upper and middle thirds. The left thigh-bone had been broken in moving the body after death.

Mr. SEDGWICK remarked that there had been some difference of opinion respecting the diagnosis of the disease in this case. He had seen the patient several times during life; and as there was family history of cancer, a sister having previously died of scirrhus of the breast, and as the patient herself also had a scirrhus tumour in her left breast, he had come to the conclusion that she was suffering from secondary cancer in the femur. He was glad to find that the examination after death had confirmed his diagnosis of the case.

Dr. BOYD MUSHET referred to a case of cancer which had come under his observation, in which fracture of both thigh-bones had occurred during life.

The Etiology of Pulmonary Apoplexy. By W. BOYD MUSHET, M.B. The author had hitherto associated the causation of pulmonary apoplexy with an impaired condition of the valvular apparatus on the left side of the heart. Whilst, however, he was engaged in arranging his optological records, he encountered two cases of the affection which directly militated against this view. He was fully impressed that these, from their paucity, were insufficient to support any practical or scientific position; but he thought that they fairly entitled the subject to reconsideration and more special scrutiny.

In Case I, a man, aged 34, long the subject of bronchitis and dilatation of the pulmonary tubes, death occurred after an aggravated attack, in which urgent dyspnoea was the most prominent symptom. During its progress, there was not any hæmoptysis. After death, nodular effusions of coagulated blood were detected in the lungs, and there was unusual patency of the tricuspid orifice. In Case II, a woman of 75 years of age, there were symptoms chiefly referable to the stomach, with ejection of dark coagulated blood a few days previous to the fatal issue. On examination, circumscribed hæmorrhagic effusions were presented in the pulmonary substance; and in this case also, the right auriculo-ventricular orifice was dilated. In neither instance, was there any trace of tubercular deposit in the lung.

Dr. Mushet proceeded to comment on the assertion of Andral, that pulmonary apoplexy was first described by Laennec; and stated, that Hohnbaum previously drew attention to it, and Haller also, sixty years before, in his *Opuscula Pathologica* (obs. 14, hist. i et ii), which were quoted. He next alluded to the meaning attached to the term "peripneumonia" by the older writers, as Boerhaave, Etzmüller, Willis, Sydenham, Sauvages, and Cullen. In referring to the etiology of (so-called) apoplexy of the lung, he

quoted Dr. Townsend, Laennec, Watson, Burrows, Walshe, Sieveking, and Fuller; and adverted to the omission of the disease from the recent works of Dr. W. Aitken and Dr. MacLachlan. He spoke of the occurrence of the attack at any age; and glanced at its connexion with tubercle and ordinary hæmoptysis.

Considering the discrepancy of views in reference to the proximate origin of pulmonary apoplexy, he ventured to observe that, in the cases he had adduced, the only common lesion was enlargement of the tricuspid orifice. Without endeavouring to establish a physiological explanation of the influence of this condition—if it exerted any—on the production of effusion of blood into the lung, he merely mentioned the pathological facts; adding that Bertin, Chomel, Bouillaud, and other French investigators, ascribed the affection to hypertrophous disease of the right heart—a change which ultimately entails dilatation and tricuspid incompetency.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, MAY 5TH, 1865.

G. POLLOCK, Esq., President, in the Chair.

ON THE PROGRESS OF THE HYPODERMIC TREATMENT. BY CHARLES HUNTER, ESQ.

THE author wished, in historically reviewing the subject, to show how extended in practice this treatment of disease had become of late years. The treatment of local affections by subcutaneous injection dated as far back as 1843,* when Dr. Alexander Wood proposed it in Edinburgh for neuralgia. Mr. Rynd of Dublin seems independently to have originated the same idea in 1844. For fifteen years—viz., from 1843 to 1858—these injections were only employed with narcotics for pain, and injected locally.

The author wished the difference between “the hypodermic treatment of disease” and “the narcotic injection of Wood” to be understood by the Society. The plans differed theoretically and practically. The method of Wood consists in localising the injection to the neuralgic site; and it was always theoretically considered beneficial through the localisation. The author’s method, proposed in 1858, differed theoretically and practically. He did not consider it necessary to inject the narcotic locally to cure neuralgia. He believed that the great effect gained was rather due to the mode of the medicinal introduction—the injection of the loose cellular tissue of the body. Six years ago he read the result of his experiments upon animals, showing how much more quickly and effectually the symptoms of the alkaloids injected were made manifest upon those parts of the system which they more especially influenced, than when introduced into the stomach. Practically, the author rarely injected the tender spot or neuralgic site (thought so essential by Dr. Wood), not deeming it necessary, and thinking it also more painful for the patient, and apt to engender local irritations if locally repeated. Cases of *tic douloureux* and of *sciatica* were given; in which the cure was effected by the distant injection—namely, into the arm. The cases have now remained permanent some years.

Thus, upon the theory of general rapid absorption, the door was thrown open for the treatment of diseases beyond the reach of local injection. The first and most important cases that Mr. HUNTER thus treated were cerebral affections. From the effects observed upon some well marked cases of mania and

delirium tremens, the author deduced that, by the introduction of narcotics into the cellular tissue of the body, we have a mode of attacking and subduing cerebral excitability more rapid, more certain, and more sure in action, than by stomachic doses.” (*Med. Times and Gaz.*, 1859.)

Mr. Hunter had had well marked instances, in which this conclusion had been verified in the treatment of cerebral affections—the cases chiefly being insomnia; melancholia; mania; puerperal mania; delirium; delirium *à potu*; delirium tremens; chorea; hysteria; etc. In all these diseases, the full beneficial effect of the alkaloid, whether morphia, codeia, or any other, had been obtained, without producing the constipation, the deranged tongue, the anorexia, the sickness, etc., which so often follow the stomachic administration. Sickness by the hypodermic dose was quite the exception, and had usually occurred from the injection of too large a dose.

The special advantages of the treatment in delirium tremens were—1, that the effect of the alkaloid could be at once enforced, although the patient refused to swallow; or 2, the stomach to absorb or digest, if he would swallow; and 3, that restraint, and the consequent cerebral congestion, were avoided.

In *spinal affections*, this treatment was indicated to remove pain; to arrest excessive, and to increase diminished, muscular action. The insomnia was an induced evil in these cases, but was not the one requiring the first attention.

In painful *spasmodic affections*, the spasm could often be relieved in a few minutes; as in retention of urine and in colic, etc. In tetanus, which disease the author was the first to treat by this plan, the hypodermic injection might both palliate and cure. Morphia would give sleep and ease the pain without really arresting the spasms; but atropia, woorari, and other agents, had relieved or cured patients in the hands of Vella, Briquet, Courty, Bernard, Follin, Spencer Wells, Benoit, Fournier, etc.

To arrest increased vascular action and inflammation, the author pointed out the value of hypodermic injections. He drew attention to the different effect produced upon the pulse with different alkaloids. These effects begun almost the instant the alkaloid was injected. Morphia would bring down a quick pulse to the normal standard, or below it, in ten or fifteen minutes; atropine almost invariably increased the pulse twenty to forty pulsations a minute in the same space of time.

To the value of this treatment for inflammations of the eye, of which the author gave an instance (*Medical Times and Gazette*, 1859), Dr. A. von Gräfe has amply testified (*Brit. and For. Med.-Chir. Review*, 1864.)

In peritonitis, the object with which calomel and opium are often long repeated, was gained at once by a full morphia injection; and so with other serous inflammations.

Of the use of this plan in the various forms of *uterine pain*, more especially of *dysmenorrhœa*, for which the author has used it with great advantage, Dr. Henry Bennet has testified in the *Lancet* (1864.)

In *fever and ague*, it had been shown by Drs. McCrall, Moore, Devigne, and others, that the same advantages attended the injection of quinine, as the author had originally shown to attend the injection of anodynes, narcotics, and nerve-tonics—namely, the greater rapidity of effect; an equal effect with a smaller injected dose than when given by the stomach, and the avoidance of the *desagréments* which sometimes attend stomachic doses.

Mr. Hunter objected to the way these medical men injected the quinine; namely, with a common syringe

* The subcutaneous injection of nœvi, hemorrhoids, etc., with caustics, dates a few years further back.

and a lancet to divide the skin! He exhibited various syringes; and showed the disadvantages and dangers that might arise from using a syringe not regulated carefully with a screw piston.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 9TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ON THE SURGICAL TREATMENT OF CERTAIN CASES OF ACUTE INFLAMMATION OF THE VEINS.

BY HENRY LEE, ESQ., F.R.C.S.

THE author stated that in Mr. Arnott's admirable paper on "Inflammation of the Veins", published in the fifteenth volume of the *Medico-Chirurgical Transactions*, he had drawn the inference that the dangerous consequences of phlebitis bear no direct relation to the extent of the vein which is inflamed. He had there proved by an excellent collection of cases, and by his observations on those cases, that death in cases of phlebitis does not take place from the inflammation extending to the heart, but from the entrance of some morbid product into the general circulation (pp. 44 and 61). In a paper by Mr. LEE, published in the thirty-fifth volume of the Society's *Transactions*, he had endeavoured to show that the material which obstructs the cavities of veins in cases of phlebitis is derived from the blood itself, and is not in the early stages of the disease a secretion from the lining membrane of the vessels; that the veins become extensively inflamed only in cases where coagula have previously formed; and that the purulent-looking fluid often found in the cavities of inflamed veins is derived from the changes which under the circumstances take place in the fibrine of the blood. The distinction which he wished to establish between the process by means of which fibrine is deposited from the blood, and that by which lymph is secreted from the lining membrane of a vein, was of primary importance, not only with regard to the pathology of this class of diseases, but also with regard to their surgical treatment; for it must be obvious that if the material which occupies the cavities of the vessels in cases of phlebitis were secreted by the inner coats of the veins, it would adhere firmly to that membrane, and would be found lining equally the whole circumference. It would not be displaced by the force of the circulation, nor by any other mechanical means likely to be employed. Moreover, the morbid process would extend by continuity of action, and would not be arrested by any surgical interference. If, on the other hand, the material found in the veins were derived from the blood, it might be expected to adhere slightly only to the walls of the vessels, to be attached to one part only of those walls, and to be removed easily by any mechanical force. It would be deposited in uncertain quantity and at irregular intervals, leaving portions of the lining membrane between those intervals free from deposit, and of its natural appearance. The deposit would often, as had actually occurred in some of the cases related by Mr. Arnott, terminate abruptly at the entrance of a fresh vessel; the reason of this abrupt termination being, as it appeared to Mr. Lee, the greater velocity and force of the circulation in the common trunk than in that which is partially obstructed.

Now the appearances actually observed on *post mortem* examinations in cases of phlebitis, all belonged to the latter and not to the former class; and the conclusion necessarily followed that the disease

extends, as far as its severer symptoms are concerned, not by continuity of action in the lining membrane of the vessels, but by means of their contents, often in a more or less perfectly coagulated state. If that were the true course of the fatal symptoms in phlebitis, it appeared surprising that more attempts had not been made to arrest the progress of the disease by surgical treatment. Such attempts, however, had not been entirely wanting. Hunter remarked that when inflammation takes place beyond the orifice (of a vein), so as to alarm the surgeon, he should immediately make a compress upon the vein at the inflamed part, to make the two sides adhere together; or, if suppuration have taken place, then the compress must be put upon that part of the vein just above the suppuration. (*Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge*, p. 29.) Now, as lymph was not effused in the early stages of phlebitis from the lining membrane as a secretion from its inner surface, the adhesion produced by Hunter's method of treatment could be formed by coagulum of blood only. This would not, under ordinary circumstances, become organised; it would adhere to one side only of the vessel, and it would constantly be liable to become displaced. Such a bond of union, although it might for a time prevent the morbid contents of a vein from entering the general circulation, could scarcely be looked upon as affording a permanent bond of union between the sides of the vessel.

In cases where the affected vein is seated superficially, a much more certain and effectual way of closing its canal and of barring the entrance of its contents from the general circulation might be adopted. This method, which when properly performed, Mr. H. Lee believed to be free from danger, was adopted in three out of four of the following cases. The fourth case was given as an illustration of Mr. Hunter's method of treatment. It would, the author thought, be obvious that, although Mr. Hunter's method might perhaps have been successfully adopted in the first case, it could not have been used with any reasonable chance of success in the second and third.

Four cases were then read in which, in severe cases of phlebitis, the current of blood was artificially arrested between the inflamed vein and the centre of the circulation. In one instance a pad was placed over the upper extremity of the basilic vein, and retained in its position by a bandage. In two cases a needle was passed under a healthy and unaffected portion of the vein, and pressure was made by means of a figure-of-S ligature; and in one case the vein above the seat of the inflammation was divided subcutaneously, the two divided extremities being secured by acupressure. Of these different plans of effecting the same object, Mr. Lee preferred decidedly the latter. In any future similar case it was that to which he should have recourse. By the operation of subcutaneous section a permanent union was effected, because that union took place between the opposed portions of cellular tissue on the outside of the vessel. Such a union was vascular, and therefore not liable to be broken down. By it no suppuration need be excited, and the needles used for the purpose of acupressure might be removed at the expiration of two, three, or four days, when the union would be complete. Union could not be ensured within the same period by the pressure of a needle placed under the vein. If the needle be removed at that time, the current of blood would be liable to be re-established through the vein; if it be left, suppuration might be excited on the outside of the vessel; this might lead to the coagulation of the blood both above and below the part where the vessel was compressed, and the coagula

thus formed might undergo the very changes which produced the serious symptoms for which the operation was undertaken. In one of the recorded cases this appeared in some measure actually to have happened, for although the current of blood through the vein was arrested, yet suppurative took place both above and below the needle last introduced. In another case, on the contrary, where the vein was divided, no trace of inflammation extended beyond the divided part. In both these cases the products of the diseased actions were expelled from the interior of the veins by the process of suppuration; but had the flow of blood through the vessels been allowed to continue, some of these same morbid products would have been carried in the course of the circulation, and would have produced their effects in other and distant organs.

Correspondence.

THE PHARMACOPŒIA OF 1788.

LETTER FROM THOMAS MARTIN, ESQ.

SIR,—As there has been of late a good deal of discussion respecting the last edition of the *Pharmacopœia*, our friends of the Association may have no objection to be informed of some particulars respecting the preparation and compilation of the edition of 1788, which I am able to supply.

At that time Sir George Baker was President of the College of Physicians. He and the rector of the parish of Pulborough, where I was born, and where my father was a general practitioner, were contemporaries at the university, and were intimate friends. Visiting at the Pulborough Rectory, my father had opportunities of seeing Sir George, who gave my father a copy of the new edition before it was issued to the profession and the public.

Sir George Baker, with the great Dr. Heberden and other heads of the College, were men of prodigious learning, so as to be very eminent at the universities and in the world of letters, as well as able physicians; but, as respected pharmaceutical knowledge, they felt conscious of their own deficiencies, and, knowing Dr. Fordyce's superior knowledge as a pharmaceutical as well as scientific chemist, they very wisely made him a Fellow of the College, of which he was previously a Licentiate only, and induced him to take charge of the new edition of the *Pharmacopœia*. The result was manifested in a reform of the nomenclature, as intended to denote the chief ingredient in each formula; and the formulae were much simplified in their composition. In fact, the codex became a perfect pattern of pharmaceutical reform.

In the accomplishment of this task, Dr. Fordyce called to his aid various sources of information, and was assisted by able men in that department; and, as he afterwards told me, he made various experiments on his own person as to the effects of *medicines*—not drugs, observe. I have already said that dyers and druggists deal in *drugs*: we deal in the *materia medica*.

I know nothing as to the cost or expense of bringing out this edition of 1788; but I dare say that it was very moderate. It was highly approved by the profession; and Dr. Powell published a translation of it, in an octavo volume.

I would now ask why the new medicines of inestimable value, adopted since the time I have mentioned, could not be comprised in a new codex with-

out so much controversy, and at a moderate expense. Previously to the time indicated, physicians' prescriptions were apt to be complicated; and their component parts were not always in accordance with each other; and I have no doubt that the new *Pharmacopœia* led to a simplification of prescription.

In the early part of my professional career, it happened that I came into contact and correspondence with Dr. Baillie, of whom highly honourable mention is made in Sir Benjamin Brodie's *Autobiography*, as being preeminent for his knowledge of morbid anatomy, his pathology, diagnosis, and treatment of disease. He highly approved of the *Pharmacopœia* of 1788, and was remarkable for the simplicity as well as efficacy of his prescriptions. Dr. Baillie's superiority in the treatment of disease became so manifest to all the world, that he was quite overdone with business; and he is said to have exclaimed, "What an unfortunate man I am! Everybody must have Baillie! No one can die without Baillie!" As he left his house to step into his carriage, at twelve o'clock, he would observe to persons desirous of seeing him, "I can see no more patients at home to-day." He was often waylaid, and his carriage stopped in the street. He was obliged to adopt several restrictions as to his practice. He would not go into the country, nor east of Temple Bar, nor up to Islington. In the City he was not wanted, as there was Dr. Babington, equally esteemed as a physician, and beloved for his virtues and excellent qualities. At the West End, the Sir Felix Fascinate of the day yielded to the superiority of Dr. Baillie, who worked the whole of every day and the half of every night. In his correspondence with myself, he never answered a letter by return of post, but invariably the next day. He could not afford to allow his correspondence to fall into arrear. When London went out of town, Dr. Baillie allowed himself a little repose in Gloucestershire. Such a case of the pre-eminence of one individual in the metropolis can never happen again. There are now many equally gifted, and with equal professional talents and attainments.

The same in the country. When I was young, the stars of the first magnitude out of town were, Hey of Leeds, Kerr of Northampton, Rigby of Norwich, and perhaps Cheston of Gloucester. Now there are hundreds of country practitioners equal to any emergency, medical or surgical.

These few recollections of an old practitioner may not be unacceptable to the readers of our JOURNAL.

I am, etc., THOMAS MARTIN.

Reigate, May 20th, 1865.

MINERAL ACIDS IN FEVER.

LETTER FROM F. C. HOWARD, ESQ.

SIR,—As Mr. Steele thinks that additional testimony to the value of mineral acids in typhus fever is needed, after that of such men as Murchison, Chambers, Richardson, etc., I beg to say that, for my part, I am quite satisfied that no other plan of treatment in fever will bear any comparison with it. During a period of thirty years, I have had a great many cases under my care, and have tried various plans of management; but the death-rate under the acid treatment has wonderfully improved; and of 120 cases of low fever recently treated after Dr. Chambers's plan, not a single patient who took the acid died. Wine was used, but not largely. The acid was felt to be, both by patients and by myself, of greater value than even wine or brandy. If the acid were omitted, and the case left to proceed under wine alone, an aggravation of symptoms invariably

resulted; whereas, the loss of the wine during the use of the acid seemed to be less, if at all, felt.

My experience, then, would seem to corroborate the opinion of Dr. Murchison, who considers the acid treatment superior to any other in fever, and also that of Dr. Chambers, who tells us in his Lectures, that during several years he has never lost a case of fever in which the acid had been exhibited for thirty-six hours.

As to the *rationale* of its action, Dr. Richardson's hypothesis, as founded on facts, seems to me sufficiently satisfactory; but who would cast aside bark in ague, or acids in purpura and scurvy, because they were used empirically?

If Mr. Steele would kindly put the cases of fever which he may meet with during the next few months, under the acid treatment, and give us the result, I am sure that his testimony would be valued as that of an observer unbiassed in its favour; but I would beg of him to use the acids according to the plan of Dr. Chambers, whose success in the treatment of fever is so well known.

I am, sir, etc.,

F. C. HOWARD.

Linton, May 25th, 1865.

LETTER FROM PERCY LESLIE, ESQ.

SIR,—Drs. Murchison and Steele, in their late communications on continued fever, speak of it, and certain theories connected with the nature and treatment of the same, as might at first sight lead one to suppose that these were not equally true of nine-tenths of all other diseases. For, after removing the cause, our operations are mostly confined to aiding nature in the combat against disease: first, by preventing everything that would hinder, and secondly, by promoting everything that would assist, a restoration of that dynamical equilibrium we call health. In other words, we look upon the body as a self-adjusting machine and treat it accordingly—equally so in all its ailments, fevers included. True, there are a few antidotes and specifics put providentially into our hands, which enable us to say of some complaints that a cure is effected. To these it is always our ambition to add; and from time to time it will be permitted us to do so, when fevers, from their having for the most part a specific origin, will, without doubt, have a better chance of being introduced into that category, than the vast variety of disease produced by more ordinary and universal operations of nature.

Dr. Murchison mentions Mr. Steele's paper to have for its object, "to show that not only is there no specific for fever, but that, as Dr. Corrigan has observed, in the present state of our knowledge, there can be no specific for this disorder." This means, either that our present state of knowledge gives us no specific for fever, which may be true; or else, that our present knowledge of the nature of fever precludes the possibility of such being discovered; but such a statement does not by any means prove that the wisdom gestating in the womb of the future should be equally debarred from making so desirable a discovery.

I am, etc.,

PERCY LESLIE.

Eastbourne, May 30th, 1865.

THE FEVER EPIDEMIC IN ST. PETERSBURG. The *Russian Correspondence* of May 9th says:—"The number of sick, which had considerably diminished in April, has again increased during the second Easter week. This arises principally from the affluence of the workmen in the building trade, who began to arrive about this period. Notwithstanding the recrudescence there is no want of room in the hospital."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 11th.

Bell, Anthony, Newcastle-on-Tyne
Broughton, Robert David, Ruyton, near Shrewsbury
Buggen, Richard, Tenterden, Kent
Cremolini, John, Bilston, Staffordshire
Fawcitt, Thomas Joseph, Newcastle-on-Tyne
Harrison, Henry Edward, Great Ormond Street
Powne, Benjamin Lamb, Billingham, Lincolnshire
Pratt, Thomas Gray, March, Cambridgeshire
Ruttledge, Edward Butler, Ingatstone, Essex
Shepard, William Lively, Gray's Inn Road
Shoolbraid, David, Duff Town, Banffshire
Spilsbury, Thomas Hamilton, Sierra Leone
Thomas, Oliver Dillon, Pontypool

Admitted on May 23rd—

Aveling, Charles Taylor, Shacklwell
Boulton, Edmund Farrington, Bath
Cass, William Cunningham, Cowes, Isle of Wight
Conry, Thomas, Dublin
Dawson, William Baines, Brentwood
Dunn, John Roberts, Warbleton, Sussex
Fennell, Theodore, Rain Hill, Lancashire
Hawett, William, Wigan, Lancashire
Hughes, John Pearson, Llandover, South Wales
Lyle, Henry Bowden, Ashburton, Devon
Martin, William Young, Little Hulton, Lancashire
Milward, James, Bristol
Nearne, Thomas Albert, Hungerford, Berks
Owen, David Charles Lloyd, Smethwick, Birmingham
Percy, George, Dublin
Roper, Robert Gear, City Road
Spooner, Charles Henry, Newington, Surrey
Whiting, James David Charles, Upper Ebury Street
Worthington, James Copland, Lowestoft
Yeats, George, Aberdeen

Admitted on May 24th—

Lethbridge, Charles Frederick, Torquay, Devon
Noel, Vincent Edmund, Devonport
Powell, John, Chichester
Reeves, Henry Albert, Newbury, Berkshire
Tilton, John Edward, Stonehouse, Gloucester
Walls, Albert William, Bayswater

At the same meeting of the Court—

Mitchell, John Frederick, H.M.S. *Lizard*, Sheerness, passed his examination for Naval Surgeon, his diploma of membership being dated March 14th, 1866.

APOTHECARIES' HALL. On May 25th, 1865, the following Licentiates were admitted:—

Elliot, David, Newcastle-on-Tyne
Hickman, Richard Nurhall, Seaton, near Salisbury
Ward, Frederic Henry, Finchley Road, Walworth
Wilby, John Burdett, Leicester

BIRTH.

WILLIAMS. On May 25th, at 13, Newhall Street, Birmingham, the wife of *T. Watkins Williams, Esq., General Secretary of the British Medical Association, of a daughter.

DEATH OF MR. WATERTON. The papers announce the death of the well-known traveller and naturalist, Mr. Waterton, in his eighty-third year.

MR. THOMAS MARTIN. Our respected associate, Mr. Thomas Martin, on the 24th ult. presided at the annual meeting of a society in Surrey founded by Mr. Martin himself fifty-three years ago!

DEATH UNDER CHLOROFORM. A lad, aged 13 years, died on the 19th of May, at the Ophthalmic Hospital, Bloomfield Street, City, from syncope, while under the influence of chloroform.

SOCIAL SCIENCE ASSOCIATION. The ninth annual meeting of the National Association for the Promotion of Social Science will be held at Sheffield from the 4th to the 11th of October next.

NON-COMBATANTS (?). Dr. Ungar, a surgeon in the Austro-Mexican army, lately died in the hospital at Vera Cruz, of wounds received in combat with guerillas. The Belgian papers, amongst the number of killed of a Belgian regiment in the Mexican army, give the name of Surgeon Lejeune.

THE RATE OF MORTALITY last week was 22 per 1,000 in London, 24 in Edinburgh, and 20 in Dublin; 29 in Liverpool, 29 in Manchester, 20 in Salford, 18 in Birmingham, 27 in Leeds, 22 in Bristol, 19 in Hull, and 29 in Glasgow. The rate in Vienna was 42 per 1,000 during the week ending the 13th ult.

THE ALKALI ACT. The first Report of Dr. Angus Smith, the chief inspector under this Act, has been lately presented to Parliament. Lord Derby, in commenting on it, congratulated himself on the perfect success of the measure, and paid a deserved compliment to Dr. Smith.

THE ARMY AND NAVY MEDICAL OFFICERS. In consequence of a requisition signed by upwards of twenty Fellows, the President of the Royal College of Physicians of London has called an extra-ordinary general meeting of the College for the 5th inst., for the purpose of reconsidering the question of the army and navy medical officers.

THE ORDER OF THE BATH. The Queen has appointed Surgeon-Major William Munro, M.D., 93rd Regiment, and Surgeon-Major Henry Bruges Buckle, 1st Punjaub Regiment of Infantry, to be Ordinary Members of the Military Division of the Third Class, or Companions of the Most Honourable Order of the Bath.

CARRIAGE ACCIDENTS. The following fatal carriage accidents were registered during the past week in London. A widow, aged 80 years, was run over by a van in the Farringdon Road. A corkenter, aged 72 years, was run over by a cart. A gardener, aged 73 years, was run over by a vehicle. A labourer, aged 25 years, was run over by a cart in the Dover Road. A carter, aged 34 years, was run over by a wagon at New Cross.

THE ROYAL SOCIETY OF ENGLAND. Only fifteen candidates can be elected annually. Of these, only three are ever put in for chemistry, and three for astronomy; whilst medicine and natural history also occasionally have three fellowships given to them. This year chemistry and geology have each only one fellowship; natural history has three; astronomy three; medicine and engineering have each two; mathematics, literature, and Arctic discovery have each one. In all there are 675 Fellows.

GREENWICH HOSPITAL. In a discussion in the House of Commons on Tuesday last, Sir John Pakington said that he was informed that it was intended to place this magnificent establishment on the footing of Haslar or Netley, and convert it into a mere hospital in the ordinary sense of the word. He wished to know why the engineers and surgeons of the navy had been excluded from the list of those who were to receive pensions. Mr. Hennessy said that the Commissioners in their report stated that there was one branch of the establishment in which no reformation was required—the medical branch. He would ask, therefore, how it was that medical officers in the navy were excluded from participation in good service pensions. Mr. Childers replied, that the honourable member for King's County had truly stated that the doctors had been favourably reported upon by the Commissioners, and the Admiralty were not going to take away any part of their employment. On the contrary, they would probably be more fully occupied than at present.

APOTHECARIES' HALL. The next "examination in arts" will be held on the last Friday and Saturday in September. The subjects will be the same as at the April examination, except that, in Latin, Virgil's *Æneid*, Book VI, will be substituted for *Caesar De Bello Civili*, Books I and II. The examination for the society's annual prizes for proficiency in the knowledge of botany (systematic, descriptive, and physiological) will be held on the second Wednesday in August. The examinations for the prizes in materia medica and pharmaceutical chemistry will be held on the third Wednesday and following Friday in October.

MEDICAL CANDIDATES FOR CORONERSHIPS. Mr. Wilson, the medical candidate for the coronership of Leeds, has been defeated by Mr. Emsley an attorney. The causes of Mr. Wilson's failure we know not; but we trust that the lukewarmness of his medical brethren is not accountable for it. Mr. Carr, whom we announced as a candidate for the coronership of South Northumberland, has retired from the contest, and left it in the hands of the lawyers. We regret to hear that in this case medical gentlemen were actively engaged canvassing in behalf of the lawyer as against their own medical brother. *Sic semper! alas!*

A HOMŒOPATHIC CHALLENGE. Mr. Clifton, a homœopathic practitioner, has addressed a proposal to the governors of the Northampton Infirmary. "As the expenditure of the Northampton Infirmary," he says, "exceeds its income by the annual amount of £200, I will guarantee to provide that sum annually, on the condition, that the governors will appropriate the fourteen beds in the Convalescent Hospital, or an equal number in the Infirmary, for the reception of medical cases, to be treated homœopathically; and for such cases, I will undertake to provide the necessary medicines, and a dispenser, free of cost to the institution." He asks this, 1. As a matter of justice to those governors who adopt homœopathy, and to the poor who prefer being treated according to that system; 2. Because homœopathy has been proved to be much more successful than the older system; and 3. That cases considered incurable by allopathy may have the benefit of trying homœopathy and *vice versa*. During the past year several cases pronounced incurable have left the Infirmary, and have been cured at the homœopathic dispensary."

TOO MANY LECTURES. On the defects of the modern method of study, Sir Benjamin Brodie held strong opinions, which may be summed up in the statement that students now-a-days are made to attend too many lectures. He used to congratulate himself on the fact that his professional education belonged to the past and not to present times; that, in short, he lived under a system which permitted him to educate himself. He got the greatest benefit in the way of instruction from a diligent attendance in the dissecting-room and in the wards of the hospital; and he glories in the remembrance that he did not attend "one-fourth of the number of lectures which the unfortunate students are now required to listen to under the direction of the constituted authorities." He points out that he was not alone in his dislike of lectures. Abernethy used to complain that Brodie's distinguished contemporary, Mr. Lawrence, now the chief surgeon at St. Bartholomew's, would not attend his lectures. "I can easily conceive," adds Sir Benjamin, "that if I had been compelled to sit on the benches of a theatre four or five hours daily, or tempted to compete for prizes as students are, and to get crammed for various examinations, my position in life afterwards would have been very different from what it has been in reality."

CORONER'S INQUESTS. Dr. Lankester, the coroner for Central Middlesex, has sent in a second annual report from August 1st, 1863, to July 31st, 1864. It appears that there were held in his district 1,271 inquests in the year, making 191 inquests more in the last than in the former year. This increase is due to the increase of population, and the increased vigilance of the summoning officers. One of the most noticeable features in the returns, says Dr. Lankester, is the increase of inquests under the head of accidental deaths, which amount to the large number of 70 cases. He attributes the increase of accidental deaths to the increased traffic in the streets of London; and to the enormous development of building industry in the centre of London. The increase of verdicts under the head of suicide and homicide is not greater than may be accounted for by the increase of population. The diminution of verdicts of "death from unknown causes, may be accounted for by juries more frequently returning verdicts of "wilful murder" in the case of newly born children found dead in the streets. A table gives the number of inquests held in hospitals, prisons, and lunatic asylums in the central district of Middlesex. This table shows that while the number of inquests held in St. Mary's Middlesex, and University College Hospitals have been nearly the same, there has been a large increase at the Royal Free. The Great Northern, which during the previous year had been removed from King's Cross to the Caledonian Road, Islington, and received no in-patients, has reopened its doors, and gives for the past year five cases. The increase of cases in the prisons is remarkable. In these places an inquest is held on every death, from whatever cause. The inquiries in workhouses are, perhaps, fewer in proportion to their inhabitants than in asylums; and this may be accounted for by the fact that no notice of death occurring in workhouses is required to be given to the coroner. As the coroner's inquiry is, no doubt, a great protection to those who die in prisons and lunatic asylums, Dr. Lankester thinks it a question well worthy of consideration, in view of the helpless condition of the great majority of the inhabitants of workhouses, as to whether the coroner's inquest should not be held in all cases on persons dying in workhouses, or, at least, that all certificates of death should be referred to the coroner. There is one class of accidents which presents a decrease; and that is the class which occurs on railways. The difference between the number of deaths from suicide in the two years is so slight as to indicate on the whole that the causes which lead to this disastrous occurrence have been the same in the two years. The methods of self-destruction employed have differed very considerably in the two years. Thus, in the years 1862-3 there were 19 cases of poisoning, while in 1863-4 there were but nine. There was but one instance of poisoning by opium in the latter year, against four in the previous year, and two cases of poisoning by oxalic acid in the second year against five in the first year. The only poison employed in the second year which was not used in the first is corrosive sublimate, while strychnine, sulphuric acid, prussic acid, and potash which were answerable for six deaths in the first year do not appear in the list of the second. Our legislation was at one time ferocious with regard to the destruction of human life. A reaction took place, which has placed us in our present position, in which upwards of 150 dead children are annually found in the streets of London. It is not too much to suppose that where one child is found another is successfully hidden for ever. In cases where the mothers have been discovered their ages have averaged about 20 years; as it is not to be supposed the same woman commits this crime a

second time, and as the expectancy of a woman's life at 20 is 40 years, this would give the large number of 12,000 women living in London alone who have thus secretly destroyed their offspring." In conclusion, the coroner draws attention to the general want in London of better and more convenient houses for the dead, those attached to workhouses and for parochial use being generally inconvenient and deficient in light, ventilation, and the requisites for making *post mortem* examinations. He thinks it would be most desirable to erect deadhouses in every parish, so that the poor who have but little room in their residences might be able to deposit their dead until the time has arrived for the corpse to be buried, thus avoiding the production of disease, and the tendency to demoralisation produced by the presence of the living and the dead in the same room.

ALCOHOL. Dr. Munroe, F.L.S., lately gave a lecture to the Hull Band of Hope Union. Numerous chemical experiments were performed by the lecturer to show that alcohol was not assimilated in the tissues, and could not, therefore, afford the slightest nourishment, being eliminated as alcohol just the same as it entered. He did not wish his paper to partake of the character of a teetotal lecture, but rather that of a scientific inquiry into the mode of action of alcohol when introduced into the tissues of the body. The all-important question to be answered was, What was alcohol? Was it food, or poison, or medicine, or a luxury? The researches of physiology and modern medical science proved that perfect health could only be preserved by total abstinence from all intoxicating drinks; because alcohol, for the time being, had the peculiar power of disarranging the natural functions of the body, and producing a morbid condition of the tissues with which it came in contact. Every writer on the subject of toxicology had classified alcohol as a narcotico-irritant poison. Having traced the career of alcohol from the mouth and stomach, and found that it was not nutritious, nor yet even friendly to the functions of digestion or nutrition, the lecturer drew attention to the microscopic appearances of the blood, showing how speedily elements of diet, medicinal substances, and poisons were found in the liquor sanguinis, and how the corpuscles of the blood became affected by these various agents, especially by alcoholic drinks. Alcohol deteriorated the liquor sanguinis, and also stimulated the blood-vessels to an unnatural contraction, which induced their premature death. The colouring matter was dissolved out of them, and the pale discs lost their vitality, whence less oxygen could be absorbed, and less carbon carried out. Particular reference was made to a very frequent cause of disease from the habitual presence of alcohol in the circulating medium; viz., fatty degeneration. Three-quarters of the chronic illnesses medical men had to treat were occasioned, Dr. Chambers said, by this disease; arising, no doubt, from the universal practice of daily stimulation. The lecturer referred to the effects of alcohol on the cerebrum, showing that the brain was more liable to disease from alcohol from the fact that alcohol selected that organ on which to spend its chief action. Lallemand and Perrin proved that alcohol produced in all persons an intoxication which was marked by a progressive series of functional disturbances and alterations, the intensity of which corresponded with the quantity of alcohol taken. The lecturer had come to the conclusion—1. That where the body was free from disease, and the brain in a healthy condition, the psychical or moral portion would have full power to keep in check or overbalance the passions for evil; 2. That when the brain had become poisoned with alcohol, which, by a peculiar

elective affinity, selected certain special ganglia of the brain, whose functions it deranged, the resisting power of the will for the time being became impaired or weakened, and the man became powerless against the temptations which beset him; 3. That if the brain were continually under the influence of alcohol, the power of the will became lost, and the patient relapsed into a confirmed dipsomaniac—a pitiable spectacle of drunken insanity.

GREENWICH HOSPITAL. A writer in the *Times* makes the following remarks:—The Seamen's Hospital Society have decided to abandon their floating hospital, the *Dreadnought*, and have purchased from the Greenwich Hospital Commissioners, for £5,500, a site adjacent to Greenwich Hospital, and are about to spend the greater part of forty-four years' savings and benefactions, at least £60,000, in erecting, within a stonethrow of the ancient and now half-vacant Greenwich Hospital, a new hospital to hold three hundred beds. This Seamen's Hospital Society, which has purchased a site, and is about to build at the very doors of Greenwich Hospital, was instituted in 1821, and incorporated by Act of Parliament in 1833. It is a hospital where the wounded are healed and the sick are cured. It is open to every comer. It is aided by Royalty and by our principal shipowners, and has for forty-four years been most popular. The legacies and donations given to it amount to more than £100,000. The Admiralty provides it with a ship. It seems to be a model of economy. But the Seamen's Hospital Society could not relieve all the cases of distress occurring in that class. Nine of the London hospitals relieved in 1863, three hundred and ninety-one sailors as in-patients. If the four other general hospitals were included in this return, we should have to add about one hundred and fifty more. It is stated by the officers of the Floating Hospital that sailors now prefer to be cured on shore. On shore they find ampler space and increased comfort, and "they have had enough of ship", they say at sea. Is it necessary to say more on behalf of the claim of the Seamen's Hospital Society, to occupy a portion of Greenwich Hospital. The present Infirmary of Greenwich Hospital contains room for nearly three hundred beds. In King Charles's and King William's quarters, which form the two western divisions of the main building, there is room for about five hundred and fifty more beds. Why should not the eastern moiety of the Hospital, composed of Queen Anne's and Queen Mary's quarters, be assigned at once to the use of the Seamen's Hospital Society, for the benefit of the mercantile marine? The report of the visiting surgeon to the society, framed with exclusive reference to the contemplated scheme of a new hospital to be built on shore, contains the following passage:—"A hospital establishment consisting of isolated buildings at some distance apart from each other, in a quiet, airy situation, would represent perhaps the best type of hospital; but it is clear that a hospital erected in such a situation would for most purposes be next to useless, and would be enormously costly." Greenwich Hospital is built precisely on this principle of isolation; it is quiet, and very airy; it is composed of five entirely separate portions; two, if not three, of these piles of building will soon be absolutely vacant. They can be had without cost; let us try their utility.

BOOKS RECEIVED.

1. The Why and the Wherefore of Cattle Diseases. By William Reid. Edinburgh and London: 1865.
2. Selection of Documents and Autograph Letters in testimony of the Cures effected by the Electro-Chemical Bath of J. F. I. Caplin, M.D. Translated from the French Edition. With an Appendix. London: 1865.

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY....St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY......Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Epidemiological Society, 8 P.M. Deputy Inspector-General Smart, M.D., R.N., "On the Dengue (Break-bone Fever of Hot Climates—the Scarlatina Rheumatica of Dr. Copland)."—Entomological.

TUESDAY. Anthropological Society of London, 8 P.M.

WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Obstetrical Society of London, 7 P.M. Council Meeting. 8 P.M., Adjourned Discussion on Dr. Barnes's paper on Dysmenorrhœa due from a Peculiar Form of Cervix; also, a Supplement to the same, by Dr. Barnes. Case of Extruterine Fœtation, by Dr. J. Braxton Hicks. Cases of Hydatidiform Degeneration of Placenta with Albuminuria, by Dr. B. Woodman.—Geological.

FRIDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Astronomical.—Royal Institute.

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the Editor, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

A CORRESPONDENT reminds us that the gentleman alluded to in the JOURNAL of May 20th, in connection with Hospital Conveyances for the Sick, is not Mr., but Sir Macdonald Stephenson, the well known engineer.

NUMBER IV OF THE ARCHIVES OF DENTISTRY, edited by Mr. E. Truman, contains a paper by Mr. Bate on Filling Teeth with Gold. Mr. Truman continues his series on Mechanical Dentistry in England. Dr. Richardson has a Chapter on the Teeth and Mouth in Idiots. There is also an interesting account of the Replantation and Transplantation of Teeth, translated from the German of Dr. Mitscherlich.

FEES FOR VACCINATION.—It would appear from the following directions, issued some years ago by the Poor-Law Board, that medical men can claim fees for re-vaccinations; in fact, for all successful cases of vaccination. The Assistant Secretary writes:

"The Poor-Law Board direct me to state that, in accordance with the contracts entered into by the guardians in pursuance of the statute 16 and 17 Vict., cap. 100, the public vaccinators are entitled to be paid for the successful vaccination of any person resident in the union whose name is entered in the register provided by the guardians, in accordance with the contract. There is no limitation as to age, nor is it material that the persons had been previously successfully vaccinated."

An Address

DELIVERED AT THE

DISTRIBUTION OF PRIZES AT ST. MARY'S
HOSPITAL MEDICAL SCHOOL.

On Monday, May 29th, 1865.

BY

RICHARD OWEN, D.C.L., F.R.S.,
ETC.

I HAVE been honoured by the request, through the Dean of your School of Medicine, to deliver to the successful competitors the prizes which they have gained by excellence and proficiency in the studies of this school; and here, at the outset, I am led to note the sound judgment which has governed the definition of the field of competition. With a few exceptions, prizes are not awarded for single courses; but classes are grouped in accordance with the curriculum laid down for students of the first and subsequent years; the object being to ensure the general proficiency of the students of each year in their respective subjects of study. I am happy in being permitted to take part in an assemblage and on an occasion that have for their essential cause and condition the increase and diffusion of knowledge. I am favoured in being the instrument of manifesting the satisfaction which the teachers of science in this school feel in the success which proficiency testifies to their endeavours to impart such science. I am glad also to meet fellow-learners of every grade, whose main aim and labour profess to be to gain those steps in science which may lead them to a height whence, in their turn, perhaps, they may discern the signs by which our view of the field of knowledge may be expanded.

In every race, one wins, or a few gain prizes; but every competitor has earned in the course what far transcends in value the mark of some small relative superiority. In the training or preparation for mere physical excellence, the muscular fibre is strung, the capacity of respiration developed, the vigour of circulation increased, the whole bodily health improved; the organism is a better organism, can do greater things, can receive higher enjoyments. But these perfections subside with the cessation of the exercises that educed them. Yours has been a competition of a higher kind; not of the powers of the animal, but of those of the man; not of the body, but of the mind; and the gain in the training and very act of competition must have been proportionate. Moreover, in the friendly endeavours to excel in which you have been engaged, you have done more for your own advantage and that of mankind than merely improve the working of your own intellects. The very exercises by which the acquisitiveness of ideas, retentivity of facts and principles, power of comparison of grounds for this or that conclusion—in short, any of the faculties of apprehending truth, have been improved or educed; have left you in possession—permanent possession, let us hope—of the elements of anatomy, physiology, chemistry, zoology, botany, and other definite kinds or sums of natural science, which go to endow you with the faculty of compre-

hending the nature of injuries and symptoms of disease, and of applying that power in behoof of your suffering fellow-men.

Now, the lowest amount of this intellectual wealth which may have been gained and garnered by the student is to him a prize far exceeding in value the signs and tokens of honour which I have had this day to distribute. Let not, then, any of the so-called "unsuccessful" repine or feel discontent at the issue of the competitions. He has gained a better possession, in whatever measure he may have mastered the sciences which he has had the opportunity of learning; he has succeeded in a far higher matter, if his conscience tells him he has done his best, and has neither wantonly nor wilfully thrown away his opportunities. As our great poet sings:

"Fame is no plant that grows on mortal soil,
Nor in the glittering foil set off to the world, nor in broad
rumour lies;
But lives and spreads aloft in those pure eyes and perfect witness
of th' all-judging Jove:
As he pronounces, lastly, on each deed,
Of so much praise in heaven expect thy meed."

But, to descend from these heights to things of less empyreal concern: let me congratulate you on your being students of St. Mary's Hospital and School of Medicine, and show cause of congratulation by reference to the opportunities, arrangements, and conditions which it affords for a sound and thorough scientific and practical medical education.

[The chief characteristics of these were then defined and commented on.]

It is sometimes asked, Is medicine a science? This question, like many others, is hardly reasonable or fair, the two terms being so unequal in degrees of complexity. So far as medicine knows the cause and condition of a curable disease, and the one infallible cure, to that extent it is "science". If medicine has mastered the nature of a specific malady, if there be a specific malady, and has discovered the specific remedy, if there be such a thing as a specific, it may claim to be a science. I leave to the experienced practitioner to determine what may be the proportion of the field of observation and practice commonly called "medical science" which is in the above defined condition; and what the proportion of that field in which the cultivators differ in their views as to the cause, the nature, and the remedy of disease.

Your excellent professor of chemistry will tell you that, having a special aim in view, he adds a certain reagent to a given solution or mixture, knowing that it will produce such desired result; viz., a certain infallible decomposition and recombination. The prevision and its fulfilment prove that he possesses a science. But, were other chemists to affirm that a different reagent would produce the same result, or that the solution, if left to itself, would produce it by spontaneous decomposition or recombination; and if there were really grounds for such affirmations or diverse views of the case,—you would then conclude that chemistry had not reached the scientific stage, and would hardly expect it to enjoy public confidence.

In fact, we see at the present day that the public confide not so much in medicine as a science as in the particular practitioner. It is characteristic also of the present phase in the growth of medicine, that the public are liable to be deluded and led astray by its shams; and not until medicine becomes a science can such simulacra be expected to vanish, and quacks and quackery to become extinct. Time was when disasters were deemed, in the literal sense of the term, to be the effect of malign influence of stars. Two or three centuries ago, the horoscope was cast, and believed to indicate the future destinies of the heir, by the same classes as now accept, in like faith,

the infinitesimal globule. The astrologer then had leave to move in the same social scale, and to sit at the same tables, as now the homeopathist. Astronomy had not risen to its full development as a science. It is interesting, indeed, to consider how a public, ignorant of and careless about the grounds and proofs of an established science, does in time come to believe in and trust it, to the exclusion of its simulacra, and the utter deposition and extinction of the quack professors of the same. I believe the public gain this faith by what the true science effects, and what it predicts.

By means of the data of astronomy, the seas are navigated, and remote parts of the earth reached with marvellous exactitude. Astronomy foretells phenomena to the day, hour, minute, even second of time: the interval—it may be years—after the prediction passes; and at the very hour, and fractional part of the hour, the event foretold comes off.

The palæontologist, from a fossil fragment, infers that such a form of animal, strange, it may be, or gigantic, has existed in such an island; and commits himself a prophetic sketch of the same. Other parts are afterwards found; at length, perhaps, the entire skeleton. The public knows nothing of the laws of correlation by which the prevision of a form of life long passed away, and never seen by human eye, was gained; but it is struck by the fulfilment, and accepts or believes in the science.

Medicine is occasionally called upon to prophesy in public: the rank of the patient requires a bulletin. Reference to some of these series of predictions and the actual results may partly account for the degree in which medicine still halts, as a science, in public estimation. And so it comes to pass that the question continues to be asked, "Is medicine a science?"

The great question for you, however, is—Can medicine become a science? From every analogy of the progress of human intellectual endeavours to raise, by observation and experiment, a body of facts and phenomena to the status of true science, the reply to the latter question would be emphatically, Yes!

Anatomy, physiology, pathology, or a knowledge of deterioration of structures, to the minutest degree in which the microscope can show such changes for the worse, in the fluids and elementary tissues of organs; chemistry, especially organic; the nature and powers of medicines—in short, all those bodies of doctrine worthy of the name of science, and which bear upon the problem of life, must be cultivated—if possible mastered—as the indispensable basis on which a lasting superstructure of a true science of medicine can be raised. Medicine can only become science by and through the subservient bodies of doctrine that have become science—the unknown must be reached by the known.

In every age, the individual who has effected most to raise medicine and surgery to the rank of sciences, has been the practitioner who was most distinguished for his knowledge of science.

John Hunter, besides being the greatest surgeon of his time, was the best physiologist, the greatest comparative anatomist, and, what was then little if at all known to his compatriots, he held the most advanced views of zoological classification, and was the most experienced palæontologist.

In considering the obstacles that impede the progress of medicine to the scientific status, I have been led to regard in that light, among other opposing influences, "fees" and "examinations".

Taking poor human nature as it is, I suppose that, if the palæontologist were to receive his *honorarium* for every fossil he gave an opinion on, the number of

mistaken determinations would be enormously increased. Were the chemist to make his analysis with a view to the fee, he would be diverted and led far astray from the track of discovery. If the zoologist might claim and receive pecuniary reward for every new insect, shell, or worm, he might characterise the number of "nominal species" would be vastly on the increase. Nature will not be bribed to reveal her secrets; hardly will she, and rarely, reveal them under the torture of vivisectional experiment. She demands the full and entire devotion of her suitor, in long years of subservient observance; and only to such single-minded worshippers of truth will she whisper a particle of it.

The physician who, in our day, has, perhaps, done most towards rendering medicine a science, is Rokitsansky, through the very great proportion of his time devoted to the study of eleemosynary cases.

The same condition of advancement exists in the relations between the patients in hospitals and the medical officers. But for the entire range of maladies, in the various classes of society, one is disposed, in reference to the advance of medical science, to indulge in the Utopian desire of the devotion of some one adequately gifted in mental power and material wealth to the study of disease, exclusively with a scientific aim; able to select his cases; not necessarily diverted from a given and promising line of observation by the calls of remunerative practice.

Thus, in the same malady affecting different individuals under similar conditions of age, sex, temperament, or constitution, the effects might be compared, of the customary or accepted remedies in one case, of the remedies of an opposite kind—conditions of practice which in some instances now divide the medical mind—and of the withholding all medicines: just as the chemist, in quest of discovery alone, perseveres in the pursuance of the analyses of a particular class of compounds, his faculty of insight being sharpened in relation to them, by exclusive study and progressive familiarity with their specialities.

In reference to the second of the obstacles which it has occurred to me to specify, I do not mean "examinations" in the abstract; but the kind and conditions of those tests which more immediately affect the sciences—as taught, e.g., in a school of medicine like St. Mary's—and the ultimate aim which the teachers have in view.

Examinations differ widely, in the work and qualifications of the examiners, in the views and motives of aspirants to the office, in the main end and aim of the test itself. In regard to the latter, the difference is such that it may be expressed by saying that some examinations are conducted to find how much, and others how little, a man knows. In the first category, those examined are ranked in the order of their acquirements; in the second, all alike receive a diploma, signifying qualification. And, as the weakest link in a chain gives the strength of the whole, so the scantiest measure of knowledge that enables the candidate to pass, becomes that of the amount sought for by the examiners, and at the same time a test of their own qualifications for the office, and of the responsibility and trouble which they undertake in its performance.

To exemplify the first kind of examinations, I would refer to the well-known arrangements at our old universities, in principle so pure, so effective in arrangements, as to gain for him in whom the highest amount of knowledge has been found the unhesitating applause of the less successful, which is echoed, without the slightest misgiving, by the country at large.

In the composition of the examining body, old experience is combined with young vigour, soundest knowledge of settled principles, with minds fresh from the latest discoveries and amended views of science. The senior wrangler of one year may be associated with his teachers as an examiner in the next.

The machinery is effective without being cumbersome. There is no inducement to make it so. Four is the usual number of examiners. The administrative authorities of the university, responsible for the well working of the examination, impressed also by its supreme importance, have no other notion than to make it work well. They do not propose to themselves any personal advantage, in purse or dignity, by taking part in the work. They simply elect the best men for it. These, likewise, are moved by considerations far higher than the emoluments of the office; and, indeed, there are none. Such fee as may be offered and received simply nullifies the sense of obligation, on the part of the authorities, for the time and labour devoted by the examiners to the duties confided to them.

The annual lists of the results of the B.A. examinations at Oxford and Cambridge exemplify the operation of this system of examination, in discovering the relative amounts of knowledge in the candidates. The teachers of the required subjects are stimulated thereby to impart the newest discoveries, and to set intelligibly before their pupils the latest phase of their respective sciences. "Examinations" of this nature are helps, not hindrances, to science.

A board of examiners composed exclusively of old teachers or practitioners, and to whose diploma or pass-certificate the bulk of medical students look as a main aim of their metropolitan studies, becomes an influential element in the consideration of the way in which, *e.g.*, anatomical and physiological science is to be presented by the teacher to his class. I believe that I do not err in supposing that, if the examinations in human anatomy and physiology by the board granting the diploma were conducted by a combination of young cultivators of those sciences with the experienced practitioner for the surgical department; that if one or more men of justly merited public repute for their advancement of anatomy and physiology, and in the vigour of their intellectual work of imparting and expanding those sciences, were placed on the board or "court" of examiners—teachers would be stimulated to prepare their pupils to be tested in relation to more advanced conditions of those sciences, than there is any call for under the present state of the "pass-examinations".

The obstacles to such improvement in the examining board may be exemplified in the conditions of its existence at the Royal College of Surgeons of England. The administrative authorities of that College are concerned, both in purse and dignity, in themselves performing the work of examination. In purse, by the way and degree in which they remunerate themselves for such work; in dignity, because no member of the Council is eligible to the offices of vice-president and president of the College until he has been an examiner. As such, his remuneration being in the ratio of the number of persons examined, must now be of material importance.* Accordingly, the Council, twenty-four in number, elect out of their

own body ten to be examiners, reserving to themselves the testing in all the required sciences and subjects, save midwifery, dentistry, and classics.

I note this, therefore, as one of the impediments to the progress of medicine and surgery as sciences: an evil which will be abated in proportion as those to whom the profession confide administrative power may approach in singleness of purpose and motive to the administrative bodies of our universities, in regard to the business of examination for degrees and diplomas.

The Royal Society of Arts has recently given an example which the Royal College of Surgeons would do well to follow. On undertaking responsibilities connected with examinations of candidates, the Council of the Royal Society of Arts at once passed the self-denying ordinance that no member of the Council should be eligible to the post of examiner. Yet the Council always includes men well qualified for the office, but not every man so qualified, and seldom those who are best qualified.

[Professor Owen finally congratulated the students on the choice of their profession; comparing medicine with law, and with divinity as distinguished from religion; pointing out in this comparison the advantages of medicine in the opportunities it gave of acquiring and advancing knowledge of the various forms of the power of the Creator, in the greater freedom allowed in the use of the intellectual instrument, in the exclusively beneficent application of medical science, and the freedom from any calls of its professors to punish or persecute their fellow men.]

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH. At a meeting of this Society held on May 20th, Dr. Druitt in the chair, Mr. Haynes Walton read a paper on "The Contagious Affections of the Eye." He said that by the term used he expressed the communication of ocular disease from one individual to another; and he considered that, while the direct effect of contagion on the eye appeared only in conjunctival affections, more injury and loss of sight was produced from this cause than from any other diseases of the organ. He referred to the prevalence of catarrhal ophthalmia in the Central London District Schools; and recommended the following measures to be employed in all such instances. Absolute separation of the diseased persons from the healthy; classification, if severer cases occurred among the diseased; the institution of a rigid convalescent system of probation, to prevent relapsing cases from doing mischief; a morning and evening inspection of the whole establishment, so that there might be the most timely removal of diseased individuals; the strictest attention to the withdrawal of any known or supposed exciting cause of the diseases; and the adoption of the highest hygienic measures among those under surgical treatment. He then went on to speak of infantile purulent ophthalmia; and, after alluding to its frequent origin from the contact of leucorrhœal discharge and sometimes from gonorrhœal matter or other sources, he strongly advocated the necessity of early treatment of the eyes of infants thus affected. They should be cleansed early and frequently; and remedies, when required, should be applied without delay. He concluded with some remarks on granular conjunctiva, speaking of it as a frequent source of contagion, even when, from the absence of purulent secretion, it might be supposed that no danger of contamination existed. After the reading of the paper, a discussion followed, which was shared in by the President, Dr. Mapother of Dublin, Mr. Liddell, and Dr. Rendle.

* In the year 1817, the Council determined by bye-law, sect. xxii, that "Every member of the Court of Examiners, who shall be present at the opening of any stated Court of Examiners, shall be entitled to half-a-guinea; every member, who shall be present at the adjournment thereof, shall also be entitled to half-a-guinea. And, for every examination for the diploma, the examiners, who shall have been present from the commencement until the termination thereof, shall be entitled to the division of nine guineas, whether the person examined be approved or referred."

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

TREPHINING FOR THE RELIEF OF EPILEPTIFORM
ATTACKS, OCCURRING AFTER INJURY
TO THE HEAD.

By JAMES RUSSELL, M.D., Physician to the
Hospital.

THE case which has suggested the following remarks, and will be detailed presently, was under the joint care of my colleague, Mr. Bolton, and myself; it was one in which fits, in all respects resembling true epilepsy, came on five years after a blow inflicted upon the head with a pointed instrument. At the time of the patient's admission into the hospital, the fits were increasing in frequency, and the mind was rapidly deteriorating; trephining was therefore performed as a last resource. A bunch of short spicula, represented in fig. 2 of the

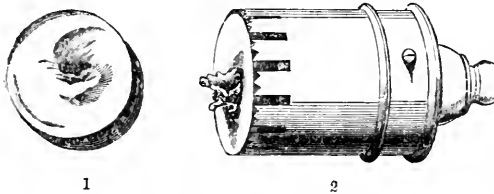


Fig. 1.—External view; shewing depression of skull.

Fig. 2.—Internal view; shewing spicula.

accompanying sketch, for which I am indebted to my friend, Mr. C. J. Bracey, projected from the interior of the skull. The patient died of acute meningitis.

I have examined the records of as many cases of a similar description as were accessible to me, with reference especially to the success of operative proceedings; first, as regards immediate recovery from trephining; secondly, as respects the removal of the disease for the relief of which the operation was undertaken; and I propose to state the result in the course of this paper.

Convulsive movement of different degrees of severity, and involving various extent of the body, are among the nervous phenomena liable to ensue after injuries to the head, happening sometimes among the primary, sometimes among the secondary consequences; being either the direct effect of the injury, or occurring at various periods afterwards. Of this latter class of cases of convulsions, a certain proportion result from inflammatory change; but many, constituting the group to which this paper has special reference, are the result of a perverted state of innervation, gradually engendered as a more or less remote result of the injury experienced, or induced, as in my present case, by continued irritation operating upon the membranes or upon the superficial tissue of the brain. In what I have further to say upon the subject, I desire to be understood as excluding altogether the convulsions which may attend inflammation or active cerebral disease induced by the injury.

The convulsive attacks after injury to the head

may be general and severe, affecting the entire body; or, as is more generally the case, they may be comparatively slight and partial, consisting merely of convulsive twitches, affecting, it may be, the upper limbs alone; or, again, they may present that peculiar sequence of phenomena, and that purely paroxysmal character which we usually associate with the idea of epilepsy. This latter class of convulsions, the epileptiform, viewed symptomatically, stands distinguished from the former by the union of sudden insensibility with the convulsion, implying thereby that an additional set of nerves is involved in the convulsive effort; viz., the vaso-motor nerves supplied to the blood-vessels of the brain.

It is stated, however, by some excellent observers, that in this form of paroxysmal convulsion, when occasioned by injury to the cranium or by disease connected with the brain itself, coma is often entirely absent. Such has been the case in some of the instances which will be referred to in the following remarks; but in the majority, it is either announced directly, or is left to be inferred, that consciousness was lost. It need hardly be added, that no specific pathological difference can at present be established by the presence or absence of coma, nor between the class of epileptiform convulsions and other forms; though it is important for our present subject to add, that the convulsive attacks with which I am at present concerned as requiring the operation of the trephine, generally approach more or less exactly to the type of true epilepsy.

In my present case, from the small size of the spicula which projected from the skull, it is probable that the irritation which caused the fits was applied directly to the membranes—at least, without wounding the substance of the brain. In this particular, the case resembles many others on record, in which the cause of the nervous phenomena seems to have operated primarily on the membranes, and consisted merely of thickening and roughening of a portion of the cranium, the membranes being alone involved in the direct irritation which resulted; but in many other examples the matter of the convulsions itself suffers irritation through the entrance into the substance of the brain of spicula after injury, or through the presence of outgrowths from the inner surface of the skull indenting the cerebral tissue; or, again, in a small number of cases, by a recent or ancient coagulum lying upon the surface of the hemispheres.

An interesting observation by Dr. Marshall Hall (*Med.-Chir. Trans.* xxiv, 122) illustrates those cases of convulsions in which the membranes alone are primarily concerned. He says: "In one important experiment.... I found that, although every kind of irritation, puncture, laceration, etc., of the cerebrum and cerebellum was entirely inoperative, yet laceration or pinching of the dura mater immediately induced peculiar spasmodic movements of the eyeballs, the eyelids, the head, etc." Dr. Hall refers the phenomena to the trifacial nerve, which, "as in the recurrent of Arnold, is well known to impart branches to the dura mater, and which may do so to the other membranes within the cranium." This liability of the membranes to take on morbid action of a purely nervous character affords a parallel to the well known tendency of the same tissues to assume inflammatory action when involved in any injury, thereby constituting an important source of danger in compound or depressed fractures of the skull. Thus, in speaking of the danger of inflammation after injuries to the head involving the brain and its membranes, Mr. Bryant (*Guy's Hospital Reports*, 1859, p. 49) pointedly observes "how powerfully nature resents any scratch or injury to the dura mater."

As regards the production of convulsions by direct

injury to the substance of the brain itself, it is most probable that, in a large proportion of instances, including all those in which the injury is inflicted upon the hemispheric lobes, the mechanism by which the movements are effected involves precisely the same principle as in the case of the membranes. It would appear that the convulsive centres, the portions of the brain which, when irritated, *directly* give rise to convulsive action, are quite separate from the hemispheric portion, and are probably connected with the mesocephale and the medulla oblongata. Such appears to be the opinion of Schröder van der Kolk, founded upon his own observations and upon those of Pfleger, in a passage to be quoted presently; and to the same effect is a remark by Kussmaul and Tenner, quoted by Dr. H. Jones (*Functional Nervous Disorders*, p. 56), that in cerebral anæmia epileptic convulsions only manifest themselves in man, when, together with the cerebrum, some or all parts of the encephalic mass lying behind the thalami optici are suddenly deprived of blood to a sufficient amount. Hence, when convulsive movements result from irritation applied to the hemispheres of the cerebrum, the convulsions are produced by reflex action; the irritation being conveyed by the white substance to the convulsive centres.

Thus, Dr. Todd (*Lumleian Lectures*, 1849) observes that "it is not the office of these fibres (of the cerebral hemispheres) to propagate the nervous force to muscles, but to other nervous centres. Their function is to establish communications between the great sheet of vesicular or grey matter which covers the convolutions of the brain, and the corpora striata, optic thalami, and mesocephale; so that changes in any of these centres may be propagated from any one to any other or to all the rest." Hence, he concludes, that "we must not deny to these lobes (the hemispheres) a certain power of exciting motion, either directly or indirectly through their influence, upon other ganglia of the brain." He then relates certain experiments of his own, which confirm the conclusion formed by other observers, that convulsive action is produced *directly* only by irritating those portions of the cerebral mass seated at the base, which I have already named; viz., the medulla oblongata, the mesocephale, and the corpora quadrigemina.

One observation made by Dr. Todd in this connection is nearly related to the subject of this paper; that the power possessed by the hemispheres of the brain to excite convulsions through reflex action is most manifest when the lesion of the brain is superficial—i.e., when it affects the grey matter of the convolutions. This statement is brought into still closer connection with the nervous derangement produced by injuries to the skull, by the result of Dr. Bright's experience in epileptiform disease (*Med. Rep.* ii, part ii), which is to the effect that cases of epilepsy connected immediately with organic changes in the brain, more frequently depend on disease affecting the surface than on such as is deeply seated; and, subsequently, in summing up his cases of epileptiform diseases, he observes that, of eleven cases in which there was evidence of a direct morbid condition of the brain or its membranes, or of the skull, in none had the organic disease extended into the medullary substance, and in most it had penetrated little deeper than the membranes themselves.

Fits of convulsions, in all respects resembling a fit of epilepsy, may occur during the process of reaction after concussion; but those which happen among the primary consequences of injury to the skull, are regarded by Sir B. Brodie (*Med.-Chir. Trans.*, vol. xiv, p. 367; and Cooper's *Surg. Dict.*) as probably dependent upon direct injury to the sub-

stance of the brain, and not upon compression merely. Sir B. Brodie states that, whenever he has noticed these convulsions as attendant upon depression of the skull or upon extravasated blood, and has afterwards had an opportunity of ascertaining the exact nature of the injury, the pressure has always been found complicated with wound or laceration of the substance of the brain.

This observation of Sir B. Brodie, which is echoed by other authors, receives an interesting illustration from a group of seven cases by Mr. Banner, surgeon to the Liverpool Northern Hospital, related in an able paper contained in the ninth volume of the *Transactions* of our Association. In all the seven cases there was laceration of the substance of the brain. The laceration was extensive in five; but was confined to the substance of the hemispheres in all. In one only were the central ganglia, the corpora striata, or thalami, involved. Convulsive movement was present in all the cases; but the convulsions were violent in one only. They are generally described as convulsive twitchings of the limbs, and occurred in paroxysms, reminding one very much of fits of the milder forms of epilepsy *minus* the coma.

A case which appears to have attracted considerable attention at the time, as it occurred in the person of Lord Brougham's nephew, and was copied into the *Medical Gazette*, vol. x, p. 797—a case of extensive injury to the skull—proves that in a certain peculiar conformation of brain the convulsive action may be most violent; but it has also drawn from Mr. Guthrie the observation that the case is exceptional in this particular, as manifesting convulsive action so general and so violent among the early consequences of this particular injury. It is related in this case that Mr. Crampton had scarcely touched with the forceps a large fragment of bone bedded in the brain, than the whole body was shaken with violent convulsive movements; Mr. Crampton then tried merely to cleanse the wound; but scarcely had three drops of water fallen on the raw surface, than the patient cried out in a voice more expressive of terror than of pain, complaining that the sensation was dreadful. As a consequence, all attempts to extract the bone were abandoned, and the wound was not so much as washed for twenty-two days. Perfect recovery resulted. The great wound healed in two months; but small spicules were discharged for a year. The patient was seen in perfect health six or eight years afterwards.

Convulsive action, however, is far from being a necessary attendant upon laceration of the cerebral hemispheres; and this fact affords confirmation to the opinion expressed by Dr. Todd. How wide, indeed, is the interval between the extreme degrees of sensitiveness to irritation on the part of the brain, is well shewn by a case under the care of Mr. Birkett, quoted by Mr. Bryant in the paper in *Guy's Hospital Reports* already referred to. The patient, a woman, lost seven square inches of skull in consequence of injury, without presenting any serious symptoms during the course of her protracted cure.

From the observations just made, it appears that epileptiform fits produced by injury to the head fall under the category of reflex irritation together with the numerous cases of so-called symptomatic epilepsy resulting from irritation seated in some part of the limbs or trunk; and have a special analogy to the instances in which a foreign body irritating a nerve, a cicatrix producing a like effect, or a tumour situated upon a nervous trunk, proves the exciting cause of the fits. It would also appear that much the same may be said, with certain limitations, of the other forms of convulsions which occur after laceration of

the brain. There are, however, certain specialities connected with a large number of those epileptiform attacks more particularly referred to in this communication, which impart to them a distinctive peculiarity. They often do not occur until a certain interval of days, even of months, has elapsed from the receipt of the injury (in the case which has suggested the present remarks five years had intervened); but when once established, they generally continue to recur, in separate paroxysms, perhaps through the whole remainder of the patient's life—it may be even after the cause of the irritation has been taken away by operation. The convulsive movements are also more severe and general than is often the case under the other circumstances; and, in course of time, they may be attended by deterioration of the health of the brain. The irritation by which the convulsions are excited in such cases appears often unequal to produce an immediate effect; but, being permanent in its operation, exerts a reflex influence upon the nervous centres, by which, in process of time, some nutritive change is effected in those centres, disposing them at last to take on disordered action. Hence the tendency in the disease to permanence; and hence we may perceive a source of uncertainty as to the final success of the operation of trephining—an uncertainty which becomes greater in proportion to the length of the period of incubation of the fits, in proportion also to the duration of the subsequent disease. Of course, the same remarks apply equally to the epilepsy which is occasioned by organic disease of the brain.

I may note, in passing, that if these remarks be founded on fact, they exclude the cases of what have been termed centric epilepsy from constituting a distinct class, and associate them closely with those in which the irritation starts from some other region of the body. In truth, it would appear that centric epilepsy, if existing at all as a distinct form of disease, should rather refer to those numerous cases of the malady, chiefly observed in young persons, in which the attacks develop themselves without apparent cause, in consequence of congenital tendency or of nutritive changes effected in the nervous centres, either in the few first years of life or at the period of puberty. They also suggest certain difficulties as to recent suggestions on the subject of the application of the term epilepsy, to which I may take a future opportunity of referring.

Among the cases of epileptiform disease induced by injury to the head, there are, however, not a few which differ somewhat from the class of which my present case is a type, but, from the interest which attaches to them, require separate notice. I refer to those cases in which the consequences of the injury are limited entirely to changes in the tissue of the skull, without any depression or fracture having occurred. The records of cases in which trephining has been performed for the relief of nervous disorder, afford many instances in which the lesion of the bone has consisted in change of structure gradually induced; such alteration of structure being still connected with the nervous symptoms, by the success which has attended the operation. Thus, the following alterations may be noted as having been present under such circumstances: extensive osteitis, with great thickening of the bone and the presence of points or granulations on its inner surface; more or less thickening and induration of the bone, without any outgrowth; exfoliation of the bone, confined to the outer table, or penetrating through its entire thickness; complete perforation of the three tables by openings of different diameters, probably from previously existing caries, the surrounding portion of bone being healthy, or thickened, spongy, and

vascular; disease of the nature of caries confined to the inner table of the skull.

An interesting case of this character is detailed in the *London Medical and Physical Journal*, 1855, p. 103, in which urgent nervous symptoms, including hemiplegia, and followed by paroxysms of epileptiform convulsions, presented themselves after a blow with a fist, severe pain remaining in the part. From the moment the circle of bone was removed by the trephine, the paroxysms of convulsion became considerably mitigated, and ceased altogether in the course of a few hours. The hemiplegia was removed in a month. The trephined portion of skull was found to be very thick.

A similar case is quoted by Mr. Guthrie (*Injuries to the Head*, 1842, p. 80). A more remarkable example is afforded by a case reported in the *Medical Gazette*, vol. xvii, p. 221, probably of syphilitic origin. Severe fixed pain, and subsequently epileptic convulsions, occurred. Both were temporarily relieved by incisions made over the affected part; and, also, by entire removal of a portion of the covering integument, and by seton; each measure being employed separately; but they returned in every instance. Temporary hemiplegia then occurred; and, finally, the increasing urgency of the symptoms, especially of the convulsions, rendered trephining necessary. A considerable portion of greatly hypertrophied bone, more than twice the normal thickness, was removed with perfect relief to the symptoms.

Natural analogy carries us on from these cases to others, in which the bone is spared, and the morbid action excited by the injury is limited to the perosteum; and from these, again, the transition is not difficult to other cases of a singular character, many of which have been reported, wherein the change, whatever it was, seems to have been entirely confined to the integuments of a particular part of the scalp, the seat of the blow which originated the disease. The existence of an abnormal condition in this particular spot is evidenced by severe persistent pain, and sometimes by extreme sensitiveness—touching the part causing exquisite pain, and often paroxysms of serious disorder, especially of insensibility or convulsion; or, again, by a well marked aura starting from the same place. In some cases, the abnormality has also been declared by alteration of external appearance.

Dr. Abercrombie has specially drawn attention to these cases in the appendix to Part I of his well known work, under the title of Certain Affections of the Pericranium, founding his remarks more immediately upon reports by Sir E. Home and Mr. Cramp-ton. In many cases, the symptoms were removed by free incision through the affected part, and the encouragement of free suppuration; in some, by keeping the wound open by the insertion of issue-peas. Other cases of a similar kind are mentioned by John Bell (*Surgery*, vol. ii, p. 303). In many of these cases, the disease lay manifestly in the pericranium, which had been inflamed and become thickened; and in some the bone was finally involved; but in others it appears to have consisted in some change either of nutrition or of innervation, remarkably limited to a particular portion of the cranial integument.

In one instance quoted from Pouteau by Dr. Abercrombie, intense headache, often causing insensibility, persisted in the spot for sixteen years; the integuments being slightly red and a little swollen, and the hair in the affected part being coarse and standing out like bristles. Complete success followed incision. In the *Medical Gazette* (vol. xxxiii, p. 379) is detailed a case in which insensibility and convulsion ensued almost immediately on the receipt of a blow of no great severity. The symptoms, which

were violent, remitted in a few days, but returned in eight months. Free incision through the tender spot, the wound being kept open with peas, effected complete cure.

More recently (*Medical Times and Gazette*, 1862, ii, p. 43), Mr. Downie has related a somewhat similar case, convulsive fits setting in six months after a fall which produced concussion. Here the reflex irritation appeared to be propagated through the branches of the fifth pair. The symptoms were removed by local medication.

The analogy which exists between these cases and others in which the irritation starts from a remote part of the body or limbs, is completed by an example in the *Dictionnaire des Sciences Médicales, Epilepsie*, p. 518, in which epileptic fits repeatedly ceased after a cicatrix on the scalp had been opened by caustic, but returned as often as it was permitted to heal.

There can be little doubt that, in many cases of this description, a highly abnormal condition of the nervous system generally, or of the nerves of the particular part, had existed previously. This is to be inferred from the extremely slight cause stated by Dr. Abercrombie to be able sometimes to produce such serious consequences; as, *e. g.*, the fall of a small piece of plaster upon the head. But there is reason also to believe that, in some instances, the diseased action had extended from the superficial parts to the membranes of the brain. Thus, in a case by Mr. Crampton (*Dublin Hospital Reports*, i, 343), considerable thickening of the pericranium, resulting from a blow received six months previously, was accompanied by severe local pain, wasting paralysis of one arm with rigidity, feebleness of both lower extremities, indistinct speech, and epileptiform attacks. On operating, the bone beneath was found carious, and the dura mater was very vascular and rather thickened; it sloughed in the course of the cure. Perfect recovery was effected in a fortnight, even of the paralytic symptoms.

It is necessary that I should add, for the complete elucidation of this part of my subject, that epileptiform attacks are by no means the only symptoms which may result, independently of the effects usually referred to compression of the brain, from the injuries or other affections which have formed the subject of the preceding remarks, as will have been observed in some of the cases already quoted, particularly in the last. Thus not only severe fixed pain, but hemiplegia, apoplecticiform attacks, vertigo, defective vision, incoherence, delirium, mania, have been mentioned by authors, and especially by Mr. Guthrie, as occurring after injury to the cranium; and, in the instance of the convulsive affections themselves, other symptoms are often superadded, such as mental excitement, muscular paralysis, impairment of special sense. In many such cases, we obtain clear evidence of a reflex origin of the symptoms, by their being removed through the same agency which relieves the convulsions when they are present.

Thus Sir A. Cooper (*Lectures*, i, 309) mentions a patient who became quite insane and hemiplegic after injury to the head. A depressed portion of bone was removed by the trephine; the insanity was much relieved on the following day; the hemiplegia was gone in a fortnight. A still more striking illustration is afforded by Mr. Guthrie (page 84), in which a heavy blow on the head was followed by fixed pain in the part struck, and by impaired power in the opposite arm, ending, in eleven months, in complete left hemiplegia, and in impairment of vision, hearing, and memory. The patient was trephined; the bone was quite healthy; and nothing occurred in con-

nexion with the operation which could promise an alteration in the condition of the patient, except free bleeding from the vessels of the diploe. Nevertheless, she raised the previously paralysed arm several inches an hour after the operation; and sensation had returned to it. The paralysis and the affection of the senses had quite gone in three days.*

[To be continued.]

Original Communications.

ON VITAL FORCES:

THEIR PHYSIOLOGICAL AND PATHOLOGICAL APPLICATIONS.

By JAMES RHODES, Esq., Glossop.

In a previous paper, inserted in the *BRITISH MEDICAL JOURNAL* for February 4th, 1865, I ventured to bring forward certain views on the origin of nerve or vital forces. Since then I have read with pleasure the opinions of Dr. Richardson, which he kindly pointed out in the number of this *JOURNAL* for February 25th, 1865. Our opinions are to some extent alike; yet, as we proceed, it will appear that some difference exists.

Physiologists have, with a few exceptions, hitherto considered the nerve-centres to be the true origin whence the forces or energies of the system are derived. I beg to direct attention to Dr. Richardson's "Physics of Disease" for January 7th, 1865, and to what I have already stated; and consider it necessary to introduce a few more facts which will help to convince any who cling to the old creed of the truth of our opinions.

In addition to the experiment of Grove before quoted, I think the following facts, which I here introduce, will prove the unity of forces. If we take three equal pieces of zinc, we may obtain light and heat from one piece; heat alone from the second piece; and electricity, with some heat, from the third piece. Again, the different forces thus produced from the same equivalent pieces of zinc, acted upon by oxidation, would, if collected, be equivalent one with the other; neither more nor less.

I submit that the process is alike in all three instances, and produced by oxidation. A piece of sheet-zinc will give out a bright light when burnt in a current of oxygen, or in a bright fire by blowing it; another piece, acted upon by dilute sulphuric acid, will give out considerable heat; whereas, when another piece is acted upon by diluted sulphuric acid, and connected with a copper plate or carburetted iron bar with its nitric acid bath, each of these provided with copper wires, and connected, in fact, to make a battery,—the force in this case is converted into electricity, which can be again disposed of at pleasure into simple motion, heat, and light, by varying the conditions.

With these important facts before us, we are prepared to understand the vital processes. These facts, by comparison, indicate strongly that afferent nerve-force is not generated from heat, any more than electricity is generated from heat; but that it is generated from that which, under other conditions, would generate heat.

Although the exact conditions for the generation of nerve-force in the living apparatus are not present

* My present case may be adduced as a further example; hemiplegia occurred in the course of the meningeal inflammation, the corpus striatum and thalamus being found perfectly healthy after death by microscopic examination.

as in a galvanic battery, still we have what amounts to the same thing—the same results by oxidation. By experiment we produce, from the same source, heat and electricity, just as heat and nerve-force are generated in the capillaries of the system and brain. Ganglionic nerve-fibre, and cells, accompany these minute vessels; and the oxidation of the carbon and hydrogen of fatty matters, and of albumen into fibrine, effected in contact with the walls of these vessels and the nerve-fibres, eliminates this nerve-force, to be conducted to the nerve-centres and ganglia.

Let us return to C. Bernard's experiment showing the "calorific" effect of section of the sympathetic. He considered the increased temperature to be owing to some specific action effected by the nerve when divided; but how produced he has not stated. Is it supposed that heat issues from the divided nerve? If so, the heat would be greatest at the divided part; but it is not so; the temperature of the limb is uniformly increased.

I do not intend to follow this force to the seat of volition or consciousness, or to enter upon the subject of paralysis; yet the remarks here presented seem to offer an explanation of some of the phenomena in lesions of the nerve-centres. I may be excused the suggestion, that when any of this force or energy is required in involuntary acts of the system—as, for instance, vaso-motor function, the action of the heart, etc.—the nerve-force is simply conveyed to the ganglia, and, without any change being effected there, returns by efferent nerve-fibre to these parts, to produce motor effects. From the free communication which takes place in ganglia and nerve-centres between the nerve-fibres and cells, we may readily understand how the "sympathy" of one part with another is effected through increase or decrease of current and conducting power of nerve. Dr. L. Beale thus speaks upon this subject; and, as his opinion closely approaches Dr. Richardson's and mine, a brief allusion will be given.

"It may now be nearly regarded as proven that the nerve-fibres do not terminate in the parts to which they are distributed, but, after travelling from some particular centre to an extremity, then take a backward course, and finally arrive at the point from which they started. Admitting this view, we then have another fact in support of the hypothesis that nerve-force, as it is called, is nothing more than electricity acting under peculiar conditions. Dr. Beale, though he by no means claims for this doctrine an universal assent, still conceives it to be at least probable. In speaking of the two sets of cells, *caudate* and *rounded*, which are connected with the nervous filaments, he attributes to the latter the power of originating currents, while the other is concerned more particularly with the distribution of these, and of secondary currents induced by them, in very many different directions. A current, originating in a *ganglion-cell*, would possibly give rise to many induced currents as it traversed a *caudate nerve-cell*. It seems probable that nerve-currents, emanating from the rounded ganglion-cells, may be constantly traversing the innumerable circuits in every part of the nervous system; and that nervous actions are due to a disturbance, perhaps a variation in the intensity of the currents, which must irremediably result from the slightest change occurring in any part of the nerve-fibre, as well as from any physical or chemical alteration taking place in the nerve-centres, or in any of the peripheral nervous organs."

How Dr. Beale accounts for the origin of nerve-force from the rounded ganglionic cells themselves, I cannot see. It cannot originate of itself; nor can the cells generate force; this alone must come from

something which has previously existed as motion or force in some form or other, and thus become appropriated through nerve-ganglia, cells, and fibre, for the requirements of the system. Dr. Richardson conceived the idea of the origin of the energies of the system from the oxidation of carbon, etc., acting upon nerve-fibre, wherever found. We agree together so far as the origination of nerve-energies in the capillaries by oxidation; and it is here our views differ. M. C. Bernard has given one experiment which proves that nerve-force is not generated at the peripheral extremity of sensitive nerves of the cerebro-spinal system, but rather that the nerves of this system receive their force or energy from the sympathetic nerve-cells at their periphery.

"Having opened the spinal canal in dogs, he divided, as they left the chord, all the origins of the sacro-lumbar plexus (sometimes on one side, and then the other), which supplies sensation and motion to the hinder extremity. The limb became completely paralysed, but no calorification or vascularisation was observed; the temperature on this side often, indeed, diminishing. When only the posterior and anterior roots were divided, corresponding abolition of sensation or of motion occurred; but in neither case were there any vascular or caloric effects in the limb. In a dog, in which complete paralysis of the left hind leg was produced by division of the origins of the sacro-lumbar plexus, the *sciatic nerve* (and thus the sympathetic) was afterwards divided. Vascular and caloric phenomena immediately followed; the temperature of the limb steadily rising until it was from 11° to 15° Fahr. higher than that of the opposite one, and so continued until the death of the animal the next day."

It is obvious from this experiment that, if nerve-force originated at the periphery of the nerves of the cerebro-spinal system, we should have "calorific" effects when these nerves are divided at their roots since the current to the centres would be arrested, and, instead of a nerve-current, increased heat would be generated in the limb, as occurs when the sympathetic is divided. Therefore we can readily understand how nerve-force generated by oxidation in the capillaries takes two courses; one—the chief—along the sympathetic nerve-fibre to ganglia, and thence to nerve-centres; the other through a connexion with ganglionic cells with the peripheral extremities of sensitive nerves—all nerves of sense—in such amount as is necessary to supply these with their special functions. It therefore follows that increased temperature of the limb in this experiment does not take place as where the sympathetic is divided; for the nerve-force, which is prevented passing along the divided sensitive nerve, will pass along the undivided sympathetic nerve-fibre, together with the rest.

It is not necessary to discuss the question whether nerve-energy is generated at the peripheral extremity of motor nerves, since these receive their energy from the nerve-centres. In addition to what I have stated in the BRITISH MEDICAL JOURNAL for February 4th, I beg to refer to three cases of embolism of the arteria centralis retinae, recorded in the *Ophthalmic Review*. At page 113, Dr. Liebreich says he has met with eight cases of this affection, and gives notes of an interesting case of loss of vision by this means. Two cases will be found at pages 163 and 196. The loss of vision comes on suddenly, and there accompanies them dilatation of the left ventricle, with diastolic *bruit*. Von Gräfe gave the first detailed account of these cases; and, a year and a half after the attack, the patient died; and, on a *post mortem* examination, the diagnosis was fully confirmed by finding occlusion of artery. The evidence afforded by these examples of suspended and de-

stroyed function of vision proves indisputably the immediate necessity of the arterial blood supplied to an organ for the performance of its functional activity, be it in the eye or any other part. Here we see blindness coming on; and, if we consider the loss of sensation in a limb when the main artery is ligatured, the two cases are seen to be strictly parallel in result; viz., loss of function or sensation. This effect is not the result of suspended nutrition of the nerve by cutting off the supply of its nutritive fluid, as is proved by the instantaneous effect. It is alone the suspended oxidation which supplies all organic, and, through these, sensitive nerves, at their periphery, with nerve-force. Thus, when heat, light, sound, or any mechanical stimulus, is received by an afferent nerve, force is necessary to convey it to the nervous centre.

Dr. Richardson denies, although I believe, that when "an impression is made upon the skin, eye, ear, etc., this is conveyed in a current to the brain;" he holds "that the impression disturbs the balance of nerve-fluid throughout its universality." Although the picture of an object falling upon the retina is not conveyed along the optic nerve, yet the excitant or stimulus—light—acts upon the different parts of nerve-expanse, and the impression of the picture made upon the retina is conveyed to the brain, and there produces the same pleasurable sensation—in fact, a picture or sensation of one in the brain, just as we perceive pictures in our dreams, of all colours and vividness, when the eyes are closed in sleep, and no impression upon the retina is received.

I have attempted to give an idea how all forces are correlated both in the animate and inanimate world; and the contemplation of the subject inspires one with wonder and reverence—with the simplicity and magnificence of creation. However inclined, the subject is too vast to dwell upon longer. We will endeavour to apply our knowledge of this subject to the phenomena of diseased action in the human system; and, however imperfectly this may be accomplished, my efforts may serve as indications for others more able to effect. As yet there is one matter which has not been alluded to, and which is concerned in the circulation of blood in the capillaries; viz., endosmosis, etc.

"In endosmosis, when one current exceeds the other, the difference is called the endosmotic equivalent; and what is observed out of the body, the same does take place within it. When, for instance, liquids are poured into the intestinal tube, and absorbed by its villousities, no exchange whatever is observed from the villousities, owing to the more rapid current in these. This difference between the phenomena which take place in living animals, and those observed in organic matter, is due to the rapid motion of the fluids contained in the absorbent vessels; the torrent of circulation carries off the liquids which bathe this outer surface, without restoring an equivalent, according to the ordinary laws of endosmosis, because, in the normal state, the flow of blood is continuous. But, if we arrest its progress by placing a ligature on the vessels, the results obtained are strictly similar to those obtained in the endosmometer; the exosmotic current is then produced as usual (albumen and the salts of the blood crude), the fluids being placed in a state of rest. If the motion of the blood be somewhat arrested, by obstruction from pressure or tumefaction (as in inflammation), the endosmotic action is modified, and effusion will take place. When it is accelerated locally, the absorption continues with still greater activity than before. The activity of this function entirely depends, therefore, upon the rate at which the blood passes through the capillaries."

The absorption of the nutritive fluids in the stomach and intestines, and of oxygen in the air-cells of the lungs, is produced chiefly by the motion and free current of blood through the capillaries of these parts. This is called the *endosmotic current*; and from this known fact of the action of fluids in motion, we may suppose the motion of blood along the capillaries and veins produces the absorption of most of the fluids in the body and extremities. We observe the opposite effect, however, when the current of blood in capillaries is greatly arrested; as in inflammations we have *exosmosis*, owing to the expanded state of the capillaries, and the *arrested* or *lessened* circulation through them. Hence we have solidification of lung in pneumonia, exudation of tough mucus in bronchitis, fibrinous membrane in croup, diarrhoea in enteritis, plastic fibrine in peritonitis and pleuritis, etc. These effusions are increased by too depressing treatment and abstinence from food, especially late on in the disease. M. Bernard has shown that, when the sympathetic in the neck is divided, and the animal well fed, all goes on well, except the increased heat and vascularisation; but, when it is poorly fed, purulent formations are the result in the parts supplied by the nerve on that side. M. Cl. Bernard says: "When the cervico-cephalic branch of the sympathetic has been cut, the conjunctiva, the pituitary membranes, and other mucous surfaces, enter at once into suppuration, when the animal is momentarily deprived of food; so, when the splanchnic nerves are divided, the internal organs of the chest and abdomen suffer in like manner." This result will be owing to weakened action of the heart and defective nutrition; hence diminished endosmosis of oxygen in the lungs from weakened blood-current; and, from the same cause, the formation and deposition of pus will be increased. In cases where this tendency was remote, under favourable conditions, as by lowering the heart's action or depressing treatment, this result would be fulfilled.

We will here consider the leading phenomena of inflammatory action. On what do the heat, redness, and swelling of inflammation depend? There can be no doubt that the organic nerve of a part inflamed has received some lesion, either by mechanical injury, or by depraved nutrition of the nerve affecting its conducting powers to and from its centre or ganglion. In fevers and idiopathic inflammations, it is very probable the whole of the organic system has been undergoing some changes prior to the advent of the disease or the unequivocal symptoms, and which being influenced by meteorological and other influences, the body has been prepared for any further cause which we are inclined to attribute as the sole cause of the disease. Here we perceive three conditions, which, by their presence or absence, preserve health or produce diseased action: 1. Healthy and well prepared material or blood; 2. Proper oxygenation (producing heat and nerve-force), and the due conducting or healthy condition of organic nerves; 3. The free and full action of the heart. The first of these general causes comprehends to some extent those causes which lead to defective nutrition of nerve; viz., good digestion of food, pure air and exercise, with buoyancy of spirit or mind. The effects are the same as occur when the sympathetic has been divided in the neck; viz., dilatation of the vessels, heat, excited sensibility, redness and effusion of various kinds, according to the part or organ affected. In the second condition, the transmission of nerve-force being stopped along the organic nerves, we have increased sensibility, partly owing to the excitant or irritant nature of effused products, but chiefly to the increased temperature of the part inflamed. It has before been shown that this

increased heat is wasted nerve-force, so to speak; or what ought and would be nerve-force, if the nerves possessed their healthy conducting quality. Hence the absence of vaso-motor power, and an expanded state of capillaries. The effusion which ensues in a superficial inflammation is analogous to that in all organs: the phenomena which are presented in all depend upon their peculiar functions, and their disturbance. The capillaries most pressed upon by the tumefaction pour out their contents, or exosmosis takes place; others of these, nearer the surface, will be more expanded than natural; hence absorption by the greater current of circulation through these capillaries, or endosmosis. These changes, progressing, lead to the absorption of tissues and the discharge of abscesses.

In passing, it may not be amiss to allude to alcohol. How does it act? It is apparent that saccharine, fatty, and probably alcoholic matters, produce nerve-force as well as heat; whilst albuminous matters supply the structures by which the body is moved—viz., the muscles and connective tissues. Alcohol may act in the *healthy body* upon the inner surface of the heart and capillaries and the nerves of sense as an excitant only, and the chief amount taken into the system be carried away without undergoing combustion; and thus, after serving this end only, will leave the system enfeebled to the extent to which it has called forth its powers. But what concerns the profession to know is, what are its effects in the enfeebled states of the body, or in low states of disease, as in typhoid fevers, etc. It will act here also as an excitant; but I am persuaded that it does more than this; that it is oxidised, since it does not intoxicate even when given in large quantities, but rouses up the energies of life. The mind resumes its wonted calmness and power, when properly administered, to a much greater extent than can be accounted for by its excitant effect; yet the excitant effect in these cases will be greatly diminished here, since the sensibility and power of the system are greatly reduced; hence the marked effect in these cases is from oxidation. And no smell of alcohol is perceived in the breath and urine of such. It would be desirable to examine the tissues of the body and brain where it has been largely given in these low states of body, to settle this vexed question.

M. Cl. Bernard has shown that, after section of the sympathetic nerve, the blood contains a larger amount of fibrine than usual, and is more easily coagulated, as in ordinary inflammation. This teaches us that, after the relief of congestion of a part or organ by local or general depletion, we may in many cases prevent the too great effusion of fibrine by the cautious use of alcohol; for it is evident that the oxidation of alcohol will, so far as it becomes oxidised, prevent the oxidation of albumen into fibrine; for that which will unite with alcohol would otherwise unite with albuminous matters. Again, alcohol will, according to Dr. L. Beale, produce an excitant or contracting effect upon the capillaries, and thus reduce effusions by keeping down tension. The good effects of alcohol, however, are seen in low cases of fever, and inflammations attending these, in which no fibrine is effused, and also where little of fibrine exists in the blood of these cases. Here we perceive the mind rouses up from lethargy; or, if rambling, it becomes calm and conscious; the pulse becomes full and steady; and a marked improvement takes place, from the heat and nerve-force which it is capable of giving to the system by oxidation. By its excitant action upon the heart, the blood will flow through the capillaries of the lungs with more vigour, and thus produce (by endosmotic current) a greater amount of

oxygen. It may not be amiss to point out the heat capable of being produced by the heart's action.

The amount of mechanical work performed by the heart has been computed by the Rev. Samuel Haughton, M.D., etc., to be equal to 124 foot-tons per day. A near approximation of this may be arrived at by considering the height to which the column of blood is sent from the aorta, and its weight. From the above, we may consider the left ventricle expends force equal to 100 foot-tons per day, at least. This, reduced to pounds, is 224,000 foot-pounds, which, divided by 772, the mechanical equivalent for heat (for 772 foot-pounds equal the amount of heat necessary to raise one pound of water 1° Fahr.), there will be produced about 289° as the quotient—an amount of heat which, divided by 145, the average weight in pounds of a man's body, will give the actual amount of heat which is capable of being produced by the arrest of mechanical force of 100 foot-tons per day; viz., 2° Fahr. for each pound of matter which constitutes the body. When we come to consider this amount divided over the space of twenty-four hours, we shall see how inappreciable this would be at any one of the twenty-four hours; for the heat generated by this means would be inapplicable to us. But we are not certain that all this force is converted into heat. Part is, no doubt, converted into frictional electricity, if we may use the term; owing to the heterogeneous nature of the blood and the coats of the vessels. Friction of homogeneous bodies produces heat alone; of heterogeneous bodies, heat and electricity.

The application of the facts here contained, and their relations in diseased actions, are almost universal. One symptom observable in mechanical injury of the spinal cord is great elevation of temperature in one or both of the lower extremities, owing to injury of the sympathetic, and the arrest of nerve-force to the centres; and hence the same effects as when this nerve is divided in experiments. As Dr. Brown-Séquard has lately said in a lecture, "the circulation in these cases is not more rapid, but fuller and (more energetic)?", than in the corresponding limb. Hence the heated condition of the blood and limb could not be greater than in the other or healthy limb; for, although the arteries may be more expanded on the injured side, from the deficient power of vaso-motor nerves which cause contraction of these vessels, there cannot be more—probably less—of the heart's force arrested and converted into heat.

It will be evident that "determination of blood" to a locality or organ cannot exist, but that it depends upon lesion, disease, or malnutrition of the vaso-motor nerves, which allows the capillaries to become congested and inflammation to result. The importance of this question and of allied conditions known to exist in the phthisical constitution, will enable us to understand the deposition of tubercle in the lungs, etc., and heat in the axillary region.

NOTES ON HERNIA.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

[Concluded from page 371.]

THE necessity for care in the after-treatment of cases of herniotomy is amply shown by clinical observation. After bringing the edges of the wound together, and retaining them in apposition by sutures and plaster, a difficulty may arise in keeping the intestine quietly reduced. Where a hernia has had for its immediate cause some violent but temporary muscular effort, the call for which passed at the time, there will be no further unnatural compression of the

viscera after the operation; but, in case the hernia has been produced by severe muscular efforts concerned in coughing or micturition, arising from disease in the system, the circumstances of the case are materially altered, and it will require corresponding increase of attention.

A compress of lint is usually laid over the course of the hernia, and supported by a bandage made to describe the figure of eight in its gyrations over the thigh and pelvis. To such, it is presumed, no exception can be taken. The suggestion is, however, offered, that this simple process should be performed with just the same studied discretion that marks the execution of the cutting operation. Protrusion of the intestine is no imaginary danger; it occurs frequently under favouring circumstances, sometimes merely disturbing the process of healing; but it may be far more serious, and peril the life of the patient.

I was many years ago called to an old woman with strangulated femoral hernia, produced by the coughing of bronchitis, from which she was suffering. Her usual medical attendant met me in consultation; and, reduction being found impracticable, he performed herniotomy in a very neat manner, and to the complete relief of the patient. After this operation, he brought the edges of the wound together with sutures and a few strips of plaster, and supported the whole by a compress of lint and a bandage. On parting, he requested me, as my residence was nearer to the patient than his own, to pay her a visit in case of any urgent necessity; and to this I cordially assented. Two days after, I was sent for in haste; and, on my arrival, they informed me that the patient's bowels were coming out on her thigh; and, indeed, this was about the truth. There was, in fact, a protrusion of intestine which in mass represented the size of a man's fist; it had been forced out between the ligatures, and found its way under the lint and bandage to the surface. Every coughing increased the protrusion, which projected readily through the conical wound, but met with insurmountable obstruction to its return. I was obliged at once to remove the dressings and sutures, and then had no difficulty in replacing the bowels; but the poor patient, who had before been apparently doing well, experienced such a shock that life was as it were snuffed out, and she died in a few hours.

This accident, it may be said, might have been prevented by inserting more sutures, and keeping the parts more firmly supported by the lint and bandage; and probably this is true; but there is a consideration concerned also in the matter of a tight compress.

Some time after this untoward case, I was called to a man with strangulated femoral hernia, produced, as in the former case, by coughing. Here I was the operator. After dividing the stricture and returning the intestine, I inserted a goodly number of sutures, and placed strips of plaster between them as supports; and finished the appliance with two compresses of lint, crossed over the wound, and kept in position by a bandage. This answered very well in preventing protrusion; but, instead of the wound healing nicely, sloughing of the hernial sac took place; and, though the man made a good recovery, it was protracted.

Mr. Erichsen mentions that he has twice witnessed sloughing of the sac, in both instances the patients doing well. He does not suggest the cause of the sloughing, nor will I take the liberty of doing so with his patients; but I have always strongly suspected that, in the instance of my patient, the rather firm compress bore some causative relation to the sloughing sac. Since then, instead of using lint as compress, I have taken a round wad of raw cotton

and placed it along the course of the wound, and bandaged it over. The cotton guards the canal even better than the lint; and, being far more soft and elastic, exercises efficient pressure, with less risk to the infirm tissues surrounding the hernial passage.

Mr. James of Exeter has suggested that the patient should lie on the side opposite to that which has been cut; and the advice appears to be very sensible. This position of the patient would certainly cause the bowels to fall somewhat to the sound side, and moderate tension on the side of the wound.

It has seemed to me correct practice to close the wound completely for the first few days, the period of union by adhesion; and not to allow a communication between the abdominal cavity and the atmosphere. The discharge coming from the wound during the first four days is probably fluid draining from the abdominal cavity, and which there is no necessity for evacuating by the wound, as peritoneal absorption would be quite sufficient for its removal.

Herniotomy sometimes serves as a tapping to the abdomen; and the quantity of fluid gushing out when stricture and sac are both divided may be, as I have known, very considerable. In such cases, effusion has arisen in the abdominal cavity as the result of congestion, or most probably peritoneal inflammation; but that a drain should be left between the abdominal cavity and the surface seems to me even then contrary to modern views of practice, where tapping is resorted to for idiopathic dropsy.

It is most important that the bandage should not be made to compress the abdomen, because it would thus favour protrusion, or might occasion pain, and increase the tendency to peritonitis. But if its course, after passing round the thigh, is along the truss line of the pelvis, it will be just in place, and the patient will feel no inconvenience.

I had occasion, some time since, to operate for femoral hernia on a woman who had passed the middle period of life, and where strangulation had existed six days. After the operation, a friend of mine who was present undertook, at my request, to apply the bandage; and I left it to him. Two hours after the operation, we returned to see our patient, and found her in great distress. She had vomiting of feculent matter, like as before the operation; and said she was in an agony of pain. I was led at once to examine the bandage, and found that it was around the abdomen, above the crest of the ilium, and made unnecessary pressure. We altered the position, and placed it around the pelvis: vomiting ceased, the pain left, and the patient passed a good night. Had we not kept watch, the consequences would, in all probability, have been fatal to recovery. The same case gave evidence of the propriety of using great care in the dieting. The patient was visited by her medical attendant every two or three hours, day and night, for the first sixty-eight hours; and both the quantity and quality of the food were regulated by him. She took opium in full doses at first; after forty-eight hours, had an enema of warm water; next took a dose of castor-oil; and all with excellent effect. She was free from pain or tenderness; had no vomiting; could relish arrowroot, beef-tea, and such sorts of nourishment; and her bowels had acted nicely by the oil and the enema. However, on the fourth day, the female friends thought fit to supplement the patient's allowance with some sherry; and the result was, that vomiting, stercoraceous in character, came on, and the woman's safety seemed perilled. A strict adherence to the former plan of diet set matters right, and there was no other relapse. She is now quite restored, and enjoys vigorous health; but, I believe, mainly owes her recovery to the great care

taken in the management of her case after the operation.

When, notwithstanding every care, death takes place, its most common cause seems to be peritonitis. I have only had the opportunity of getting a *post mortem* examination in two cases, and in each this was the cause of death; which accords with the experience of other observers. It is very curious how much greater evidence of this affection is given in some cases than in others, the part of the membrane involved seeming to influence the amount and the character of the pain. In a few cases of very old people, life has seemed to ebb from the time of the performance of the operation, as if the constitutional shock were overpowering to the system.

As to results, so much depends on the time that has elapsed from the time of the strangulation to the performance of the operation, and also on the age of the patient, that it seems necessary, in order to make statistics reliable, that records of cases should always detail the age of the patient, and the period during which strangulation has existed. A run of good cases will make the experience of an individual operator look very favourable for a time, till an equally unaccountable succession of bad ones depresses his average to perhaps even a low figure. I have operated on five cases in succession, four femoral and one inguinal, recovery taking place in each; and, again, have been concerned in two or three unsuccessful ones in quick succession. Then, in very old people, vitality being very feeble, recovery is hardly to be expected; though in one case an old woman considerably over seventy, to whom I was called, lived for years after the operation.

As it is necessary that a truss should be worn after recovery from the operation for strangulated hernia, it may not be out of place to remark that some considerable difficulty is occasionally found in managing this for old people, who are commonly the subjects of hernia. They very often complain that the spring of the instrument is too powerful in the first instance; and, after a time, find it hardly powerful enough to support the hernia. This feebleness of action is usually caused more by the chemical action of fluids and air on the metal of the instrument, than by loss of elasticity from use. If the springs of all these instruments were japanned, or covered with some material to prevent erosion, it would be an improvement.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

FUNGUS HENATODES OF THE EYEBALL.

By FREDERICK MASON, Esq., Bath.

[Read January 25th, 1865.]

H. B., aged 14 months, the child of a farm labourer, a fine well developed infant, was brought to the Eye Infirmary on December 27th, 1864. The child is the youngest of eight, all the others of which are healthy. The parents are healthy; but the child's maternal grandmother is said to have been scrofulous; or, in the mother's words, to have suffered from "evil". The exact character of this disease is doubtful, as some operation was performed for its removal from the face when she was young.

The mother gave the following history. When the child was born, a white spot was observed behind the pupil of the left eye; and five weeks later, the child was discovered to be blind in that eye, vision being perfect in the right. The iris at this time was

of proper colour, and perfect. The disease advanced, and at the end of six months the pupil must have been dilated to an extreme extent (from pressure from behind), for the eye is described as having then been entirely white. The brilliant reflection of light from the bottom of the eye, when it was exposed to the direct rays of the sun, candle, etc., was especially noticed. It now slowly turned red, and abscess appeared to form, the eye appearing larger and more prominent than the other. In three months—that is, when the child was nine months old—the eye burst, and a portion (probably the diseased and opaque lens) fell on the floor. The diseased mass now grew rapidly, frequently bleeding profusely, but continued partially (about half) covered by the lids, until Thursday, December 21st.

Dec. 27th. There was now a large fungus-looking mass protruding from the orbit and tightly encircled by the lids, which had become oedematous. The growth appeared to be sloughing in the centre, and apparently growing and extending at the circumference, and bleeding freely on the slightest touch. The child was restless, sleeping very little, and evidently suffering much pain.

Dec. 29th. The child was placed under the influence of chloroform, and the contents of the orbit were removed. The growth had no attachment, excepting at its entrance into the orbit. The bleeding during the operation was slight, and there was no hæmorrhage afterwards. After the operation, the child slept well, and there was no bad symptom. The eyelids continued much swollen for four or five days; this then subsided, and the child appeared free from pain.

On the 7th, the child was so much improved that, the mother being anxious to return to her family, it was discharged, promising to attend with it as an out-patient.

The disease appears to have commenced during intrauterine life in the optic nerve, probably within the cranium. Where this nerve emerged from the optic foramen, it was greatly enlarged. The disease must then have passed through the eye, implicating the internal structures; and, after escaping by the ulcerated opening of the cornea, involved to a great extent the anterior portion of the sclerotic, a small portion only of which membrane still appears white and shining.

January 17th. The child was brought to the Infirmary, improved in appearance, and free from pain; and the orbit appeared healthy.

[The child did not return to the Infirmary; but six weeks after the operation, the mother wrote, saying, the disease had returned, and was extending rapidly over the face. The child died on April 19th, 1865. A *post mortem* examination could not be obtained.]

CASE OF RHEUMATIC FEVER, FOLLOWED BY PERICARDITIS AND MORTIFICATION OF THE EXTREMITIES.

By W. G. DAVIS, Esq., Heytesbury.

[Read May 18, 1865.]

HENRY FRANCIS, aged 17, a fine young man, an agricultural labourer, of rather spare habit, the youngest of ten living children, capable of carrying (according to his own report) a sack of beans, was attacked with rheumatic fever in the autumn of 1864. Being sent home to his own parish for change and recovery of strength, he came under my care.

I found him fearfully weak, with great difficulty of breathing, etc. I could not define the *bruits* or murmurs about the region of the heart on account of

its tumultuous action. I sent him by rail as soon as I thought him capable of bearing the journey of twenty miles, to the Salisbury Infirmary, where he remained five weeks, and returned home on March 4th, being made out-patient. A week after his return, he took to his bed, suffering considerable pain, more especially in his extremities, great difficulty of breathing, with a quick, weakish, but at this time regular, pulse. Almost immediately, a superficial gangrene of the feet, and legs to within a few inches of the knee-joints, set in, having a livid appearance, accompanied with vesications and extreme coldness of surface. The hands, and forearms, to within an inch or two of the elbow-joints, soon put on the same appearance; and the nose and cheeks were similarly affected, but these looked as if they had been strongly and rudely painted with caustic, and gave the idea that the nose might be rubbed off with the slight touch of a cloth.

The mortification continued to increase. The pain was excessive; the pulse became irregular; but he remained sensible to within two days of his death, which took place on March 27th, 1865.

He was occasionally troubled with hiccough; his water was high coloured, with a red deposit; his stools were very dark.

On the application of warmth, and threatened supply of carded wool, he prayed that cold might be substituted; and said he derived most relief from a lotion containing bichloride of mercury, which was sent for threatened bed-sores.

POST MORTEM EXAMINATION on March 28th, in the presence of my friend Mr. Bleek. On elevating the sternum with the cartilages of the ribs, etc., I found very great difficulty from the extensive adhesions of the pleuræ, the reflected layers of which were glued together with the pericardium; and the pericardium itself, without containing the least secretion, was so intimately connected with the heart, that it was a work of labour to disincarcerate the heart itself. Amid the adhesions there were fibrinous layers which had become partially organised, very like what Dr. Markham has described under the head of "Pathology of Pericarditis", in his second edition of *Diseases of the Heart*, even to the purulent exudations. On examining the heart, we found it hypertrophied with dilatation, with a peculiar yellowness of lining membrane of both auricles and ventricles. The valves were but little thickened; but in the auriculo-ventricular openings of both sides, in the columnæ carneæ, etc., were numerous deposits of a cheesy substance, much like that in the pericardium, though more organised. The lungs were sound. No other parts were examined.

Of course, the examination of arteries going to the gangrenous parts would have been interesting; but when I say that I went to the cottage where the body was lying, with the conviction that I should be refused a *post mortem* examination, from the antipathy of friends, little accommodation, etc., I would ask those attached to hospitals to make some allowance for this imperfect dissection.

[When this case was read, there was a discussion upon it; the majority believing the obstruction of the heart's action quite sufficient cause for the result.

I would merely hint, might it not have been a case of "embolism"—the carrying on with the current of blood of such particles of the cheesy matter I have described by which the small vessels were blocked up? I would call attention to the age of the patient, and the extreme sensitiveness to the touch of the sphacelated parts.]

British Medical Journal.

SATURDAY, JUNE 10TH, 1865.

SYPHILISATION.

PROFESSOR BOECK has been invited to give the Venereal Commission the benefit of his views touching the nature and cure of syphilis. We may, therefore, usefully seize the opportunity of telling our readers once again what syphilisation is. (See *BRITISH MEDICAL JOURNAL*, Jan. 5th, 1861.) We will take our account of it from a work of Professor Boeck, entitled *Recherches sur la Syphilis*, published in Christiania in 1862. The operation is there thus described.

"I take the virus of an indurated chancre, or of a pustule or ulcer artificially produced. I make three inoculations with it on each side of the chest. Three days later, I make three more on each side, taking the matter from the pustules produced by the previous inoculation. I continue the inoculations on the sides in this way every three days until I obtain negative results; then I inoculate the arms, and continue as on the sides until no further pustules are produced. At this stage, I take the virus from another person, and inoculate it on the sides and arms, or on both; and then continue with this new matter as before. When this new matter can no longer be inoculated on the sides or the arms, I inoculate the thighs, and in the same way. I then, with other virus, again inoculate the sides, the arms, and the thighs, until I find the individual is no longer inoculable with any kind of virus."

Professor Boeck prefers, in his first operations, the virus which has already passed through several individuals, as it is less violent, and less likely to produce phagedæna. Then, as the syphilisation proceeds, more virulent virus may be employed. He commences inoculation on the sides, because experience shows that there the effects produced are milder than on the arms or on the thighs, and consequently the cicatrices produced are smaller. Care must be taken not to make the punctures too close to each other, in order to prevent erysipelas, etc. The first three punctures, for example, he makes on the upper part, and the three succeeding punctures on the lower part of the chest. One puncture, it is true, is as good a three, if it be successful. The professor, however, makes the three, because one of the punctures often fails to produce a pustule. The essential point in the operation is the length of time during which the inoculation is continued, and the interval between the inoculations. The number of punctures made is of no consequence. At the end of three days, a pustule yielding good virus is formed. Three days, therefore, are the proper interval. As regards the period of inoculation, Dr. Boeck says that the process must be continued as long as a pustule can be produced in the individual operated on.

Great cleanliness should be observed during the process. The crusts formed on the ulcers should be softened, and the ulcers covered with water fomentations. The ordinary diet may be given, but spirituous drinks and excesses in food should be avoided.

It is found that, in inoculating infants for the cure of hereditary syphilis, the first inoculations generally fail. In such case, Professor Boeck repeats the inoculation every day until the virus takes; and then it is often observed that the whole series of previously made inoculations produce pustules. When once the virus takes, the inoculation is continued every three days, as in adults. But it is often found that in these cases the hereditary syphilis, in syphilisation, does not follow the regular course which it observes in ordinary syphilis. Negative results may follow after a few inoculations, and then positive results again be obtained in the course of a few weeks later.

Professor Boeck warns his readers that the operation of syphilisation requires great care in its performance. Medical men, he says, from time to time publish their experience of syphilisation; but, in most cases, their operations are not syphilisation at all.

"The inoculations have not been carried on until immunity from the action of the virus has been produced. The times and localities of the inoculations have not been duly attended to. The previous mercurial or non-mercurial treatment has not been noted; or mercury has been given during the syphilisation. And then, instead of attributing the failure of the treatment to their own erroneous method of operating, they discard syphilisation as being ineffectual; although my experience shows that there is no remedy which more surely cures a disease than syphilisation cures syphilis."

Professor Boeck, in this large quarto volume—published, by the way, at the expense of the Government—gives a tabular history of some 3,500 cases of syphilis which had been treated in the hospital of Christiania with mercury, etc.; and he deduces, from a comparison of these with cases treated by syphilisation, results greatly in favour of the latter remedy. Thus he tells us that the average duration of treatment of 3,200 persons who were treated with mercury was 125 days; that of the 3,200 cases, 1,036, or 32 per cent., had a recurrence of the disease; that of 316 persons treated without mercury, the duration of the treatment was 101 days; and 82, or 25 per cent. of them, had recurrence of the disease.

Now, since 1854, Professor Boeck has employed no other treatment in constitutional syphilis besides syphilisation—i. e., in those cases where mercury has not been previously given; and the results of his experience are as follows. Of 252 persons thus treated, the mean time of cure was 134 days. Of these, twenty returned to the hospital with recurring symptoms of the disease, and nine of them were again

syphilised; one was thrice syphilised; one was treated with iodine; ten were treated with external remedies only; and three with iodide of potassium. Hence we have about 11 per cent. of cases of relapse. Then we have the results of treatment by *derivation*; and of this treatment we must say a few words. It was suggested, as an objection, that the benefits of syphilisation—its mode of cure—probably depended upon some derivative action induced by the number of ulcerations made on the body, and independently of any specific action. To answer this objection, Dr. Hjort undertook a series of experiments, forming a constant succession of small ulcers on different parts of the body by means of tartar emetic. In this way, 157 syphilitic persons were treated; the mean duration of their treatment was 178 days, and 19 per cent. had recurrence of the disease.

Thus it appears that the comparative statistical value of these different methods of cure of constitutional syphilis stands as follows, according to Professor Boeck. Of cases treated with mercury, 32 per cent. relapse; of cases treated without mercury, 25 per cent. relapse; of cases treated by derivation, 24 per cent. relapse; of cases treated by syphilisation, 11 per cent. relapse.

Really, it is time that a system of cure which promises so much statistically, and which has so long been evidently practised in *bonâ fides* by a man of Professor Boeck's scientific bearing, should receive some fuller consideration at the hands of the profession than it has hitherto done. We might, in reference to this subject, repeat very much the same words we used in this JOURNAL now more than four years ago; only that now those words apply with greater force than they then did.

"Through much evil report and some little encouragement, Professor Boeck still maintains his position as the leading *syphilisateur* of the day. His facts and reasonings have been fiercely attacked; but he still nails his colours to the mast. Dr. Boeck is amazed that men will not use this healing boon. They regard and judge of it, he says, falsely and illogically. Moreover, they will not use it aright; and, from their own consequent failures, absurdly condemn syphilisation. 'I have often,' he says, 'described the right method; but it seems that I must again repeat the *a, b, c* of syphilisation, for people cannot yet spell the alphabet of it.' And he appeals to facts. 'People object, because they cannot understand its mode of action! In modern medicine, facts are always sought for; but, in the case of syphilisation, phrases, and not facts, are what men ask for.' Now, we naturally feel inclined to side with the objections to this treatment; but at the same time we admit that Dr. Boeck's conscientious and carefully performed experiments are worthy of the fullest consideration, and may eventually be corroborated; but he must not be surprised that they should be sifted and canvassed. He must expect men to be very sceptical about a treatment which thus sacrifices both their persons and their pockets. Many patients will think the remedy worse than the disease. To undergo about sixty operations of punc-

tures—i. e., to have three ulcers made every third day for six months on his body—is both a very unpleasant as well as expensive proceeding.”

We then went on to observe as follows.

“Let us, however, be just. We have, as yet, found no specific cure for syphilis—it may be doubted whether we have any cure at all. There are authorities who never give mercury for it; and there are authorities who regard constitutional syphilis as a ‘fe-companion’—as a thing to be discharged by no medicinal agent from its fixed seat in the body. There are authorities who let nature treat the disease. In fact, we have not yet cleared away our own ignorance and wrong-doing in this matter, as in so many others. We ought, therefore, to be very careful in rebuking Dr. Boeck because he has a strong conviction; and in justice are bound to weigh the value of his 300 cases. Let his position be eventually proved correct (and sooner or later its strength or weakness will be made apparent); then, indeed, we shall be driven to say that here, at all events, is a real remedy for syphilis. And then we shall have to see if such a practice is viable—whether the people will put up with it—whether they will consent to carry some 200 or 300 scars on their body as *remanets* of cure.”

THE COLLEGE OF SURGEONS ELECTION.

WE have much pleasure in announcing, that Mr. Charles Hawkins is one of the candidates for the office of Councillor to the Royal College of Surgeons. We speak advisedly when we say, that we believe London could not produce a Fellow who would more faithfully, disinterestedly, and honestly, further the best interests of the College than Mr. Charles Hawkins. Mr. Charles Hawkins's opinions on the subject of College reforms are well known to the profession as well as within the Council, for he has never scrupled to express them openly. His opinions are those liberal ones which Sir B. Brodie tried to enforce upon the Council, and to which he was sacrificed by the Council.* He is pledged by his convictions to the carrying out of the reforms so much needed in Lincoln's-inn Fields; and all who know him, know that he is not one of those who forget in office the promises which they so freely make before they obtain it.

The entrance of Mr. Turner and Mr. Charles Hawkins into the Council would be a sure sign of coming reform. It is impossible that the ignoring of the very spirit of the Charter, under which the Council hold office, will be much longer permitted by the profession. Indeed, the sentiments which are gradually rising within the Council Chamber itself are antagonistic to the false position which the Council and the Court of Examiners at present

occupy in relation to each other and to the important Corporation which they govern.

We have already stated it as our conviction, founded on some years of experience of the passivity of the Council, and of that improper position of temptation in which the Council is placed, that an alteration in the Charter of the College is absolutely necessary to place the College authority on a healthy basis. By the Charter, the Council was enjoined to do certain acts of liberality, but it was not compelled to do them; and as it did not square with its interest to do them, the Council, ignoring the spirit whilst keeping within the letter of the Charter, has left them undone.

Our conviction is, and has long been, that the interests of the College require that the unnatural connection of the Court of Examiners with the Council should cease; that, in fact, the Examiners should not form part, and the most powerful part, of the Council, so as, in fact, to elect themselves into office; that the Examiners should not overshadow and rule the Council, by whom they are nominally elected, and by whom they ought to be governed; that Councillors should not be forced to make themselves agreeable to, and to fall into the obsolete ways of, the Examiners, in order to secure for themselves admission to the high, much sought after, and, in fact, lucrative office of an Examiner.

It is high time that this manifestly most false position of things was put an end to; and it is very clear that this can only be done by separating the Court of Examiners from the Council, by making it impossible for an Examiner to have a seat at the Council, and so to assist in his own election. That this will eventually be done, we have no more doubt than we have that we are penning these lines. The absurdity and contradiction and unfitness of the present state of things are too manifest for the present age. There was nothing worse ever existed in the old close-borough days of our civic corporations. The sooner reform comes, the happier will it be for the peace and well being of the College; and therefore is it that we sincerely advise the Fellows to elect into the Council men like Mr. Turner and Mr. Charles Hawkins, whose presence there will most assuredly hasten the event.

With regard to Mr. C. Hawkins's aptitude to business, we would refer to the excellent manner in which he has performed the delicate duties of Inspector of Anatomy. Our readers may remember that he was appointed to that post at the unanimous request of the London teachers of anatomy; and we might also add that he was lately unanimously appointed treasurer to St. George's Hospital—an honour never before conferred upon a medical man, and bestowed upon him mainly on account of the straightforward and business-like way in which he has acted as a governor of that hospital.

* Sir B. Brodie carried out the spirit of the Charter. He gave up his examinership to make way for younger men. The result was, that at the next election of President of Council, he was passed over—i. e., not elected President; and simply, because he had honourably retired from the Court of Examiners. Had he, like others, disobeyed the spirit of the Charter, and stuck to his examinership, he would undoubtedly have been elected President. This is what we mean by his being sacrificed to his principles.

Mr. Barnard Holt is also in the field as candidate for a Councillorship; and he deserves the full support of the Fellows. He comes forward, as we understand, pledged to the furtherance of liberal measures within the College; pledged, also, to the giving of votes by written papers to country Fellows.

THE LAST NEW THING IN GRATUITOUS MEDICINE.

SOME benevolent gentlemen, it appears, are engaged in establishing hospital wards for the cure of ladies who are able to pay everybody except their doctor. We are glad to find that for once the united voice of the medical press has been brought to bear against the exercise of this last effort of gratuitous medical benevolence. We need not tell our readers how long we have fought against the amazing folly of gratuitous medical services in all its various characters; but now that others are beginning to recognise the folly of the thing, perhaps we may be able to put such a stress upon those practising it as to obtain from them a reason—a justification—of their practice. In regard, therefore, to this last remarkable development of gratuitous medical folly—wards for ladies in a woman's hospital—we should like to ask of those who foment the scheme the grounds on which they justify their act in the face of the profession. Of course, they have their reasons for action; then let them candidly tell us what those reasons are. We denounce the project in the name of the profession, because, in our opinion, first, the profession at large is deeply degraded by gratuitous medical services; and, secondly, because the general practitioner is seriously injured by schemes of this nature. His very clients are taken away from him—the bread taken out of his mouth. And why, and by whom, is all this done? These are the questions which the promoters of such schemes are bound to answer to the profession. These are the questions of which we have so often demanded the answer in these pages; and, in the meantime, are obliged to interpret after our own way of seeing them.

We affirm, that true charity does not demand these personal gifts of gratuitous medical services; that such services are injurious, both to the public at large, to the recipients of them, and, above all, deeply injurious to our own profession; that they do not win for us either the esteem or the gratitude of the public; but rather lower us in public estimation, and so weaken our influence in, and impress on, society at large. We affirm, that charity—the highest Heaven-born gift of humanity—is not the parent of these personal gratuitous labours. We affirm, that real charity begins at home; and that the true virtue—charity towards our own professional brethren—is totally negated by gratuitous medical services.

PROFESSOR BOECK was to give evidence before the Venereal Commission on the 9th instant. We have reason to believe that our northern friend, by his honest and straightforward and unassuming manners, has won for himself the esteem of all with whom he has come into contact. We have no doubt whatever that his appearance in person here will obtain for syphilisation a fair trial in this country. Indeed, it is impossible that the remedy—if such it really be—can longer remain unnoticed in England and in France. Dr. Boeck's scientific and searching labours have placed the matter in such a position as to demand for the subject the consideration of scientific men of medicine. It will be really something approaching to criminal apathy, if some competent member of the profession do not now proceed to Christiania, and study the question in that large field where it is laid open in all its fulness for our consideration. The Venereal Commission would really do a very great work for us, if it would send an unbiassed observer to investigate syphilisation as practised in Christiania. Indeed, we do not see how the Venereal Commission can reasonably report on the special subject of its inquiry—the nature and treatment of venereal diseases—without having previously made itself master of the history of syphilisation. To ignore syphilisation, would be to render their report most incomplete, if not worthless.

OUR readers will be pleased to learn that, at a large and very influential meeting of the College of Physicians on the 6th inst., it was decided (it might be said, almost unanimously) to take action on behalf of our army and navy medical brethren. The existence of grievances suffered by those gentlemen was denied by no one; and on this occasion almost general was the feeling that the College might advantageously interfere in their behalf. The only hesitation felt by the College was as to how it might best move in the matter, in accordance with its own dignity, and to the benefit of the army and navy medical officers. It was eventually decided that the President and Censors should consider the question, and instruct the College as to the most advisable course to pursue in furtherance of the object desired; *i. e.*, whether it should memorialise or petition; and to whom it should address its memorial or petition. The cause of our army and navy medical brethren was warmly and unflinchingly, and we might even say eloquently, sustained by Dr. Owen Rees, Dr. Sieveking, Dr. Meryon, Dr. Jenner, Dr. Brinton, Dr. Gavin Milroy, Dr. Sibson, and Dr. Markham. The opposition was of a very pale and feeble character, and indeed was rather directed to matters of detail than to principle. We sincerely congratulate the College on the wisdom of its action in this matter. We are satisfied that it will thereby do a great service to the country—*i. e.*, to our soldiers and sailors—by assisting in raising the social and professional position of our brethren in the army and navy. That it will gain in the estimation of the whole profession by holding out a generous hand to a class of brethren especially requiring its aid, is self-evident.

THE MARROW OF BONES, IN THE HEALTHY AND MORBID STATES.

In the *Gazette Médicale* of the present year, M. Charles Robin, who has for many years made the medulla of bones the subject of histological investigation, has published the result of his researches. We give an abridged translation.

I.—GENERAL REMARKS ON THE CONSTITUTION OF MARROW.

The medullary tissue of bones is composed of: 1, medullary cells, which are the fundamental element; 2, certain accessory elements called *myeloplaxes*;* 3, a certain quantity of amorphous, homogeneous, semi-transparent substance, which is a second accessory element; 4, capillary vessels; 5, the nerves which accompany the vessels; 6, in certain parts only, fibres of laminar tissue and adipose vessels are found. The presence of these is not constant, and they are not found in all portions of the tissue.

Marrow is found in all the bones of the body; and it extends through the vascular canals as far as the periosteum; so that, on tearing away one of the vessels from a vascular canal, it is seen to be surrounded by a small quantity of marrow, represented by medullary cells, a little amorphous matter, and nearly always some myeloplaxes.

This tissue is also found in the vascular canals of the cartilages of ossification; and has been called the marrow of cartilage. Medullary tissue is even found in the ribs in aged subjects, in whom these organs are hollowed into cavities.

Marrow is remarkably soft, doughy, and in some parts nearly semifluid. But this tissue is not a liquid nor a serosity, as has often been written; its consistence varies a little in different subjects, at different ages, and in different parts of the skeleton.

The colour of this tissue varies notably; and hence three varieties of marrow may be distinguished.

The first variety bears the name of *vascular* or *red marrow*, because it is of a strongly marked red colour; it is also called *fœtal* marrow, because it is the only marrow which is met with in the bones of the fœtus.

A second variety of marrow is the *gelatiniform*. In this variety the marrow, in the long bones as well as the short, presents a peculiar semi-transparency, with a grey or yellow colour, and gelatinous consistence. In some animals, it preserves during life the gelatiniform disposition, which is only temporary in man. It is found accidentally, in certain pathological or senile conditions, in some bones, following morbid alterations of the periosteum.

The third variety of marrow is that which is almost exclusively described under the names of *marrow* (properly so-called) or *fatty marrow*. It is opaque, yellow, and has sometimes been compared to adipose tissue. But it differs notably in texture, in consistence, and in delicacy.

Marrow is one of the tissues, and is composed of elements which have the configuration of cells, with a certain quantity of amorphous matter interposed, varying in proportion according to the varieties of marrow. Capillary vessels are present, arranged in meshes having nearly three or four times

the diameter of the capillary vessels themselves. The meshes are nearly of equal dimension in all directions; and are polygonal, with rounded angles. They are most readily seen in injected specimens, by washing away the marrow by a current of water, when they are found lying against the bony tissue. This has caused it to be said that the meshes are much more numerous in contact with the bone than elsewhere. The most delicate capillaries found in the marrow are larger than the ultimate capillaries of the periosteum and of the bony tissue. In the spongy tissue especially, and even where they lie against the bone, they are not distinctly cylindrical like those of the periosteum, and resemble sinuses moulded on the neighbouring parts.

In the medullary tissue are certain accessory elements called myeloplaxes. They are always found on the surface of the marrow; that is to say, in some degree, between the marrow and the bony tissue. They are more abundant in the spongy tissue than in the medullary canal of the long bones; they are also more abundant in the fœtal marrow, and in young subjects than in adults. In the adult, they are mostly found in the spongy tissue, and especially in the neighbourhood of the cartilages which adhere to the bone. Their relatively greater abundance in the bones of young subjects, depends either on the fact that their quantity diminishes in adults, or rather that the myeloplaxes have not multiplied proportionally to the other elements. Myeloplaxes are met with in the marrow which accompany the vessels in the vascular canals as far as under the periosteum; so that, when the periosteum is torn away, and the vessels entering the vascular canals are removed, myeloplaxes are also drawn away.

Another accessory element consists of fibres of laminar tissue found in certain portions of the marrow. There is, however, no internal periosteum; no layer of fibrous tissue on the interior of the bones, enveloping the marrow, and designed to separate the bony substance from the marrow. The marrow is in immediate contact with the bony substance. For a long time it was believed that this membrane existed only in the canals of the long bones, and was wanting in the spongy tissue. But, in the gelatiniform variety of the marrow, in the amorphous substance which takes a notable part in the constitution of this variety, there is a network of fine laminar fibres crossed in all directions, and in close contact sometimes with the vessels and the trabeculae of the bone. It is only in the shafts of the long bones, and in the largest medullary spaces of the spongy tissue, that this fibrillary network is found. It is wanting in the marrow which fills the smaller cavities of the spongy tissue of the extremities of the bones, of the vertebrae, sternum, etc.

In this network, the fibres are generally isolated, crossed or not. Around the bony trabeculae which traverse certain points of the medullary canal of the long bones, these fibres lie closer to each other than elsewhere, without, however, forming layers or bundles.

Here and there, in the marrow itself, these fibres are disposed in wavy bundles, slightly pressed against each other. From these bundles radiate, in a varied and very elegant arrangement, isolated fine wavy fibres, sometimes crossed; and between them lie the medullary cells, the amorphous matter (which may exist alone), capillaries, and adipose vesicles. These peculiarities of texture are developed about the middle or the end of the second year. Before this, only a few completely developed laminar fibres are found; they are yet in the state of fibro-plastic bodies, both fusiform and stellate, free or lying together in an order which it is then difficult to deter-

* *Myeloplaxes* are defined by M. Robin as consisting of large patches or flattened lamellae, sometimes polygonal, sometimes irregularly spherical. They are finely granular, and contain in their thickness from six to ten ovoid nuclei, each of which contains one or two nucleoli and molecular granules. The lamellae have a diameter of from 1-50th to 3-100ths of an inch; and the nuclei are about 1-3000th of an inch long by 1-5000th of an inch broad.

mine. Amongst the fibres, whether isolated or arranged in loose bundles, there always remain some of the fusiform or stellate fibro-plastic bodies; and in some parts, these are the centres of fibrils which radiate from their periphery. In the fatty, or partly fatty, marrow, fibro-plastic bodies are found, which have already passed into the state of adipose vesicles, and are either filled with oil or contain only a few drops. It is by the transformation of these fibro-plastic bodies into adipose vesicles that the marrow assumes the adipose state. While this transition is taking place, or in marrow which retains the gelatiniform state, fibro-plastic bodies are often seen which have passed into the state of adipose vesicles, and at the same time serve as centres of radiation to two or more laminar fibres; or they seem as if joined to some fibres of the fibrillary network. In the transparent marrow of emaciated subjects, these facts are equally well seen; but the vesicles contain towards their centre only one or two large drops of oil of a deep yellow colour, strongly refracting the light, together with smaller ones, of the same or a paler tint, surrounding them.

II.—VARIETIES OF COLOUR AND TEXTURE PRESENTED BY MARROW.

Let us now see what are the peculiarities of texture which give, in certain cases, a red aspect to the marrow; while, in others, it presents a gelatiniform appearance; and again, in other circumstances, it assumes the adipose state, which has nearly always been taken as the type of description of marrow.

The fetal, or red marrow, owes its colour to being composed chiefly of medullary cells, with some vessels and a small quantity of amorphous matter. The medullary cells, which seem to form with the vessels about eight-tenths of the whole of the tissue, do not appear to contain any drops of fat in their interior. The marrow thus constituted is gradually, in the course of its development, replaced by a semi-transparent, grey, gelatiniform tissue. This change of colour, this passage of the first variety to the second, is owing to the fact, that the amorphous substance interposed between the medullary cells increases, in certain conditions, more than the cells themselves; so that the medullary cells in gelatiniform marrow are separated one from another by a large quantity of semi-transparent homogeneous substance, having a gelatiniform aspect.

This gelatiniform marrow is sometimes grey; sometimes it has a nearly semi-transparent yellow colour. Its grey colour depends on the absence of adipose cells between the other elements; and the yellowish appearance depends on the separation of the medullary cells and the presence of adipose vesicles.

It has already been seen that it is by the transformation into adipose vesicles of the fusiform or stellate fibro-plastic elements of the laminar fibres that the fatty marrow is formed. Here the amorphous matter disappears, and the fibres of the network, as well as the medullary cells, are compressed between the adipose vesicles. But when the marrow passes into the gelatiniform state in consequence of emaciation, or when it returns to the red state in consequence of inflammation, or of the presence of a tumour on the bone or in the medullary canal, the amorphous matter reappears, and the medullary cells again become visible in even greater number than before.

There is a great difference between marrow rich in fatty vesicles, and adipose tissue. In the marrow, the cells are simply placed in juxtaposition; the medullary cells being interposed, and the amorphous matter remaining in some parts. The adipose

cells are not disposed here in lobules, separated one from another by partitions formed by laminar fibres, as in the adipose tissue. Farther, the size and the form of the capillary meshes are different. Hence, the medullary tissue is more soft; the fatty vesicles are more easily ruptured than in adipose tissue.

The passage of marrow into the adipose state takes place more in certain bones than in others. Very frequently, the long bones are filled with yellow or adipose marrow; while the bodies of the vertebrae, the sacrum, and the sternum, still contain the red variety. The flat bones sometimes contain reddish marrow in their diploe, while the long bones are filled with yellow fatty marrow. Fatty marrow is relatively less vascular than gelatiniform marrow or yellow marrow. These differences of the marrow of one bone from another in the same subject deserve careful study.

The red, gelatiniform, and fatty varieties of marrow, are found, with analogous peculiarities of texture, in most mammalia, varying with the species as well as with the age in the same species. Amongst ruminants, especially those which are fattened, the marrow passes at an early period into the adipose state. In the hog, it remains much longer of a reddish-grey colour, poor in adipose vesicles, and, on the contrary, richer, at least relatively, in medullary cells and amorphous matter.

In the dog, as soon as the animal has attained about its full size, the marrow in the canals of the long bones is of a yellowish-red colour, and a soft and pulpy consistence. It is then about one-half or two-thirds composed of medullary cells, with free nuclei and complete cells in nearly equal proportions. These elements are contiguous, or are separated one from another by a small quantity of amorphous matter. Here and there, large adipose cells, breaking down under the least pressure, are found either separate or collected into small masses of two, three, or more, thus giving a yellowish colour to the tissue. In the extremities of these bones, and in the short and flat bones, the marrow is red, and contains no adipose vesicles, or only very few. Small myeloplaxes, possessing two or three nuclei only, are still seen.

The marrow possesses only the vegetative properties—nutrition, development, and reproduction. But the nerves which accompany its nutritive vessels are sensible to pricking and tearing, as Duverney pointed out.

The marrow is formed after the bony tissue; the latter is compact at first, even in long bones; and it is only when the central parts of the bone are absorbed, that cavities are formed which become filled with marrow. Hence, it is impossible to admit that the medullary tissue arises from embryonic cells, as some authors suppose, who would directly connect the generation of all anatomical elements with the cells proceeding from the segmentation of the yolk.

III.—MORBID MODIFICATIONS OF MARROW.

The morbid modifications which may be presented by the marrow are sometimes direct; that is to say, the marrow may, without change of volume or quantity, present certain alterations, as in inflammation. When the marrow, which has presented a yellow colour, becomes inflamed, it takes an intense red colour, owing to the multiplication of the medullary cells, and to the disappearance of the fat from the adipose vesicles. In proceeding from the inflamed towards the sound parts, more and more medullary cells are gradually met with; or, *vice versa*, in a contrary direction, the fat in the adipose vesicles diminishes in proportion as the red parts are approached.

In some conditions, the inflammation becomes so

intense that the medullary cells cease to receive materials fit for their continuous molecular renovation. The marrow then softens and becomes liquid, and flows from the extremity of the fractured or amputated bone. When this liquid is examined, there are found in it only molecular granules in suspension, sometimes nucleated medullary cells, and always drops of oil; for the liquefaction melts down the walls of the fatty vesicles, and sets free the oil. This is always a grave fact, as has been demonstrated in the study of fractures, especially those of long bones, and in certain other pathological conditions, as amputations followed by so-called purulent infection.

Very frequently the marrow passes from the fatty state, or the red state found in the short bones and in the fœtus, to the gelatiniform state, in consequence of the presence of a tumour in the neighbourhood of the bone. When an ulcer exists on the anterior aspect of the tibia, or when a tumour is adherent to the bone, the marrow at this level very frequently presents a gelatiniform aspect, although preserving the fatty state in the rest of the bone. Commonly, also, in cases of white swelling the marrow is gelatiniform in a part of the bone. In these circumstances, amorphous matter is produced in a considerable quantity in that marrow which has assumed the gelatiniform state; and it is this which gives to the tissue its peculiar semi-transparency. Sometimes, but especially in white swellings, small yellowish masses in the centre become gelatiniform, because the change does not take place equally through the whole extent of the marrow. These small fatty masses give a peculiar aspect to the diseased part. It has often been believed that these small yellowish masses are new productions; but they are simply small masses of cells in which the fat is not absorbed.

The name of myeloid tumours has been generally applied to tumours originating in the marrow. This expression may be accepted; but it is bad in this sense—that these tumours have no analogy in exterior aspect or in texture with the marrow of bones.

Some tumours are due to an excessive production of medullary cells or fundamental elements of the medullary tissue. These tumours are the most rare; and they nearly always contain many more free nuclei than completely formed medullary cells. These tumours are more frequently met in the spongy portions of the bones and in the flat bones, than in the shafts of the long bones. The cells and nuclei, multiplying without measure, form a more or less considerable mass which always presents a reddish grey colour, and is remarkably friable. This is due to the fact, that the medullary cells and nuclei are accompanied by a much smaller quantity of vessels and of interposed amorphous matter, than exist in normal marrow. When these tumours increase in size, they frequently assume an encephaloid appearance. This encephaloid aspect, however, does not indicate the character of the tumour; for several kinds of tumours may, at various periods of their evolution, present a greyish or whitish colour, and a softness comparable to that of the substance of the encephalon. This state is generally owing to the production of fatty granules, either in the constituent elements or between them. In the particular case of tumours formed by medullary cells, the encephaloid aspect results from the production of granules, mostly fatty, principally interposed between the medullary cells, a few only being formed within them. In these tumours, adipose vesicles are not produced, notwithstanding the presence of a certain amount of fibro-plastic laminar fibres, as in healthy marrow. This interposed fat is not yellowish fat, like that which exists in normal marrow; it is a fat which reflects a white light, and has a very powerful refrac-

tive power. These tumours may encroach upon the bones and neighbouring tissues, producing atrophy in them. They are very commonly produced in the thickness of long bones or of the spongy tissue, and, after producing absorption of the bone, encroach upon the neighbouring parts.

The second species of tumour which is developed at the expense of the medullary tissue, comprises the tumours resulting from the excessive production of myeloplaxes, accessory elements of the marrow. These tumours may be produced everywhere where there are myeloplaxes; for the myeloplaxes accompany the vessels as far as the periosteum. These are the most common tumours which are derived from the medullary tissue. Their tissue has no exterior analogy with that of the healthy marrow; it resembles muscular tissue in colour and consistence.

These tumours may attain very variable dimensions in different parts. Their consistence varies according to the periods of their evolution. Not unfrequently they undergo softening after having attained a large size; and this softening nearly always coincides with certain modifications of texture. The myeloplaxes forming the fundamental element of these tumours are mixed generally with laminar fibres, either completely developed or in the state of fusiform bodies; but medullary cells are scarcely ever found.

When these tumours acquire a certain size, they are seen to consist in some parts exclusively of myeloplaxes; while, in others, fatty granules are deposited here and there, so that some portions of the tumour have a yellowish or orange-yellow tint, while others preserve the ordinary red colour; producing a remarkable marbled aspect. At the same time, fatty granules are deposited between the myeloplaxes. Then, in all these parts, the tissue loses its consistence, which has been compared to that of muscular tissue, and which has obtained the name of osteosarcoma for it. It is very common in these cases to see softening of the morbid product; and the name of encephaloid tumour has been given to it, because there is some resemblance in consistence and colour to the encephalon. It is but moderately vascular—much less so than many other morbid products.

These tumours are generally developed in the spongy tissue, rather than in the shafts of the long bones. Wherever these tumours are developed, the vessels, arterial as well as venous, become enlarged; so that pulsation may often be perceived, whence the name of aneurismal tumours, or aneurism of bone, has sometimes been given to them. The vessels, however, which produce the pulsations, are situated on the surface of the tumours, or in the partitions which divide them into several lobules. They always arise in the network itself formed by the myeloplaxes, in which the capillary vessels are relatively scanty.

These tumours differ much in texture and in form from those which arise from medullary cells; and they also differ notably from many other tumours with which they have been confounded under the name of cancer, osteosarcoma, etc. Heterotopic generation of the constituent elements of the marrow has not yet been observed, notwithstanding that heterotopic generation of epithelial, glandular, and other tissues, has been noticed. In certain fibrous tumours, sometimes developed in contact with the periosteum, but sometimes at a distance from it, myeloplaxes may be met with. In the case of heterotopic production of cartilage—that is to say, in vascular enchondromata—marrow analogous to that of the bones may be found. It is the abnormal production of the cartilage which determines this generation of marrow.

THE AMENDMENT OF THE MEDICAL ACT.

DR. ROBERT HUNTER—a name which the public prints have lately made very familiar to the eyes of all of us—has addressed a letter to Sir George Grey, complaining of the oppressiveness of the Medical Act. He demands that the 46th Clause of the Act be expunged, and that the words “before the day of October 1858” be omitted “from the eleventh qualification entitling to registration in Schedule A.” This would, he says, enable every medical man properly educated, and who duly received his degree as Doctor of Medicine after examination to register his qualifications, whether these were received in the mother country, in the colonies, or abroad. It would save them from outrage and wrong.”

Dr. Hunter's letter was forwarded to the President of the Medical Council with a request that the General Council would favour Sir G. Grey with observations thereon. The following is the reply of the President to the Under Secretary of the Home Department.

General Council of Medical Education and Registration
of the United Kingdom,
32, Soho Square, London, W., May 15th, 1865.

SIR,—I have the honour to acknowledge the receipt of your letter of the 4th inst., enclosing a copy of a letter from Dr. Hunter, on which you ask, by desire of Secretary Sir George Grey, the observations of the General Medical Council.

I have laid that letter before the Executive Committee of the General Medical Council, to which the duty has been delegated by the Council of communicating with the government respecting the amendment of the Medical Act; and am desired by the Committee respectfully to submit to Sir G. Grey the following observations on the subjects to which Dr. Hunter's letter relates. The admission of foreign and colonial degrees and diplomas to registration in the United Kingdom, in the manner demanded by Dr. Hunter, would be wholly opposed to the principles of the Medical Act of 1858, which Act, it is to be observed, deprived the holders of such degrees and diplomas of no legal privileges whatsoever; for they possessed none, as medical practitioners, in this country, before the passing of that Act.

Many of them, indeed, were practising here without legal sanction; some of them in direct contravention of the rights, then existing, of the College of Physicians and of the Society of Apothecaries.

It is notorious that, prior to 1858, the number was yearly increasing of persons who came to practise in this country with diplomas obtained from certain universities in Germany, and, more largely still, from societies or colleges, as they were called, in America, such diplomas having been obtained with a facility fatal to their respectability, and hence subversive of the credit of the profession to which the holders of them claimed to belong, as likewise of the safety of the public.

Under such circumstances it was not intended, by the Act of 1858, to legalise foreign and colonial degrees and diplomas any further than was requisite to prevent the Act from having a harsh and retrospective effect on those holders of them who had already succeeded in establishing themselves in practice in this country.

But no such diplomas were to be registered which should be obtained subsequently to the passing of the Act in 1858.

The main objects of the Medical Act were, first, the formation of a register to enable the public to ascertain who are qualified to practise medicine or sur-

gery; and, secondly, the establishment of a Council of Medical Education for the purpose, among others, of preventing thenceforth the intrusion on the register of incompetent, or, at least, uneducated persons.

The latter object was to be obtained by empowering the Council to supervise the education of medical students, and the examinations instituted by the bodies authorised to grant medical and surgical qualifications; and, if necessary, to enforce, with the aid of the Privy Council, the amendment of defects in education or examination.

It is evident that, as regards foreign, and even colonial qualifications, the same powers could not be granted to the Medical Council, nor could they be exercised by the Council with the same facility.

It remains that, in order to carry into effect the purposes of the Medical Act, the holder of a foreign or colonial qualification, must, if he desires to be registered in the United Kingdom, obtain a British qualification also; which, if he be a competent person, he may readily do, from one or other of the nineteen bodies enumerated in Schedule A to the Medical Act. For these bodies have, with the encouragement of the Medical Council, made liberal arrangements for the reception of foreign and colonial licentiates and graduates, whose competence to practise has been or can be sufficiently ascertained.

It is, on the one hand, the interest of these bodies to receive and license such persons; whilst, on the other hand, it is the duty of the Council, in the interest of the public, to guard against their reception with too great facility.

The Medical Council has accepted the regulations of the licensing bodies to this effect, and has on no occasion objected to them. The Royal College of Surgeons of England has, indeed, in its list of recognised institutions, the following foreign and colonial institutions:—

Foreign.—Paris, Montpellier, Strasburg, Berlin, Vienna, Heidelberg, Bonn, Göttingen, Würzburg, Leyden, Liège, Pisa, Pavia, Royal Caroline Institute, Stockholm; Copenhagen, New York, Philadelphia, Harvard University, Boston.

Colonial.—The Medical College of Bengal; the Medical College of Madras; the Grant Medical College at Bombay; Canada—the University of Toronto; the University of McGill College, Montreal; the University of Queen's College, Kingston; Australia—Melbourne Hospital.

The regulations of the College of Physicians of London afford at least equal facility in this respect with those of the College of Surgeons of England.

The Medical Act would fail in its purpose if it did not require that possessors of foreign and colonial diplomas, who desire to be placed on the British Register, should furnish some guarantee of fitness to practise equal to that required from students in British schools.

With respect to the letter said to have been addressed by a registered practitioner to the General Medical Council, during its late sitting, and never to have been acknowledged, if such an omission occurred it could only have been accidental, and must be a subject of regret to the Council. But though it is impossible to affirm that no such letter may have been addressed to an individual member of the Council, it has been ascertained by strict inquiry that no letter, sent regularly for submission to the Council, and duly delivered, has been suffered to remain without acknowledgment.

I have the honour to be, Sir,
Your obedient servant,
GEORGE BURROWS, M.D., President.

II. Waddington, Esq., Under Secretary of State
for the Home Department.

THE CHEMISTS AND DRUGGISTS BILLS.

THE following petition has been presented from the Manchester Medico-Ethical Association.

To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled.

The petition of the undersigned, on behalf of the Manchester Medico-Ethical Association, humbly sheweth—

That the interests of the public require careful, qualified, and authorised dispensers of drugs and chemicals, throughout the United Kingdom.

That the sale of poisons, notwithstanding recent legislation, is in a very unsatisfactory position.

That the rapidly increasing tendency of the registered medical practitioner to write prescriptions instead of furnishing medicines, calls for an intelligent class of druggists, who shall have given guarantees of fitness for their duties by having passed an authorised and definite examination.

That, for the above and other reasons which will occur to your honourable House, an Act for the regulation of the education and practice of druggists is imperatively called for.

That a Bill lately introduced by Sir Fitzroy Kelly, with such amendments as your honourable House will see necessary, appears to the undersigned to be well fitted to carry out the views of your petitioners.

Your petitioners, therefore, humbly pray—

That your honourable House will, in this present session of Parliament, pass such a measure as will beneficially regulate the sale of poisons, and ensure the dispensing of pure and unadulterated drugs; but which, at the same time, will not confer, actually or by implication, any right or claim on the chartered or authorised druggists to practise medicine or surgery in contravention of the Medical Act of 21 and 22 Victoria, cap. xc.; or in extension of the privileges mentioned in the charter of the Pharmaceutical Society.

And your petitioners will ever pray.

Signed on behalf of the members of the Manchester Medico-Ethical Association.

J. L. BARDSLEY, M.D., Kt., *President.*

JONATHAN WILSON, M.R.C.S. } *Hon.*

J. THORBURN, M.D. } *Secs.*

Manchester, May 9th, 1865.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION:
ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D. Cantab.

President-elect—S. J. JEAFFRESON, M.B. Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S. Ed., Professor of Clinical Surgery in the University of Edinburgh.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, May 16th, 1865.

COMMITTEE OF COUNCIL:
NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, June 22nd, at Three o'clock *precisely*.

Business. To receive communications from the President.

To consider the Programme for the Annual Meeting.

To prepare the Report to be presented at the Annual Meeting.

To consider a Communication from Mr. Gamgee; and a correspondence between that gentleman and the Editor of the JOURNAL.

Any other business which may be brought forward.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, June 6th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [Annual.]	Hen and Chickens Hotel, New Street, Birmingham.	Friday, June 16th, 3.30 P.M.
LANCASH. & CHESHIRE. [Annual.]	Royal Institution, Manchester.	Wednesday, June 21.
SOUTH-EASTERN. [Annual.]	Crystal Palace, Sydenham.	Thursday, June 22, 1 P.M.
MIDLAND. [Annual.]	Town Library, Town Hall, Leicester.	Wednesday, June 22th, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 23, 10.30 A.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 4, 12 noon.
WEST SOMERSET. [Annual.]	Clarke's Castle Hotel, Taunton.	Tuesday, July 4, 2.30 P.M.

LANCASHIRE AND CHESHIRE BRANCH.

THE Annual Meeting of the Lancashire and Cheshire Branch will be held on Wednesday, June 21st, in the Royal Institution, Mosley Street, Manchester; THOS. TURNER, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary, without delay.

WM. ROBERTS, M.D., *Hon. Secretary.*

89, Mosley Street, Manchester.

BEQUESTS. Mr. William Hollins, of Over-Wallop, Hants, has bequeathed the bulk of his property to charitable institutions, of which the following are the most prominent. £2000 to Winchester Hospital, £2000 to Salisbury Infirmary; these two institutions will also take any surplus residue. £1000 to each of the thirteen following institutions—Brompton Hospital, Bethlehem, St. Luke's, Westminster Ophthalmic Hospital, Refuge for the Destitute at Dalston, London National Benevolent Institution, Deaf and Dumb Children's Asylum, Infant Orphan, Church Missionary, Bible Society, Strangers' Friend Society, Accident Relief Society, and Indigent Blind Visiting Society. £700 to the Royal Free Hospital. £500 to each of the following—The London Hospital, Middlesex Hospital, Seamen's Hospital (*Dreadnought*), Irish Society of London, King's College Hospital, Queen Adelaide's Fund, Colonial Church and School Society, St. Mark's Hospital, Royal Infirmary for Children, St. Mary's Hospital, London Fever Hospital, Small-pox Hospital, St. George's Hospital, London Ophthalmic Hospital, Indigent Blind School, Great Northern Hospital, Westminster Hospital, University College Hospital.

SOUTH-EASTERN BRANCH.

THE Annual Meeting of the South-Eastern Branch will be held at the Crystal Palace, on Thursday, June 22nd, at 1 P.M.; EDWARD WESTALL, M.D., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Secretary, on or before Saturday, June 17th.

C. HOLMAN, M.D., *Secretary*.

Reigate, June 7th, 1865.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

The Council of Management hope that gentlemen will prepare papers and cases, and forward the titles of the same to Dr. Philipson not later than June 17th. Dinner at 6 P.M.

G. H. PHILIPSON, M.B., *Hon. Secretary*.

MIDLAND BRANCH.

THE Annual Meeting of the Midland Branch will be held on Wednesday, June 28th, at 2 P.M., in the Town Library, Town Hall, Leicester; JOHN BARCLAY, M.D., President.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, without delay, to the Honorary Secretary.

JOHN SLOANE, *Hon. Secretary*.

Welford Place, Leicester, June 1865.

WEST SOMERSET BRANCH.

THE Annual Meeting of the West Somerset Branch will be held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at 2.30 P.M.; HUGH NORRIS, Esq., President.

Gentlemen are requested to give notice to the Secretary of cases or papers they may wish to communicate.

W. M. KELLY, M.D., *Honorary Secretary*.

Taunton, June 1865.

RATHER COOL. The druggists and pharmacutists say, We do not object to an Act of Parliament which shall prohibit us from prescribing; but we have a right to ask, in return, that medical men shall not be allowed to dispense their own medicines.

LUNACY COMMISSIONERS. In the Committee of Supply last week in the House of Commons, a vote of £7635 was proposed for the Lunacy Commission. Sir J. Trollope complained that there were six commissioners in England, but only two in Scotland; and that great delays took place in the transaction of business, and the most absurd regulations had been issued from time to time. He spoke now with respect to the pauper lunatic asylums. Sir G. Grey said there had been frequent discussions between the commissioners and magistrates of counties on the subject of want of ground in connection with the asylums. He thought the former were right in requiring that there should be ground sufficient to allow of the patients being exercised. Sir J. Trollope observed that in the case to which he had referred, there had already been thirty or forty acres of ground attached to the asylum. Sir G. Grey said he meant by exercise, employment at agricultural pursuits. Colonel Sykes expressed his opinion that the public as well as the patients were much indebted to the commissioners.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 9TH, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

NOTES OF TWO CASES OF INTERMITTENT HÆMATURIA: WITH REMARKS UPON THEIR PATHOLOGY AND TREATMENT. BY GEORGE HARLEY, M.D.

THE chief peculiarity presented in the cases described in this communication was that the urine passed at one period of the day varied from a chocolate colour to an almost purple blackness, whereas at all other times the secretion was to all intents and purposes normal. One of the patients was a medical gentleman who had for many years been resident in a warm climate, where he had contracted malarial fever; the other was a Londoner who had never suffered from any true aguish attack, but in whose case the bloody urine was passed whenever he was exposed to cold. Indeed, according to the patient's own statement, during the last two winters his urine invariably became bloody about an hour after his suffering from cold hands or feet. Both patients appeared to suffer from hepatic derangement, the one whose attack could be traced to malaria being slightly jaundiced at the time the urinary symptom manifested itself. The other, although not suffering from true jaundice, had an exceedingly sallow, bilious appearance.

As regards the pathology of these specimens of urine, the author remarked that, had the morning's urine only been brought under the notice of the physician, he could never have dreamt of the existence of any urinary affection; whereas had the midday specimen alone been subjected to his inspection, he could not have failed to suspect the existence of grave organic changes in the renal organs. Neither of these opinions could possibly be correct; the varying condition of the renal secretion clearly pointing to intense congestion of the chylipoietic viscera of a transient and periodic character.

Dr. HARLEY further pointed out the difference between the affection here described and the other form of disease with which it is apt to be confounded—namely, ordinary hæmaturia. The easiest way of establishing a correct differential diagnosis was, he said, that in ordinary hæmaturia the urine is not only coagulable by heat and nitric acid, but contains blood-corpuscles, which gradually become deposited on standing, and leave a clear, pale-coloured supernatant liquid. In this form of intermittent hæmaturia, as also in some cases of the non-intermittent variety, the urine, although coagulable by heat and nitric acid, contains few or no blood-corpuscles, and the colouring matter is not deposited on standing, but remains uniformly distributed throughout the liquid. Besides this, the urine contains numerous granular tube-casts, and has an increased percentage of urea.

While the usual remedies employed in the treatment of hæmaturia failed to make the slightest impression on this form of disease, the employment of mercurials and quinine caused it rapidly to disappear.

NOTES OF FOUR CASES OF INTERMITTENT HÆMATURIA. BY WM. H. DICKINSON, M.D. CANTAB.

The case most fully reported was that of a man who had frequently been in St. George's Hospital. In the autumn of 1859 he was first attacked with his present complaint. One morning he was seized with

shivering, nausea, and pain in the loins; and when he passed urine, he found it was black and apparently bloody. From that time to the present he had often been under observation at St. George's Hospital, and he had been in the hands of all the physicians of that establishment, latterly under the care of Dr. Fuller. He had no constant ailment, but his health was broken by short attacks of hæmaturia. From the beginning of the disorder these had always been of the same character. They owned no other cause but exposure to cold. He usually got up and went to his work apparently well. In cold weather he was liable to be attacked with shivering, retching, and dull pain in the loins; at the same time yawning and feeling disposed to stretch himself. The testicles were retracted, and he had pain passing down the thighs. When he passed urine, it was black and turbid, and was found to be highly albuminous, of great specific gravity, and containing an excess of urea; the microscope showed numbers of dark granular casts, and a dark molecular deposit; no blood-globules had ever been found. The urine retained these characters for two or three urinations. When he got warm it recovered its natural characters; and next day he was well, excepting that he was somewhat reduced by the attack. In continuous cold weather these attacks had come on for several successive days, but they had never lasted through the night. He had never had an attack in the summer; though once, in comparatively warm weather, it was brought on by his washing windows with cold water. Movement had no tendency to produce it; he was always better when taking exercise, as it kept him warm. The man had an anæmic and cachectic appearance. No organic disease could be discovered. While in the hospital many plans of treatment had been tried, but none had appeared to prevent the recurrence of the complaint. Quinine proved inefficacious; mercurials were apparently injurious. While taking blue-pill, he had, for the first time in his life, an attack while in-doors. During the time he was under this treatment he had an attack of pneumonia, which was followed by peculiar symptoms of prostration, which it was thought must have proved fatal, but from which he eventually recovered.

Three similar cases were briefly reported, two of which had occurred in the practice of Dr. George Johnson, and one in that of Dr. F. Cock, which gentleman had communicated the facts to the author.

In conclusion, Dr. DICKINSON maintained that the disorder was essentially due to an alteration in the blood, a similar state of urine having been found during typhus, and also in man and animals after the inhalation of arseniuretted hydrogen. The points which the disorder has in common with ague were adverted to, but the absence of any periodical tendency and the inefficacy of quinine as a remedy were cited as essential differences. As to treatment, it was considered that as yet the disorder was beyond our reach; the most we could do was to palliate the effects of the loss of blood. Quinine was believed to be useless except in this respect; while the administration of mercurials, both on general principles and on the experience afforded by the above case, was believed to be detrimental.

THE HUNTERIAN MUSEUM. Mr. W. L. Crowther of Hobart Town has just sent over to this museum, the complete skeleton of a fine sperm whale, about sixty feet in length, which was taken last year off the south coast of Tasmania, and prepared at some considerable trouble and expense by the above gentleman, who had previously made several valuable contributions to the museum.

Correspondence.

POOR-LAW MEDICAL RELIEF.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—If you can find space for the following letter, I shall feel obliged, as it may be of interest to the Poor-law medical officers. I am pleased to hear that the Workhouse Visiting Society have been so far successful in their deputation to the Poor-law Board as to have induced the President to appoint a medical inspector. I sincerely trust Dr. Edward Smith's appointment may be of a permanent character, and that the Medical Department of the Poor-law Board may yet be presided over by a medical man; for, until that be the case, it will be in vain to expect a perfect system of Poor-law medical relief.

I am etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, June 3rd, 1865.

Mr. Griffin to the Poor-law Board.

12, Royal Terrace, Weymouth, June 3rd, 1865.

MY LORDS AND GENTLEMEN,—On Tuesday last, in consequence, I believe, of the printed letter sent by me to each of the guardians of this Union, the subject of your circular letter respecting cod-liver oil, quinine, and other expensive medicines, was again brought under the consideration of the Board. Mr. Gulson, your inspector, was present, and informed the Board that the resolution of the Select Committee of the House of Commons on this question was only carried by a majority of one, and that the President of your honourable Board voted against it; but, as there was a majority in favour of it, your honourable Board was bound to issue the circular letter, etc. After this statement, no surprise need be evinced that the guardians decided on leaving things as they are.

My lords and gentlemen, I deeply regret that Mr. Gulson should have made this statement, as it will convey the impression to the public that your circular letter was never intended to be carried out, and thus bring into disrepute your honourable Board.

Mr. Gulson made inquiry as to whether I was permanently appointed; and, on being answered in the affirmative, said that, if I had not been, the guardians could have given me notice to determine my appointment. He also said I had given your honourable Board a great deal of trouble. I need not tell your honourable Board that a statement of this kind must convey the impression that the guardians have only to look out for a charge against me, and your honourable Board will not be slow in acting upon it. This may be a mistaken idea on my part; but I can assure you that a medical friend said to me, "Under the circumstances, I should say you had better resign." My lords and gentlemen, I fully admit I have given your honourable Board a vast amount of trouble; but I beg you will recollect, as my excuse, that I am advocating the cause of the million and a quarter of sick poor annually under treatment, and also that of the 3,100 medical officers to whom you pay a stipend so small that it averages not more than three shillings per patient. Pray bear in mind that the Select Committee on Poor Relief have by their resolution recommended "that cod-liver oil, quinine, and other expensive medicines, shall be supplied by the guardians;" thereby confirming the impression that the poor have not those medicines at present in such quantities as may be requisite. Mr. Alderman Sydney, on May 22nd, stated in the House of Commons that, "although the State paid one-half the salaries of the medical officers, those salaries

were so small that, the medical officers being required to provide their own drugs, where stimulating prescriptions were required, the people only got counterfeit prescriptions." (*Times*, May 23.) Surely, my lords and gentlemen, after this statement, made as it was by a member of the late Select Committee on Poor Relief, and in the House of Commons too, you will not allow your circular letter to become a dead letter. For the sake of the poor, I earnestly entreat you to insist upon your recommendation being at once complied with; and, in part at least, carry out the wish expressed by Alderman Sydney, "that another Parliament would not bring its labours to a close without reducing our Poor-law legislation to an useful and well-digested code."

In your circular letter, you "request the guardians, however, to be good enough to consider whether an alteration in those arrangements, as regards the supply of the medicines referred to, cannot be effected whenever a new appointment of a medical officer is made, or, with the consent of the present medical officers, during the continuance of their existing contracts." What are our contracts? Section XLVI of the Act 4 and 5 William IV directs guardians to appoint paid officers; and it empowers Commissioners to determine the continuance in office; which you have done by an order. It also declares "that when the said Commissioners may see occasion to regulate the amount of salaries payable to such officers respectively, and the time and mode of payment thereof." From this quotation it appears to me that, although a majority of your officers are permanently appointed by order, still you have the power at any time "to regulate" the amount of our salaries. That need not, therefore, prevent your directing the guardians to carry out the instructions conveyed in your circular letter. But, my lords and gentlemen, allow me to observe that you cannot, in fairness, call upon your present medical officers, out of their scanty salaries, to contribute towards the supply of that which the Select Committee believe is not now found to any great extent. If it be desirable that the poor should be furnished on a more liberal scale than at present with cod-liver oil, etc. (and I unhesitatingly say they ought to be), then call upon the guardians to consider the supply of these articles as extras, and independent of the salaries of the present medical officers, and thus at once remove the stain cast upon the medical relief of the poor both by the resolution of the Select Committee and the speech of Mr. Alderman Sydney.

I have the honour to be, my Lords and Gentlemen,
Your obedient servant,
The Poor-law Board. RICHARD GRIFFIN.

MINERAL ACIDS IN FEVER.

LETTER FROM A. B. STEELE, ESQ.

SIR,—The testimony which Mr. Howard offers in favour of the acid treatment in fever appears, unfortunately, to prove too much. Any system which can so powerfully control the ordinary course of typhus as to give the exceptional, and, I believe, unprecedented result of one hundred and twenty cases without one death, certainly will be beyond all comparison with any other method hitherto published on good authority. I believe it exceeds anything that Dr. Murchison himself would claim for the remedy he so strongly recommends, and of which he has had so much experience.

As to the corroborative opinion of Dr. Chambers, I find, on referring to his lectures published in the *Lancet* in 1858 (the only reference to his name in the copious bibliography of Dr. Murchison), that the

cases upon which he founds his views are just twenty-one in number; and of these, only twelve were subjected to the acid treatment. I must confess that a careful perusal of the statement of that popular and accomplished physician have not convinced me that he has established the superiority of the plan, which he borrowed from Dr. Mackenzie, and of which his own opportunity of observation appears to have been so limited. Besides, at the time Dr. Chambers wrote, he had not recognised the distinction (now so thoroughly established) between the different forms of fever; and this want of discrimination renders his conclusions inapplicable to a discussion of the remedy suggested for a particular form of fever only—viz., typhus.

Bearing in mind that the records of typhus, collected from all sources during many years, give five or six per cent. as a minimum death-rate; when we hear that, of "one hundred and twenty cases of low fever recently treated by Dr. Chambers's plan, not a single patient who took the acid died;" and that "during several years he has never lost a case of fever in which the acid had been exhibited for thirty-six hours,"—we are, I think, driven to these alternatives; viz., either that the "low fever" of Chambers and Howard cannot be identical with the typhus of Graves, Stokes, Corrigan, Christison, Tweedie, Murchison, or Watson, nor a disease so fatal as that which, in this town alone, caused nearly two thousand deaths in a single year (1864); or that the cases selected for the acid treatment must have been those which probably would have recovered under any circumstances.

I may, perhaps, be excused for referring to a return of the results of my own practice in fever, published in this JOURNAL (Jan. 28th, 1865, p. 103), and which has been accepted as authentic by the medical officer of health of this borough, and by the Inspector of the Privy Council; from which it will be seen that, so far as the death-rate is concerned, my treatment compares favourably with the authentic records published by authorities on fever. I am, therefore, indisposed to abandon views founded on somewhat extensive experience, in favour of what I must be pardoned for designating somewhat vague and hasty generalisations upon insufficient data.

I am, etc., A. B. STEELE.

Liverpool, June 1865.

DISEASE IN INDIA. A painful sensation has been caused by cholera breaking out with fearfully fatal results in Battery B of the Royal Artillery during its march from Mhow to Nargaum. In five days, it lost thirty-four Europeans (men, women, and children) and twenty-five natives. There has been a great mortality from a description of fever in Gwalior. The Maharajah has ordered the perpetual performance of various religious ceremonies with the view of checking the epidemic.

THE NOMENCLATURE OF DISEASE. The Council of the Epidemiological Society has, by means of circulars, endeavoured to obtain from nosologists their opinions touching the classification of diseases adopted by the Registrar-General. The answers received are for the most part commendatory of the aforesaid classification. A Committee of the College of Physicians has long been engaged in an inquiry into the nomenclature, etc., of disease; and we may expect from their report something like a satisfactory reply to the questions proposed by the Epidemiological Society. Our readers may remember that many faults in the present classification of diseases were pointed out by Dr. Christison in his Social Science address.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations for the Fellowship at meetings of the Court, on May 30th and 31st, and on June 1st, were reported to have done so to the satisfaction of the Court of Examiners, and at a meeting of the Council on June 8th, were admitted Fellows of the College.

Barnes, John Wickham, Rutland Park, Sydenham; diploma of membership dated February 18, 1853
 Barter, Clement S., Paragon, Bath; April 18th, 1859
 Barton, Alfred B., The Green, Hampton Court; Dec. 17, 1847
 Holland, Edmund, Emsworth; April 19, 1860
 Hooper, John Harward, Tenby, South Wales; April 17, 1861
 Langton, John, Bloomsbury Square; April 10, 1861
 Monckton, David H., Rugeley; December 18, 1849
 Powell, William, Tower Hamlets Dispensary; April 11, 1861
 Smith, Thomas Starkey, Warrington; April 17, 1861
 Stone, William Domett, 42, Lincoln's Inn Fields; April 10, 1861
 Teale, John William, Leeds; May 9, 1862
 Vallance, Thomas J., Stratford, Essex; June 3, 1851
 Wilkinson, John S., Davies Street; May 8, 1857

APOTHECARIES' HALL. On June 1st, 1865, the following Licentiate was admitted:—

Leigh, Thomas Drake, Shaw Street, Liverpool

At the same Court, the following passed the first examination:—

Birch, George, Guy's Hospital

APPOINTMENTS.

WINTER, John, M.D., appointed, by the Queen, Member of the Legislative Council of the Island of Newfoundland.

ARMY.

PENNINGTON, Gustaf-Assistent-Surgeon F., to be Assistant-Surgeon, vice H. W. Devlin.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

FEITH, T. F., Esq., to be Assistant-Surgeon 23rd Surrey R.V.

DEATHS.

BROWN. On May 24th, at 16, Finsbury Circus, aged 14 months, Dora Isabella, youngest daughter of Thomas Brown, Esq., Surgeon.

BURY. On May 30th, at Whetstone, Cornelia T., wife of *George Bury, Esq.

CLARK. On June 1st, Henry Drummond, third surviving son of *F. Le Gros Clark, Esq., St. Thomas's Street, Southwark.

DOWN. On June 4, at Earlswood, Redhill, aged 2, Lilian L., only daughter of J. Langdon H. Down, M.D.

GRIFFITH. On June 2, at Camberwell, John, infant son of John T. Griffith, M.D.

LUCAS, Rudd, Esq., late of Long Ashton, Somerset, at Clifton, on May 28th.

MAGEATH, Ffolliott Charles, Esq., Assistant-Surgeon R.N., on board H.M.S. *Sovereign*, on April 9.

OGLE. On June 1, at Brighton, aged 4, William J. F., son of *William Ogle, M.D., of Derby.

PALFREY. On May 28th, at 12, Wellington Street, London Bridge, aged 2, Ellen Mary Lever, daughter of James Palfrey, M.D.

PETTIGREW. On May 26th, at Onslow Crescent, Kensington, aged 47, the Rev. Augustus F. Pettigrew, M.A., third son of T. J. Pettigrew, Esq., F.R.S., F.S.A.

SKINNER, William, M.B., of Oxford Road, Manchester, aged 37, on May 27th.

SNOOK. On May 19th, in London, aged 20, Edith Mary, second daughter of *John S. Snook, Esq., of Colyton, Devon.

SYKES. On May 23rd, at Dalston, aged 9 months, Herbert G. C., son of George Sykes, M.D., Surgeon to the Queen's Own Regiment.

***VACHELL, Charles R., M.D.,** at Cardiff, on May 26.

LUNATIC ASYLUMS. Mr. Scourfield has brought in a bill to explain and amend the Lunatic Asylum Act, 1853, and the Lunacy Act Amendment Act, 1862.

MR. SMEE, the Conservative candidate for Rochester, lately addressed the electors of that city. Resolutions favourable to him were put and carried unanimously.

ST. BARTHOLOMEW'S HOSPITAL. The following gentlemen have been appointed tutors in this hospital—Dr. Duckworth, Mr. W. Morant Baker, and Mr. W. L. Shepard.

MEDICAL CANDIDATES FOR PARLIAMENT. The members of the medical profession who are now in the field as candidates for seats in Parliament, are Sir Charles Locock for the Isle of Wight, Mr. Mitchell Henry for Woodstock, and Mr. Smee for Rochester.

THE BRITISH ASSOCIATION. At a meeting held at Nottingham, it was resolved to invite the British Association for the Advancement of Science to hold their annual meeting for the year 1866 in that town. Nearly £2000 have already been subscribed towards meeting the expenses.

THE MORGUE IN PARIS. The old Morgue, which used to stand on the Quai du Marché-Neuf, has now been completely demolished. It was built in 1804, and during its sixty years of existence received 23,000 bodies; that is, on an average, more than 340 annually.

PUBLIC GRANTS. In Committee of Supply of the House of Commons, the following grants have been made. £3007 for Inspection of Lunatic Asylums (Ireland); £6773 for the University of London; £14,455 for Universities, etc., of Scotland; £2372 for the Queen's University (Ireland); £3150 for Queen's Colleges (Ireland).

UNIVERSITY OF LONDON. In the House of Commons, on June 2nd, Mr. Grant Duff called attention to the claims of the University of London to be provided, at the national expense, with a building suitable for its purposes, and worthy of the position which it occupied among the educational institutions of the country. Mr. Cowper admitted the usefulness of the University, observing that there was every desire on the part of the Government to give to it an adequate accommodation; but he doubted the expediency of incurring the expenditure requisite to provide a special building.

A CAUTION TO ETHNOLOGISTS. An incident at a meeting of the Academy of Sciences recalls to mind the archaeological discovery of the immortal Pickwick. There was mention made some time ago of a great find of flint implements at Pressigny-le-Grand, in the vast antiquity of which MM. Quatrefages and Mortillet expressed their firm belief. M. Decaisne, however, went to the spot, and questioned people living near, who told him that in past times tramps came every year and made gun-flints on the spot, and departed, leaving, of course, their chippings behind, veritable relics of an almost forgotten age—the age of flint locks. (*Chem. News.*)

ST. MARY'S HOSPITAL MEDICAL SCHOOL. The prizes and certificates of honour were distributed on Monday, May 29th, by Professor Owen, F.R.S., as follows. *Winter Session, 1864-65: Scholarship in Anatomy, value £25, Mr. Theodore Thomas Taylor. Prize for Students of the First Year, value £20, Mr. William H. Wood; Certificates of Honour, Mr. J. Wyatt Pratt and Mr. C. H. Joubert de la Ferlé. Prize for Students of the Second Year, Mr. Henry Franklin Parsons; Certificate of Honour, Mr. James Robert Hill. Summer Session, 1864. Prize for Students of the First Year, Mr. H. F. Parsons; Certificates of Honour, Mr. John Ockenden and Mr. John George Randall. Prize for Students of the Second Year, Mr. N. Birdle Major; Certificate of Honour, Mr. T. T. Taylor. Comparative Anatomy, 1864. Prize, Mr. H. F. Parsons. Natural Philosophy, 1864. Prize, Mr. H. F. Parsons; Certificate of Honour, Mr. J. G. Randall. Practical Anatomy, 1864-65. Prize, Mr. Richard Samuel Parnell Griffiths.*

SUPPLY OF MEDICINES FOR PAUPERS. A return made by the Poor-law Board shows that in the following metropolitan workhouses, the drugs required for the sick are not supplied by the guardians, but have to be provided by the medical officer. Greenwich, Lewisham, St. Giles, Camberwell; Bermondsey, Rotherhithe, St. George, Southwark; St. Saviour, Richmond (except cod-liver oil); St. Luke, Chelsea; St. Mary Abbott's, Kensington; St. Margaret and St. John, Westminster (in part); St. James, Westminster; St. Martin-in-the Fields, St. George, Hanover Square; St. Marylebone, St. John, Hampstead; Hackney, Holborn, St. James, Clerkenwell; East London and West London.

THE PRITCHARD CASE. The indictment served upon Dr. Pritchard bears that Dr. Pritchard is cited to appear at the bar of the High Court of Justiciary, to be holden at Edinburgh, on Monday, the 3rd of July next, to answer to two charges—the one of having murdered his mother-in-law, Mrs. Taylor, by administering to her doses of antimony or other poison or poisons; and the other of having murdered his wife by similar means. There are about eighty witnesses for the prosecution, and one hundred and fifty productions. These consist of articles of clothing worn by the deceased ladies, those organs or parts of organs of the bodies which had been subjected to chemical examination, reports (medical and otherwise), letters, the prisoner's declaration, bottles of medicine, etc.

THE LATE DR. A. B. BUCHANAN. At the last annual meeting of the Glasgow Dispensary for Diseases of the Skin, Dr. McCall Anderson said: "It is my painful duty, sir, to record the death of my amiable colleague, Dr. A. B. Buchanan. A short time since, Dr. Buchanan was appointed one of the physicians to the Dispensary of the Infirmary. He entered by rotation upon his duties in the fever wards on the 1st of March; and had only been a very few days in attendance, when he was seized with typhus fever, to which he fell a victim on the 4th of April, after an illness of three weeks; thus adding one more to the names of those who, in the conscientious discharge of duty, have fallen victims to this remorseless enemy. His contributions to medical and general literature are numerous and varied. It is sad, indeed, to reflect that his last contribution to medical literature appeared in the columns of the *Glasgow Medical Journal*, when he was lying on his sick bed, within three days of his death; and that his greatest effort, one in which, for the last two years, he was engaged, the translation from the German of Kölliker's great work on Embryology, still remains unpublished. It is to be hoped, however, that ere long these volumes will be given to the profession, under the able editorship of Professor Allen Thomson, with whom he was associated in the undertaking. His mind was of a very high order. He threw himself, heart and soul, into whatever he made the subject of his studies. He loved more the pursuit of science than the monotony of practice. He was esteemed by all with whom he came in contact, loved by those who had the privilege of his friendship, and his loss is now mourned by a large circle of friends."

DIMINISHED MORTALITY IN PARIS. Recent official reports show that the mortality is decreasing in Paris, according as large sewers are constructed and wide streets run through the narrow overcrowded quarters of the old city. From the year 1709 to 1719, the mortality was 1 in 28; and from 1752 to 1762, it was still 1 in 30. From 1836 to 1841, it was 1 in 36; in 1846, 1 in 37; in 1851, 1 in 38; in 1856, 1 in 39; and at the present time, it is 1 in 40 inhabitants. The result is that at present there are 4762 fewer deaths in Paris

than there were in the year 1841. Of 8260 houses taken down, 6000 were situated in parishes where, in consequence of the overcrowding of the inhabitants, contagious diseases committed great ravages. These 8260 houses, moreover, have been replaced by 24,947 new buildings, more spacious, and well calculated to diminish mortality. Numbers of public gardens have also been opened within a few years. On Dec. 31st, 1853, there were only 540 acres of boulevards and public gardens, planted with 69,125 trees. In 1863, there were 770 acres open to the public, planted with 158,460 trees. Moreover, in 1840, there were only 86,230 yards of sewerage; at present, there are 350,000 yards. In 1840, there were only 65,000 cubic metres of pure water distributed every twenty-four hours. At present, there are 136,834 distributed, which are to be increased to 300,000 cubic metres.

THE BLACK DEATH. The Black Death, like many other plagues of its class, can be traced far back into the remote East; and there is no doubt but that it was the same disease which ravaged China and Tartary in 1333. There had been a great famine in China, preceded by floods and earthquakes, which alone destroyed 400,000 persons, and in the following year no fewer than 5,000,000 died there of this plague. From the remote East it made its way into Europe some years later. It did not arrive in Europe until 1347, fifteen years after its outbreak in China. "From China," says Hecker, "the routes of the caravans lay to the north of the Caspian Sea, through Central Asia, to Tauris. Here ships were ready to take the produce of the East to Constantinople, the capital of commerce and the medium of communication between Asia, Europe, and Africa." Contagion made its way along these channels, and Constantinople and the seaports of Asia Minor where the foci whence the disease was carried to every country of Europe. Making its way across the European continent, it committed its greatest ravages—save, perhaps, in England—in Italy, raging terribly at Florence, where it was observed and described by the poet Boccaccio. Passing along the shores of the Mediterranean, it invaded France by way of Avignon, spreading thence to England on the one hand, and to Germany on the other; whence, like the cholera of the present day, it doubled back, two years later, to Russia, and so back to the East. The Black Death was of the same nature as the Oriental plague—viz., a putrid typhus, only of greater malignity. The boils and bubos of the latter disease were found in the former whenever the patient lived long enough to permit their development. The inhabitants of Europe at that time have been computed at 105,000,000—a high estimate. Of these 25,000,000, or one-fourth of the whole, perished! In England it was still more fatal, owing, probably, to the ruder habits of the people. During the term of one year—viz., from August 1348, to August 1349, three-fourths of the whole population perished! This terrible scourge, having swept over the then known world, committing such destruction of life, and leaving behind it such misery and poverty as the world never saw before nor since, at length died out. It spared neither age, sex, nor condition; the rich and the poor alike succumbed. There died in Venice the aristocratic, no less than 100,000 persons; in Florence the refined, 60,000; in Paris the gay, 50,000; and in London the wealthy, 100,000; while in busy, rich, industrious Norwich, there died the almost incredible number of 50,000 persons—nearly the whole, one would suppose, of its inhabitants! At Avignon the deaths occurred with such frightful rapidity as wholly to baffle the attempts of the living to inter their friends and relatives; and the Pope was obliged to consecrate the Rhone to

allow of the dead bodies finding a hallowed resting place upon its bosom, until it finally committed them to the great deep. (*Cornhill Magazine*.)

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY....St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY......Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."

TUESDAY. Royal Medical and Chirurgical Society. 8 P.M., Ballot; 8.30 P.M., Dr. Wynn Williams, "On Tuberculosis"; Dr. B. Sanderson and Mr. Hulke, "Case of a Sixpence in the Larynx for Ten Weeks"; Mr. W. M. Baker, "On the Hæmorrhagic Diathesis"; Mr. Spencer Wells, "On Ovariectomy."—Zoological.—Ethnological.

WEDNESDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Microscopical.

THURSDAY. Zoological.—Royal.—Linnæan.—Chemical.

FRIDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."

SATURDAY. Association Medical Officers of Health.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the Editor, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

NEMO.—As both parties have had their say in the JOURNAL, and are contented to leave the matter as it now stands, we do not think it would be advisable to reopen the matter.

THE PROPOSED QUARTERLY JOURNAL.—SIR: Your allusion to Phaeton, in the article on Mr. Carter's "four-in-hand Quarterly," caused me to look into Lemprière, and there I read that which perhaps may be an useful warning at this time.

"No sooner had Phaeton received the reins from his father, than he betrayed his ignorance and incapacity to guide the chariot. The flying horses became sensible of the confusion of their driver, and immediately departed from the usual track. Phaeton repented too late of his rashness."

Ovid (*Metamorphoses*) informs us that, having set the world on fire, he was struck from his chariot by a thunderbolt thrown by Jupiter; that he fell into the river Eridanus or Po, and was buried by the Naiades, who placed the following epitaph on his tombstone:

"Hic situs est Phaëton, currus Aurigæ paterni,
Quem si non tenuit, magnis tamen excidit ausis."

I am, etc., AN ASSOCIATE.

MR. CARTER'S LETTER TO THE MEMBERS OF THE ASSOCIATION.—SIR: In a recent number of your JOURNAL, you have given an account, which seems to me not to be in all respects an accurate one, of my recent letter to the members of the Association. I think you would act most fairly towards the Association on the one hand, and towards myself on the other, if you were to reprint my letter in the JOURNAL; as the edition published is not sufficient to supply the members. In order that you may do so, I send you herewith a copy of the "Letter," in which an error of the press is marked for correction.

Perhaps you will have the goodness to acknowledge this communication in the next number of the JOURNAL; and to state whether my request will be complied with.

I am, etc.,

ROBERT B. CARTER.

Stroud, June 2nd, 1865.

[We have already given what we believe to be a very accurate summary of Mr. Carter's project; and, in doing so, have thereby called the especial attention of the members of the Association to the fact, that Mr. R. B. Carter has published a pamphlet on the subject of the JOURNAL, addressed to them. Our advertising columns inform our members that the pamphlet may be purchased for threepence. Assuredly, therefore, it may be reasonably expected that every member who is anxious on the subject, will not grudge a few pence to make himself master of Mr. Carter's words in full. Mr. Carter has, no doubt, a high opinion of the value of his proposal; but everyone whom we have heard speak of it, regards it as wild and impracticable; and therefore we feel we should not be "acting fairly towards the Association" if we occupied valuable space in the JOURNAL by giving it admission. Ed.]

THE PROPOSED ALTERATIONS IN THE "BRITISH PHARMACOPOEIA."—SIR: As by your leading article of May 13th, it appears certain that a new edition of the *British Pharmacopoeia* is in preparation, I think it would tend to bring the present volumes (8vo. and 32mo.) of the first edition into use, if the alterations which it is intended to make were printed in sheets 8vo. and 32mo. size, so as to be capable of being bound up with the volumes which the profession has already purchased. Unless something of this kind be done to prevent our first edition copies being made useless and obsolete by the second edition, I fear the result in practice will be, the profession generally will not purchase the second edition; and, as a consequence, a tacit neglect of both editions of the *British Pharmacopoeia* will result, and the *London Pharmacopoeia* of 1851 will long continue to be our guide.

If you think with me on this subject, pray urge the Medical Council to consider its adoption before proceeding to print.

I am, etc.,

ASHLEY G. OSBORN.

Dover, May 31st, 1865.

A CORRESPONDENT writes:—"A young woman who wishes to be trained, on Miss Nightingale's plan, as a nurse, wants to know where she must apply for an account of terms, conditions, &c."

[All information necessary may be obtained on application to the Lady Superior, St. John's House, 7, Norfolk Street, Strand.]

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THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, General Secretary.

Birmingham, June 1865.

COMMUNICATIONS have been received from:—Dr. GEORGE JOHNSON; Mr. ALLISON; Mr. R. B. CARTER; Mr. A. B. STEELE; Dr. THORBURN; Mr. STONE; Dr. T. K. HORNIDGE; Mr. RICHARD GRIFFIN; Dr. J. SLOANE; Dr. W. KING; Mr. W. J. COLLSON; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. W. M. KELLY; Mr. D. KENT JONES; Dr. JAMES RUSSELL; Mr. W. G. DAVIS; Mr. CALLENDER; Dr. HOLMAN; and Dr. JOHN THOMPSON.

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JAMES CHIDWICK, Secretary.

Notes

ON

THE PATHOLOGY AND TREATMENT OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PROFESSOR OF MEDICINE IN KING'S COLLEGE; PHYSICIAN
TO KING'S COLLEGE HOSPITAL; ETC.

[Continued from page 527.]

WE have shown in previous communications (pp. 449 and 527) that two classes of facts stand in bold opposition to the theory that the collapse of cholera is due to a drain of liquid from the blood. We have seen that there is no such direct relation between the degree of collapse and the amount of liquid discharged from the blood as must exist if the hypothesis in question were true. We have also seen that the symptoms of collapse differ essentially from those which an excessive drain of fluid from the blood is known to produce. We have now to inquire *whether the effect of various and opposite modes of treatment upon the symptoms of collapse affords support to the theory that a drain of liquid from the blood is the essential or the chief cause of that condition.*

The Effect of Alcoholic Stimulants. The condition of a patient in collapse—cold and pulseless, and apparently exhausted—is one which naturally suggests the use of stimulants. Any one who has witnessed the speedy improvement in the pulse and other symptoms, which usually follows the administration of wine or brandy to a patient who is fainting from loss of blood or exhausted by excessive purging, might reasonably expect to obtain similar results from the same means in the collapse of cholera. Accordingly, stimulants have been given, and given freely and boldly; and the result has been a very general conviction that in the stage of collapse they are not only useless, but positively injurious. Again and again have I seen a patient grow colder, and his pulse diminish in volume and power, after a dose of brandy, and apparently as a direct result of the brandy. Dr. Gull (*Report on the Morbid Anatomy and Pathology of Cholera*, p. 185) states that, “although opium and diffusible stimuli—brandy, camphor, and ammonia—were useful at an early stage of the disease, as collapse set in, they not only failed to produce any favourable result, but often aggravated the symptoms.”

Dr. Paine, who has given an admirable description of cholera and its treatment in 1832, writes thus of stimulants (*Letters on Cholera Asphyxia as it has appeared in New York*, p. 42): “We have seen no benefit from their liberal use, and it is even doubtful whether they contribute much in any quantities. It requires the conviction of experience, however, to enable us to abstain from their use, and to resist the impulse to apply them to the dying spark.”

The very general conviction as to the worse than uselessness of alcoholic stimulants in the collapse of cholera is the more to be relied upon, inasmuch as it has been forced upon men's minds in opposition to preconceived notions and prevailing theories. The action of stimulants in the collapse of cholera being obviously very different from their influence upon patients who have been exhausted by the loss of

blood-constituents, we infer that syncope and choleraic collapse are pathological conditions essentially different; and this conclusion is confirmed in a most striking manner by the effect of other modes of treatment.

The Effect of Venesection on the Symptoms of Collapse. It is scarcely necessary to assert that no sane practitioner would think of abstracting blood from a patient who has been reduced to a state bordering on syncope by any of the common sources of exhaustion which have before been referred to (p. 527). It is obvious that the loss of blood in such cases might be attended with perilous and even fatal results. But what has been the effect of venesection in not one or two, but in a large number of cases of cholera, and in the hands of many different practitioners? Has the effect of this treatment been such as to afford support to the theory that collapse results from loss of liquid? or has it been to add to the cumulative evidence which stands opposed to that theory? We will endeavour now to answer these questions.

It is in the writings of the Indian practitioners that the largest amount of evidence is to be obtained as to the influence of blood-letting in cholera. Scot makes the following remarks on this subject (*Report on Epidemic Cholera*, p. lviii). “The abstraction of blood, unless as an antispasmodic, is a remedy so little indicated by the usual symptoms of cholera, that its employment in the cure of this fatal disease has afforded a signal triumph to the medical art. It requires no common effort of reasoning or reflection to arrive at the conclusion that, when the powers of life appear to be depressed to the lowest degree, the pulsation of the heart all but extinct, the natural heat of the body gone, and the functions of the system suspended, and incapable of being revived by the strongest stimulants, the abstraction of blood might yet prove a remedy against a train of symptoms so desperate.” “Few remedies,” he says, “on a fair trial, have been more generally and unequivocally advocated than free blood-letting; and the most that has been urged against it is, that it is not always successful.” He then quotes reports from medical officers furnishing very striking testimony as to the benefit of bleeding in cases of extreme collapse.

Annesley states (quoted by Scot, p. lx):—“In place of syncope being produced by bleeding, in the cases which I have treated, the pulse has invariably improved, and the feelings of faintness and debility disappeared.”

Bell makes the following statement (*Treatise on Cholera Asphyxia*, p. 118): “The effect of blood-letting would indeed sometimes appear almost miraculous. A patient will be brought in in a cot, unable to move a limb, and, but that he can speak and breathe, having the character, both to touch and sight, of a corpse, yet will he, by free venesection alone, be rendered, in the course of half an hour, able to walk home with his friends.”

Rogers gives the following description of the effects of venesection by a medical man who was himself the patient (*Reports on Asiatic Cholera in Regiments of the Madras Army*, by Samuel Rogers, p. 259). “There was a sensation which I am at a loss to describe, as if my heart was ceasing to beat, and a dread of suffocation; this sensation was instantly relieved by bleeding, and I recovered immediately.”

The following striking case is recorded by Sir Ranald Martin (*The Influence of Tropical Climates on European Constitutions*, 6th ed., p. 349). “On visiting my hospital in the morning, the European farrier-major was reported to be dying of cholera. I

found that during the night he had been drained of all the fluid portion of his blood. His appearance was surprisingly altered; his respiration was oppressed; the countenance sunk and livid; the circulation flagging in the extremities. I opened a vein in each arm, but it was long ere I could obtain anything but trickling of dark treacly matter. At length the blood flowed; and by degrees its darkness was exchanged for more of the hue of nature. The farrier was not of robust health; but I bled him largely, when he, whom but a moment before I thought a dying man, stood up and exclaimed, 'Sir, you have made a new man of me.' He is still alive and well."

Now, let me ask, is it possible to reconcile facts of this kind with the theory that the collapse of cholera results from a loss of the liquid constituents of the blood? If Sir R. Martin's hypothetical statement, that his patient "had been drained of all the fluid portion of his blood," were an accurate expression of facts, can we conceive it possible that he could have "made a new man" of him by abstracting largely the blood which remained in the vessels? I maintain that the numerous well authenticated instances of great and immediate and permanent relief by means of venesection in the collapse stage of cholera, are utterly and hopelessly irreconcilable with the hypothesis in question.

[To be continued.]

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

TREPHINING FOR THE RELIEF OF EPILEPTIFORM
ATTACKS, OCCURRING AFTER INJURY
TO THE HEAD.

By JAMES RUSSELL, M.D., Physician to the
Hospital.

[Concluded from p. 585.]

I HAVE now briefly to analyse the illustrations of the subject of this paper which I have been able to collect.

For obvious reasons, I exclude those cases in which convulsive attacks have occurred among the *primary* consequences of injury to the head, generally presenting themselves in union with other symptoms of concussion or compression, and being speedily removed by treatment, or issuing in early death. I may, however, note, in passing, the nature of the injury in certain cases of this description which I have preserved.

Of six cases, three were instances of more or less extensive compound fracture of the skull; two of simple fracture, or of fissure; one was without fracture. Trephining was performed in four of the cases, of which three were fatal with acute meningitis. So far as the injury which probably caused the convulsive attacks goes, it was as follows. In three, fragments of bone or a portion of skull depressed upon the surface of the brain, accompanied by laceration of the dura mater, and by superficial bruising of the hemispheres in two of the cases; in three, coagula of various extent, with superficial bruise of the brain in one case. One of the six cases may be particularised as being somewhat remarkable. There was depression of a portion of skull an inch in length, together with a

wound, from a kick by a horse. Little complaint was made until forty-eight hours afterwards, when a sudden attack of prolonged epileptiform convulsion occurred, and lasted for two hours, after which recovery went on rapidly and completely, all symptoms ceasing entirely.

Excluding, then, these cases of *primary* and *temporary* convulsive attacks, I have seventy-two other cases in which the paroxysms of convulsions must be regarded as a *secondary* consequence of the injury. I have included among them, from analogy, three cases of epileptiform insensibility merely, without convulsive action.

The period at which the attacks first manifested themselves presents the widest diversities. In some cases, the attacks have commenced immediately after the receipt of the injury, and can only be ranked among secondary consequences by their subsequent continuance; in others, on the contrary, several years have intervened. In some cases, the duration of liability to the paroxysms has been very brief, the liability being terminated by the intervention of remedial measures or of death; in others, the attacks have continued to recur through varying periods of time. In their mode of recurring, the fits have presented the same diversity as is observed in the true form of the malady. Sometimes they happen in a continuous series, though with very different degrees of rapidity; a single fit occurring at long intervals; or, as in the majority, the intervals being short, and the fits numerous. Sometimes, on the other hand, the fits return in a few widely separated but severe and protracted batches.

The period which has elapsed between the receipt of the injury and the outbreak of the convulsive fits has been as follows. On the same day in six; "early" in eleven; under five weeks in four; from five weeks to one year in twenty-one; from one year to four years in six; from four years to eight years in seven; unknown in seventeen. This wide diversity in the period which a given irritation occupies in producing a certain effect upon the nervous centres, of course admits of explanation in great measure by varying susceptibility of nervous constitution in different individuals. It is, however, a highly important fact, to be noted in passing, in relation to the natural history of epilepsy, and, indeed, of most other forms of nervous disease.

As may be supposed, when once established, there is a tendency in the fits to recur, the cause of irritation being permanent. Thus, *e. g.*, among the six cases in which the commencement of the fits was coincident with the receipt of the injury, they had continued in four for a term varying from ten to twenty years, occurring in two cases of the four with considerable frequency.

This fact also possesses considerable interest in connexion with the whole subject of epilepsy. In the cases now under consideration, the cause of the irritation is very obvious, and acts directly. We observe a cause of irritation which is in constant operation, producing, nevertheless, a distinctly paroxysmal disease; the paroxysms being instantaneous in their explosion, and complete in their cessation—in many cases even separated by a period of complete immunity, it may be of years' duration.

It is of interest to note, in relation to the same subject, that although in some instances the convulsive affections have been observed to be unilateral, yet that in the great majority, although the irritation affects only one hemisphere of the brain, it appears that the convulsions were general, and affected both sides of the body. This fact agrees with the law of reflex and convulsive action, which refers the production of the convulsions to the medulla ob-

longata. The very abundant commissural apparatus existing in that centre, which has been enlarged upon especially by Schröder Van der Kolk, would render it directly subservient to the production of bilateral rather than of unilateral spasm.

"The laws of reflex action, which have been deduced as general results from a great number of observations by E. Pfleger, are very important. In them this author shows that reflex action is at first strictly unilateral; furthermore that, if reflex action arises from a stimulus in the brain or cerebral nerves, the reflex movements, in their further progress, extend to the nerves situated inferiorly, and thus to the medulla oblongata; and that, on the contrary, if reflex action arises from a spinal nerve, it extends, in its further progress, from below upwards towards the medulla oblongata, and not *vice versa*; but that, if the affection has reached the medulla oblongata, the reflex movements may again extend in an inverse order to the lower parts, or pass into general convulsions; that, lastly, if a reflex movement arises in motor nerves which are very remote from the insertion of the sensitive nerve primarily affected, these remote motor nerves are always such as arise from the medulla oblongata. Hence it appears that the medulla oblongata is the principal centre, whence the more general reflex movements and convulsions take their origin." (*On the Spinal Cord and Medulla Oblongata*, Syd. Soc., p. 80.)

Another particular, in which a resemblance may be traced between these cases and many other forms of epileptic attack, lies in the circumstance that the degree of severity of the injury does not seem to influence the period of incubation of the fits; and, further, that incubation is not attended, in the majority of cases at least, with any nervous symptoms—such symptoms, when present, having been severe only in a few cases. Of the cases in my list in which particulars are sufficiently full, in 68 per cent. no symptoms preceded the fits beyond those resulting directly from the injury; in only 9 per cent. were the preceding symptoms severe.

Turning now to note the character of the lesion on which the convulsive attacks appear immediately to depend, we gain the following information.

In thirteen, no sufficient knowledge on the subject was attainable, or is imparted in the description, beyond the receipt of an injury, save that in one case the lesion mainly involved the trunk of the fifth pair, and in another had occasioned loss of smell and taste.

In eighteen, there was depression of a portion of the skull, including in the number two cases in which the depressed portion consisted of loose fragments after compound fracture. To this group I may add three more cases, in which a compound fracture of the skull is the only injury described, excepting that in one of the number some hair had become entangled in a fissure, and projected upon the membranes. Of the twenty-one cases which we thus obtain, ten of compound fracture are particularised; but in these ten instances the severity of the injury does not seem to have exerted a general influence in abbreviating the period of incubation of the convulsive attacks. Thus, in two of the cases, seven and eight years respectively had intervened; yet in one the fracture was extensive, and in the other the wound had remained open. In only two of the cases of compound fracture was the period of incubation so short as nine days.*

There are thirteen cases of *spicula*, of various dimensions, projecting from the inner surface of the skull. In six, the projecting portion must have been of considerable magnitude; in one, indeed, it is stated to have been half an inch, in another one inch, in length. In four, it was small; yet in one of these certainly it projected into the substance of the brain. In one case, the large projecting process was contained in a cavity in the brain of the size of a black-bird's egg, lined by a cartilaginous membrane.

An old blood-cyst, of three years' duration, had deeply impressed the surface of the brain in one case, and seemed to be the cause of the fits; and I may add that, in one of the next group, the fits seemed to have been the consequence of meningeal effusion of blood, which had taken place three months before death.

There are twenty cases in which the skull was diseased, in consequence of the original injury. The disease consisted in hypertrophy in six cases, in two of which the portion of skull was nearly three times its normal thickness; in one, the hypertrophy was accompanied by exfoliation, the whole disease being the result of trephining performed during the primary stage of the injury; in one, it was accompanied by absorption of a portion of the skull. In two cases, the disease consisted of induration; in five, of various degrees of caries; in five, of exfoliation; and in two, disease of bone was not evident, but is inferred from exquisite sensitiveness or from persistent pain.

To this group I may add five other cases which I have met with incidentally in the course of the present inquiry, in which disease of the cranial bones was induced by other causes than by injury; three of the cases being of syphilitic origin—in one with nodes from the internal surface of the skull. I may state that trephining was performed in three of the cases, and that in all three the patient recovered from the immediate effects of the operation; in one, the nervous disease was completely cured; in one, no report is given later than the close of the third week; in one, the patient died two months afterwards.

I would here advert to a conclusion which seems deducible from this group of cases of diseased bone: that disease seated in the bones of the skull is attended with greater danger of inducing epileptiform disease than when seated in other bones of the body, from causes to which allusion has been already made. The remark may, indeed, be extended with almost equal propriety to the entire class of injuries of the skull.

One group of cases yet remains to be mentioned—the cases, namely, to which Dr. Abercrombie has called attention, wherein the effects of the original injury had not penetrated more deeply than the pericranium, in some instances probably not beyond the scalp. Five cases are included in this group.

To complete the subject, it must be added that, in six cases not included in the preceding enumeration, other symptoms than convulsions resulted: insanity in two, accompanied by hemiplegia in one; hemiplegia in one, with impairment of sight, hearing, and memory; in three, fixed pain of great severity.

As the cause which produced the irritation in the cases under consideration is a permanent one, so the affection it induces is permanent also. This, which appears almost a matter of course, is amply sup-

port, and with pain in the region of the injury. This pain has never fully subsided, and its recurrence has been especially associated with the fits. He began to have fits of epileptic vertigo twelve months after the accident, having shortly before suffered from mania. Fully formed fits did not occur till eight years afterwards, and have returned at short intervals since. Twice or thrice he has had some mania. His mental powers have not suffered much permanent deterioration.

* Since these remarks were written, my friend Mr. Yates, of this town, has furnished me with the following case, under his own care. A man, aged 49, fell sixteen years ago, and had depression of the skull without wound in the occipital region. He was insensible for three weeks, and recovered with some temporary mental impair-

ported by the cases on which my remarks are based. In one case only of the entire number had liability to the convulsive attacks or other nervous disorders subsided spontaneously, and in this case the immunity is not known to have extended beyond nine months. It gives force to this statement, that in only two of the entire collection is the report defective in this particular. In twelve cases, the attacks were continuing at the date of the report; and in sixty-seven they continued either up to death or to the time when some change was effected in the condition of the cranium (or of its coverings in a few cases), either by natural processes or by operative procedure.

Out of the eighty cases, there are nine wherein death occurred irrespective of the primary effects of the injury, or of ulterior operative proceedings. The proportion of deaths has an important bearing upon the question of trephining; it is, therefore, proper to state that, of the nine deaths, four occurred in the fits, or in the subsequent coma; in two of these, no important disease was met with in the brain; in one, extensive disease, but of quite recent origin; and in the fourth, only the remains of the damage to the substance of the brain which had been inflicted by the accident. Of the other five cases, two deaths took place from causes quite unconnected with the brain; in a third, the cause was unknown; the other two deaths were occasioned respectively by diseased cerebral vessels and by meningeal apoplexy.

Of course, in estimating the force of any argument drawn from this proportion of deaths, as respects the fatal tendency of this particular form of nervous disease, it has to be borne in mind that, of the eighty cases, in sixty-six curative proceedings, natural or artificial, have interrupted the natural course of the malady. Hence it follows that, although the numbers are, of course, too few to form the foundation of any theory, they certainly justify a suspicion that the class of epileptiform disease now under our consideration has a much greater tendency to death than true epilepsy; and this suspicion is strengthened by the greater comparative frequency with which other evidences of nervous derangement attend the fits—*e. g.*, paralytic affections, mental impairment, etc. In fact, these cases closely approximate to the form of epileptic disease which is dependent upon alcoholism, or upon other influences operating immediately upon the nervous tissue.

A strong argument then in favour of trephining is afforded by the fact, that in sixty-seven cases the attacks continued up to the time when some change was effected, naturally or artificially, in the condition of the cranium or of its coverings. This change consisted in local medication in one case—ultimate result unknown; of division of the soft parts, as described by Dr. Abercrombie, in five, in all of which perfect success is stated to have followed the operation, though no data are supplied. In five, exfoliation of diseased bone took place spontaneously; in one, only partially, and with partial relief; in the remaining four, completely, and, as stated, with curative results, though again no particulars of time are afforded. These last mentioned cases, few though they be, suggest an argument from experience in favour of trephining, independently of *a priori* considerations; and we have now to learn what the experience of the operation itself teaches us.

The testimony of authors upon the subject, so far as my present examination has extended, is of a doubtful character, but appears, upon the whole, to be in favour of the operation. Mr. Syme (*Lancet*, Feb. 3rd, 1855) states decidedly that the result of his experience is opposed to it; and Mr. Solly (*ib.*, Jan. 5th, 1860), in commenting upon a case under his own

notice, gives a very qualified opinion in favour of it, alluding to the extreme severity of the operation. M. Velpeau (*ib.*, Aug. 16th, 1834) pronounces a favourable opinion, but only as regards cases in which the cicatrix is sensitive, or œdema or crepitation is connected with it. Mr. Cooper, on the other hand (*Dictionary*, art. Trephine), quotes several successful cases from a paper by Professor Dudley; Dr. Copland (*Dictionary*, art. Epilepsy) cites a considerable number of authorities who have furnished successful results, and adds other successful cases from a paper by Dr. Guild; and the writer of the article Trepanation (*Dictionnaire des Sciences Médicales*) states his opinion that the result of the operation, as performed in many instances, has justified the experiment. Finally, Mr. Van Buren (*Syd. Soc. Year Book*, 1861) regards trephining for epilepsy in a very favourable light, explaining the prevalent opinion of an opposite character by cases being selected for the operation which are fatal from their nature.

In the *American Journal of Medical Science*, July 1861, is a table by Dr. Billings of seventy-two cases in which trephining was performed for the relief of epilepsy. Sixteen proved fatal; forty-two were cured; four remained unchanged; and the remainder were improved, but were not entirely relieved. These bare statements are all which can be obtained from the record. The paper which originally accompanied the table was published originally in the *Cincinnati Lancet*, and is not here added. The table may also be found in Ranking's *Retrospect*, vol. xxxiv.

The instances of trephining amongst the preceding cases amount in all to fifty; those cases alone being included in which the operation was performed for secondary nervous disease, all instances of primary trephining being excluded.

Of the fifty cases, in forty-two the derangement originated in injury; in five, the disorders were in connexion with disease of the bone; in three, the immediate cause was uncertain. The age of the patients is given in thirty-one cases: one was eight months old; six were under puberty; twenty-four were over puberty.

Of the fifty patients, five died from the immediate effects, and one from the secondary effects, of the operation. In two of these, the operation was performed in less than three weeks from the injury; in two, in from ten to twenty months; in one, in ten years after.

Forty-four patients recovered from the operation. In these cases, the interval between the injury and the operation was as follows. Under seven weeks, five cases; from seven weeks to one year, eleven cases; from one to two years, five cases; from two to fourteen years, fourteen cases; unknown, nine cases.

The result just stated seems so much opposed to the general opinion of the danger of trephining, that it is necessary to make the following additional observations.

The total recoveries were, as just stated, forty-four out of fifty cases. In two of the forty-four, dangerous symptoms resulted from the operation, but were subdued by treatment. In five other cases, a wound or sinus communicating with a fracture of the skull remained open—a circumstance specially named by Mr. Syme as justifying the operation; and, indeed, one of these cases is given by that gentleman, in illustration of the principle just quoted. In two others, there had been a considerable loss of skull from severe compound fracture. In one, the wound had remained open for a period of nine months, though it had closed long before the performance of the operation. In ten cases, no particulars are given.

Thus there will remain twenty-five cases of suc-

cessful trephining, in which the injury had not been extensive, and in which there was no wound. Of these, eleven were cases of caries or other disease of the skull, and fourteen were instances of simple depression or of projecting spicula. In these twenty-five cases, the dura mater was healthy in nine; it sloughed in two, was perforated in five, was vascular or had pus upon it in two; its state is not described in seven.

One highly important question in relation to the operation remains—its ultimate result upon the nervous disease, for the relief of which it was chiefly undertaken. As I have already intimated, the mere removal of the source of irritation does not necessitate the cessation of the derangement, since such derangement in many cases probably involves an altered state of nutrition in the ganglion-corpuscles. For very obvious reasons, the reply to this question is very incomplete, and, unfortunately, is rendered even less satisfactory than it might have been made by the neglect of stating the length of time during which the patient remained under observation.

In nearly all the cases, the immediate consequence of the operation was to effect for a time material amendment in the patient's condition. I have given some remarkable illustrations of this statement in a former part of this paper. I add one more, as it is not only noteworthy in itself, but serves to exemplify the share which the membranes may take in generating nervous disease. The case is recorded by Dr. Hayward (*American Journal of Medical Science*, 1838, p. 517). After prolonged nervous derangement, continuing through thirteen years, the trephine was employed. A short delicate bony projection advanced from the interior of the skull; the dura mater adhered to it, but was separated by a probe without much difficulty. The membrane was quite healthy. Instantaneous and complete relief followed to the sense of pressure which the patient had felt. He declared, whilst on the table, that he had not felt so well for thirteen years; and he afterwards wrote to the operator: "The peculiar sense of relief which I expressed in the moment when the operation was over has become a part of my common consciousness."

Of the forty-four cases in which the patients recovered from the operation of trephining, in five little or no benefit resulted. One is even declared by Mr. Travers to have been worse for the operation. Satisfactory recoveries, as tested by a sufficiently protracted term of observation specially stated, amount to six. Progressive amendment had been going on through a considerable length of time in three others. Slight returns of the disease had occurred in two. In eighteen cases, cure of the disease is reported to have been effected; the terms "complete", "perfect", "permanent", being also frequently applied; but no information is given as to the duration of the observation. Finally, in ten cases the period through which the patient was watched after the operation, being stated, it is obviously too short to permit any conclusion to be drawn as to permanent results. In two cases only had the term of observation extended to three months; in all the others it was much shorter.

I may just note in passing, though doubtless the circumstance is explained by the comparative employment of the sexes, that in the cases I have been quoting, whilst eleven patients are of the female sex, fifty-six are of the male sex. The sex of the remainder is not stated.

In conclusion, I subjoin a brief account of the case which has suggested the foregoing communication.

Fanny G., aged 16, dressmaker, received a blow on the head with a coal-pick when five or six years of

age, but no symptoms of importance presented themselves in connexion with the injury. Nevertheless, the patient's mental power evidently became somewhat deteriorated in the course of time. She could not go on an errand, unless the commission was written, when it comprised more than one item. Her temper became irritable; and she was less able to apply herself than she had been. She also remained subject to severe frontal headache, but not to pain in the region of the blow.

Her first fit occurred five or six years after the accident mentioned above. In three months afterwards, the second took place; and the fits continued to recur with gradually increasing frequency since that time. They were also more numerous about the catamenial periods.

The fits were not of the most severe character, seldom passing into the fully formed asphyxial stage, though attended with general tonic and clonic spasm, and with unconsciousness; but her mental powers suffered increased deterioration since the establishing of the fits, to such an extent that I found it impossible to obtain any trustworthy information as to her history from the patient herself. Her health was good; menstruation nearly normal.

On the left side of her head, almost an inch and a half from the sagittal suture, and exactly in a line with the auditory orifice, a cicatrix existed in the scalp; and beneath it was a limited but distinct depression.

Medical treatment having been of no avail, trephining was performed by Mr. Bolton on January 9th. The portion of bone was removed without the least difficulty, and presented the small bunch of spicula figured at the commencement of this paper. The bunch corresponded to a very small opening in the dura mater.

Symptoms of acute meningitis set in decidedly on the morning of the second day, and proved fatal in three days. Right hemiplegia came on, but again diminished before death. She had repeated recurrence of severe epileptiform convulsions. From the situation of the meningitis, involving as it did the "convolution of articulate language" of Broca, it may be of interest to note that the patient never spoke from the time of the setting in of the acute symptoms; but that, shortly before her death, the nurse, thinking that she seemed more conscious, asked her if she wished to see her mother, desiring her to signify assent by squeezing her hand, she directly made the required signal; and, afterwards, a patient made the same experiment with a like result.

My friend Mr. Bolton has been good enough to furnish me with the following notes of the *post mortem* examination, as I was not able to be present.

On removing the scalp, a slight effusion of blood was observed beneath the integuments around the opening made by the trephine; and a thin coagulum also existed over the dura mater, around the puncture which corresponded to the spicula. This puncture had a jagged and sloughy appearance, from the inflammation which had followed the operation. A quantity of thin pus was found between the dura mater and the bone, extending towards the base of the skull as far as the petrous bone. The perforation of the dura mater had extended through both layers of the arachnoid membrane, and a small nipple of brain-substance projected through the opening. The arachnoid was extensively inflamed over the left hemisphere, and some sero-pus was found in the arachnoid sac. The convolutions of the left hemisphere were covered by a thin layer of the same kind of pus; but the signs of the inflammation had not extended beyond the convex portion of the hemi-

sphere. The entire substance of the brain was perfectly healthy.

I have only to add to this description, that I very carefully examined the left corpus striatum and thalamus by the microscope, comparing them throughout with the corresponding organs on the right side. I could not find the faintest traces of disease either in the tissue or in the minute vessels.

The medulla oblongata and pons were quite healthy to the naked eye. I could not trust my power of investigating their minute condition with reference to the epileptic phenomena, and therefore did not employ the microscope in their examination.

Original Communications.

REMARKS ON LITHOTRITY: WITH RECORD OF TEN CASES OF STONE.

By WALTER COULSON, F.R.C.S., Surgeon to the Lock Hospital.

LAST year I read before the Medical Society of London a paper on Lithotripsy (*Medical Mirror* for April and May 1864), containing a history of fifteen cases of stone, and such practical observations as were suggested by their treatment. It is my intention in this communication to follow the same method—to give, first, the history of all the cases of stone that have since been made under my care, and from them to draw such practical deductions as appeared to me important while the patients were under treatment. At the same time, I think this paper will be of more value in a statistical point of view, if I add two cases of calculus in children, on whom I performed lithotomy, and so complete the history of all the cases of stone that I have had under my sole charge.

CASE I. *Phosphatic Calculus: Unusually Long Urethra, with Enlargement of Prostate: Irritable Bladder: Cured after Four Sitzings.* Jan. 20th, 1864. A clergyman, from near Bury St. Edmunds, aged 70, had suffered from pain and difficulty in passing urine for the last two years. The urine was muco-purulent, and after exercise was slightly tinged with blood. He had been sounded, but no stone was detected. In accordance with my usual practice, I determined to examine him with the lithotrite on the following day; but the bladder was so irritable that he could not retain the urine during the introduction of the instrument, although he had passed water only an hour and a half before. I ordered him to keep in bed and to take a mixture containing morphia.

Jan. 23rd. Having directed that he should retain urine for two hours, I went to his house, intending to operate upon him under the influence of chloroform. In this I was disappointed, as there was reason to suppose that he was not a good subject for its administration. I selected my longest lithotrite, but found it would barely enter the bladder, and I was obliged to push the handle almost on to the pubis to allow of my opening the instrument. A calculus was then seized without further difficulty and crushed. No bad symptoms followed, and a few fragments of the triple phosphate passed. I operated again January 29th and February 1st, and finally examined him on February 16th. After this, he was relieved from all symptoms of stone, but was detained in town two or three weeks by an acute attack of rheumatic gout, consequently I had an oppor-

tunity of seeing him when all symptoms of irritation had disappeared. He continues perfectly well.

CASE II. *Phosphatic Calculus: Paralysis of Bladder: Removal of Stone in Two Operations: Symptoms Unrelieved.* Nov. 16th, 1863. Mr. H. D., aged 40, had suffered from bladder irritation for the last eighteen months. The urine contained pus, mucus, and blood, and there was incontinence at night. When he first consulted me, the least motion induced an uncontrollable desire to pass urine. His sufferings at times were most acute, and he never went longer than an hour without passing water. He had suffered from congenital weakness on one side, and the introduction of the instruments induced involuntary action of the leg on the affected side. The bladder never quite emptied itself, about two ounces always remaining after micturition.

Nov. 17th. I crushed a stone of the size of a hazel nut, and the next day he was better. There was less pain in passing urine, and less blood. On November 20th, I operated a second time, and crushed two or three soft fragments. A good deal of debris passed subsequently. The symptoms were not so much relieved as after the first operation.

I examined him frequently afterwards, but was never able to find any portion of stone, although, to make these examinations more certain, the patient was under the influence of chloroform. All the symptoms continued the same as before the operation, with this exception, that great relief was always experienced for about two hours by thoroughly washing out the bladder with lukewarm water; and this was to me an additional proof of the absence of a foreign body. At my request he consulted another surgeon, and selected Mr. Henry Thompson, who examined him four times, but with no result. He also consulted Mr. Syme, who pronounced him free from all fragments of stone.

April 3rd, 1865. I was called this afternoon to see this gentleman. All the symptoms remained precisely as they were before the operation; with the single exception to which I have alluded, the only relief he ever had from his sufferings had been for an hour or two after injecting the bladder. The urine contained blood, mucus, pus, and numberless crystals of the triple phosphate.

CASE III. *Two Uric Acid Calculi: Retention Consequent on Operation: Cured after Five Sitzings.* March 21st, 1864. Mr. W., aged 69, had suffered for some time from symptoms of stone. He first noticed blood in the urine after walking six months before. I operated March 22nd and 26th, and April 2nd and 15th, and lastly on the 23rd. The first time I found a calculus and crushed it at once. The prostate was large, and the instrument had to be considerably depressed to allow it to enter the bladder. This occasioned much pain, and at his request all the subsequent operations were performed under the influence of chloroform. There was no inconvenience experienced after the first sitting; but subsequently there was great difficulty in passing urine, almost amounting to complete retention, a few drops only coming away after minutes of painful and continuous straining. To relieve this I passed an ordinary catheter two or three times after the second and third operations. This only affording temporary relief after each of the last two, I retained a French elastic catheter in the bladder from fourteen to twenty hours, and this gave the greatest ease. This retention was, I believe, due to a little temporary swelling about the neck of the bladder and the prostate, which, in addition to the enlarged state of the gland before the operation, rendered micturition all but impossible, and also interfered considerably with the passage of fragments. He was consequently much in the same position as a patient

with paralysis of the bladder. This condition induced me to deviate from my ordinary rule, and after the two last operations, I thoroughly injected the bladder by means of a large steel catheter, which brought away a considerable quantity of *débris*. This instrument, shaped much like a lithotrite, had been made some years before by Messrs. Blaise, at the suggestion of Sir Benjamin Brodie. Mr. W. has been free from all bladder-irritation since the last operation.

CASE IV. Multiple Calculi: Frequent Operations: Continuance of Treatment: Uncured. April 15th, 1864. Mr. H. E., aged 74, had suffered for the last eighteen months from bladder-irritation. The urine was bloody and muco-purulent. He was compelled to pass a catheter (gum-elastic) four times a day in consequence of paralysis of the bladder. He had for some time past voided small calculi—as many as fourteen at a time. He stated that he had passed a thousand in addition to those now in my possession. When the calculi first came away, he had much more power in the bladder than when I saw him.

April 15th. I introduced a lithotrite, and found the bladder like a gravel-pit, literally full of calculi. It was impossible to open and close the instrument without including a fair-sized stone. The first operations afforded relief. There was great difficulty experienced in passing a lithotrite, in consequence of the engorgement of the prostate and the displacement of the urethra from a large hydrocele. I tapped the hydrocele April 26th; but the fluid reaccumulating very rapidly, I injected the sac with equal parts of tincture of iodine and water. I performed lithotripsy May 14th and 23rd, June 1st, July 12th and 23rd, October 5th, and for the last time October 28th. I was prevented from operating more frequently in consequence of the general health of the patient being very low. In little more than a fortnight after the last operation, he was seized with an attack of apoplexy. He rallied from the effects of this, but was never well enough to permit of lithotripsy being repeated, and he died in the beginning of this year. I regret that no *post mortem* examination was made. Had this been done, I have no doubt that a very large quantity of stone would have been discovered in the bladder.

CASE V. Large Calculus: Lithotripsy Attempted: Lithotomy Performed: Death from Shock. Feb. 20th, 1864. Mr. N., aged 67, from Northamptonshire, had suffered from stone for the last four years. I introduced a lithotrite, and attempted to crush the calculus, but found this impossible, as the bladder could not retain sufficient urine for the instrument to be opened wide enough to admit so large a stone. Although the patient was kept quiet in bed and the attempt was repeated, it was unsuccessful. I performed lithotomy on March 1st in the presence of Dr. Broadbent, Mr. Armstrong Todd, Mr. Evans, etc., and removed a stone weighing 5 viii ℥iiss. The patient died on March 3rd from the shock.

CASE VI. Large Calculus: Lithotripsy Impossible: Lithotomy Performed: Death from Secondary Hemorrhage. Mr. H. W., aged 30, from Ramsgate, consulted me July 7th, 1864. His symptoms were those of stone; but he had been recently sounded, and none had been detected. I directed the patient to keep quietly in bed, and to retain the urine an hour and three quarters before my visit. On introducing the lithotrite, it at once came into contact with a large stone, which I found it impossible to seize. In my first attempt to do so, the urine escaped with a rush along the urethra. After keeping him in bed for a few days I made a second attempt, but with the same result. Accordingly I determined to perform lithotomy; and, on July 20th, in the presence of Mr.

Coulson, Mr. Evans, Mr. Cooper, Mr. Scott, and Mr. Peacock, I removed without difficulty a large stone weighing 19 drachms. He passed a good night, and the next day was remarkably well. There was some hemorrhage in the afternoon that the nurse arrested without difficulty. The bleeding recurred in the night, when I was unfortunately from town. A physician of large experience saw the patient; and, the bleeding having apparently ceased, he did not think it necessary to plug the wound, but contented himself with ordering a pill containing a grain of opium. An hour afterwards the bleeding returned, and Mr. Cooper saw him and plugged the wound. He ordered stimulants, but the bladder was filled with clots of blood, and the patient died early on the morning of July 22nd, from secondary hemorrhage.

CASE VII. Small Uric Acid Calculus: Two Sitzings: Cured. Mr. F. T., aged 57, noticed blood in the urine the beginning of October 1863, after a day's shooting. He was sounded twice in Aberdeen and once in Edinburgh, but no stone was detected. Driving or railway travelling induced pain along the urethra. I first saw him October 31st, 1864. On November 1st, I examined him with a lithotrite, and crushed a small stone with no unfavourable result. On November 7th, at his own request, I performed the second operation under chloroform, as he was anxious, if possible, to have all fragments removed. To accomplish this, I used the scoop, introducing it twice, and each time bringing away *débris*. The patient passed some fragments after each operation. Ten days after the last sitting, he left town perfectly well.

CASE VIII. Small Uric Acid Calculus: Lithotripsy: Two Sitzings: Kidney-Disease: Death. Feb. 25th, 1865. W. W., aged 54, market-gardener, had passed several small calculi during the last twenty years. These appear to have descended from the left kidney, as before passing them the urine was bloody, and he suffered acute pain along the course of the left ureter. For several weeks past he felt sure there was a stone in the bladder, too large to come away. On February 25th, I crushed a small stone, and no bad symptoms followed. On March 1st, I crushed the remaining fragments in the presence of Mr. Cooper. The next day some few fragments passed, the urine was scanty, and there was increased bladder-irritation. On March 3rd, he had passed a bad night, and had no appetite. Pulse 100 and weak; tongue dry. He had had no shivering fit, but there was a general tremor, as if he were suffering from extreme nervousness. He also complained of difficulty in passing water, pain in the back and over the region of the bladder. The urine continued scanty, was much clouded, and of a deep saffron colour. On examining the urine under the microscope, there were a large number of epithelial casts with blood corpuscles entangled in them. Dry cupping over the region of the kidney and all other treatment proved equally powerless in arresting the disease. The patient died March 9th, of acute nephritis, nine days after the last operation.

The following are the histories of the cases of the two children, to which I have alluded.

CASE IX. In the early part of 1861, I performed lithotomy on a child aged 2, and removed a small mulberry calculus. The child was cured.

CASE X. Oct. 16th, 1861. Charles Davy, aged 11, had been suffering for the last two years and a half from pain and difficulty in passing water. Not unfrequently the bowels acted involuntarily in his effort to pass water. On October 17th, I performed lithotomy, and removed a fair sized stone. The boy was cured.

The following is a brief *résumé* of all my cases of stone.

	Total.	Cured.	Uncured.	Died.
Lithotomy.....	6	3	—	3
Lithotriety.....	19	16	2	1

In my paper of last year, I entered into the relative value of some of the symptoms of stone, hæmorrhage, pain, the mechanical effects of a foreign body, and the secondary consequences of its presence; viz., inflammation with muco-purulent urine, etc. After describing the operation of lithotriety, and stating that I examined with a lithotrite as the most certain means of detecting stone, the following were my conclusions on some points in connection with the operation:—That preliminary injection was rarely necessary; that the quantity of fluid in the bladder offering the greatest facility for manipulation was about four ounces, but that less would suffice if the larger quantity was a source of uneasiness; that at the first sitting it was not prudent to crush the stone more than once or twice; that no rule could be laid down as to when the next operation should be performed, as this must depend entirely on the symptoms of the patient; that the first operation and its results formed a guide to the after-treatment, and that at subsequent sittings the instrument might be kept in the bladder five or six minutes, and in that time many fragments might be crushed; that the forcible removal of fragments through the urethra was not only inexpedient, but always a source of danger.

The following is among the questions which have since occurred to me as worthy of consideration.

Is it advisable to operate at once without first preparing the patient by the preliminary introduction of instruments?

M. Civiale, in his *Traité Pratique et Historique de la Lithotrite*, devotes several pages to the *préparation locale* and the *traitement préalable* in lithotriety. No doubt the urethra does, in most cases, become less sensitive by the preparatory introduction of instruments; but in my opinion, what is gained in one way is lost in another. The only point, therefore, which I care to ascertain, is whether the calibre of the urethra is sufficient to admit the introduction of an instrument. There is not absolutely any great difference in the degree of pain occasioned by an ordinary sound and by a lithotrite. Believing, as I do, that no instrument, save a lithotrite, will infallibly detect the presence of a stone, I invariably employ it at my first examination in preference to an ordinary sound. And I am sure that most persons would infinitely prefer suffering a little more pain in the first instance, to enduring the nervous anxiety attendant on the repeated introduction of instruments, together with the dread of an operation, which they imagine more dangerous and painful than it really is. By adopting preliminary treatment, the aggregate amount of pain is materially increased; besides which it is always a great source of comfort to the patient to know that the disease has been treated as soon as discovered, and the calculus crushed at the first examination. The plan I adopt enables him to look forward to successive operations without unnecessary dread.

In Case No. 3, in consequence of the enlarged condition of the prostate and the irritation produced by the introduction of the lithotrite, the patient suffered all the agonies of repeated retention. He experienced the greatest relief from retaining an elastic French catheter in the bladder after the operation. The great merit of this instrument, which is far superior to those made in this country, consists in its smoothness and pliability, which enables it to be kept for hours in a bladder loaded with débris without exciting the least irritation. The presence of a

silver catheter would confine the patient to one position in bed, and its retention in the bladder would cause increased pain. Should I ever be so unfortunate as to lacerate the urethra either in introducing the scoop, or withdrawing it when too full of débris, I should in that case retain this kind of catheter, so as to enable the inflammation about such a wound to subside before the urine and fragments were allowed to pass over the lacerated surface; for it is in these cases of laceration and these alone, as far as my experience goes, that there is any trouble from the impaction of fragments in the urethra.

In the discussion which followed the reading of the paper, alluded to at the Medical Society last year, the question was raised whether lithotriety, as performed by M. Civiale, is applicable to cases where there is so-called paralysis of the bladder. For such cases, one of the highest authorities in this country has recommended the removal of small calculi or the fragments of large ones *en masse*. This practice is not only directly opposed to that of M. Civiale and the late Sir B. Brodie, but occasions considerable and unnecessary suffering, and is also attended with great risk from extravasation. I prefer prolonging each sitting, introducing the scoop or non-fenestrated lithotrite more than once, and on each occasion pulverising the fragments as much as possible, and removing a little débris. Subsequently, but only in cases of paralysis, I should introduce the steel catheter, to which I have alluded, and should wash the bladder thoroughly out after each operation.

IMPERVIOUS STRICTURE OF THE URETHRA, AND ITS TREATMENT.

By WILLIAM ALFRED ELLISTON, M.D., Surgeon to the Workhouse Infirmary, etc., Ipswich.

At a time when stricture of the male urethra, in its different stages, is the subject of considerable discussion in the columns of the various medical journals, I venture to hope that the records of the subjoined cases may be interesting to the profession, as illustrating a course of treatment from which I have seen the best results in my own practice, and in the wards of Guy's Hospital; and which, moreover, I believe to be superior to any operation yet suggested for the relief of impervious strictures in or anterior to the membranous portion of the canal.

The operation is in great favour with Mr. Cock. I do not think, however, that he has published the results of his cases; but I believe they have been most favourable.

It is performed thus. The patient being tied in the lithotomy position, and brought to the edge of the table, the left forefinger of the operator is introduced into the rectum, and the anterior edge of the prostate felt for. A long and narrow scalpel should then be plunged into the perinæum by the right hand of the operator, about half an inch in front of the anus, care being taken not to wound the rectum; the knife may be carried upwards from the prostate in the median raphe of the perinæum. In this way the urethra may usually be punctured without much difficulty, owing to the distension of the canal posterior to the stricture by the retention of the urine. As soon as the urethra is punctured, a female silver catheter, with the tapes applied, should be as quickly as possible passed into the bladder and secured. No staff is required. Mr. Cock thinks a staff is apt to mislead the operator; he thinks it best to trust to one's anatomical knowledge to hit the urethra, which, with the introduction of the catheter, are the main points of the operation. In a deep pe-

rinæum, these may both be matters of considerable difficulty.

The object of the operation is two-fold: to evacuate the bladder, and to promote the absorption of the stricture itself. It is a matter of experience, that almost all strictures will relax if the bladder can be evacuated by any artificial means. This operation is, therefore, an admirable illustration of the influence of rest in the treatment of disease as instanced in Case II, reported below.

The greatest care and attention are required in the after-treatment. The female catheter should be retained at least three or four days; attempts being made daily, or rather at the discretion of the surgeon, to introduce a catheter—not too small a one—through the stricture. Usually this will be accomplished in four or five days; the time required may, however, be much longer, as in Case II. It is essential to keep the artificial opening in the perinæum quite patent by the daily introduction of a female catheter, until a catheter can be introduced through the stricture into the bladder.

This operation, therefore, is comparable in its adaptation to practice, to the older and more generally preferred operations of puncturing the bladder *per rectum* or *supra pubem*. Excepting in those cases where the obstruction is in the prostatic portion of the canal, I think that this operation has this great advantage over puncture of the bladder, that, in the event of the stricture proving impermeable, an artificial urethra is established, and the patient has perfect control over his urine, instead of a fistulous opening into the bowel or through the abdominal walls.

It differs considerably from the operation of perinæal section suggested by Mr. Syme; as he passes a staff down to, and if possible through, the stricture, and divides it. In this operation, no staff is required, and the stricture is not divided. I will not presume to say that, in all cases, this operation will supersede the necessity for the division of the stricture (which I must regard as a more dangerous operation); but I believe that there are few cases indeed which might not be made amenable to treatment without the division of the stricture, at any rate from the outside. I think, however, there can be no question that, assuming that the urethra may be dilated to its original size and kept so by mere puncture, we get a vastly superior urethra to what we do in those cases where it has been deemed necessary to resort to the division of the stricture.

CASE I. *Old-standing Stricture and Fistulous Openings, with Occlusion of the Natural Urethra. Establishment of Artificial Passage.* David Cook, aged 57, was admitted into the Infirmary of the Ipswich Workhouse, Nov. 7th, 1864.

The history of the case was briefly this. About sixteen years since, he first had symptoms of retention of urine, for which he consulted a surgeon in the country, who failed to introduce a catheter. Infiltration followed, and the surgeon made an artificial opening towards the distal end of the penis into the urethra; since which the meatus urinarius had been occluded. He seemed to have passed urine tolerably well through this artificial opening for some years. During the past three or four, however, micturition had been both difficult and painful. He consulted several medical men, and was for some time out-patient at a county hospital. But, inasmuch as catheterism was impossible, matters became gradually worse. About fourteen days previously to admission, the urethra gave way. Infiltration occurred; and fistulous openings broke out in the penis, scrotum, thighs, and above the pubes. Suppuration supervened.

Upon admission, he was much emaciated and collapsed. He complained of shivering fits, and seemed likely to sink rapidly. The urine was dribbling away unconsciously, mixed with pus, from the fistulous opening. The penis and scrotum were infiltrated and swollen to an enormous size. Both the original meatus and the artificial one were impermeable to catheters. He was at once ordered a generous diet; but no alcoholic stimulants were allowed.

Nov. 30th. He had somewhat revived; and I suggested to him the propriety of submitting to an operation. To this he willingly agreed; and to-day, after consultation with Dr. J. H. Bartlet, and with his kind assistance, I incised the perinæum, punctured the membranous part of the urethra, and introduced into the bladder a female silver catheter, which was properly secured and left for three days. Free incisions were at the same time made in the penis and scrotum. He was ordered brandy and egg mixture, in addition to a full generous diet.

In a week's time, he was very much better. The wounds were granulating; and the penis and scrotum were much reduced in size. He could control his urine for half an hour at a time, and expressed himself as much relieved by the operation. Albumen was present in the urine in small quantities; but it was thought to be due probably to the admixture of pus. The female catheter was regularly introduced every day through the new urethra for some weeks, in order to establish a permanent passage. His bladder being in a state of chronic cystitis, he experienced much relief from the injection of warm water and morphia. He continued to convalesce for nine or ten weeks. The fistulous openings discharged but little. He had perfect control over his urine, which he could then hold for two or three hours. He was able to sit up, enjoyed his food, and seemed fast recovering.

About the end of February, he had some unfavourable symptoms; he vomited occasionally, fell off his appetite, and became much emaciated. The fistulae again discharged profusely. He became gradually weaker; and I imagined him to be sinking from disorganisation of the kidney.

March 28th. He was becoming weaker daily and more emaciated. The fistulae discharged pus profusely. It was satisfactory to remark, that he had perfect control over the evacuation of his bladder, and could hold his urine two or three hours at a time. A permanent artificial urethra was established in the perinæum, through which I easily, this day, passed a female catheter.

April 7th. He died yesterday.

Autopsy. At the autopsy this day, kindly performed by Dr. Moore, we found the bladder very small, and the coats much thickened. A capital and capacious passage had been established between the bladder and the perinæum through the membranous part of the original urethra, now a mere *cul-de-sac*. To our great astonishment, we found the kidneys and ureters perfectly healthy. The heart and other important organs were equally normal. There is little doubt, therefore, that, had this operation been done earlier, the man's life might have been spared for some years. The large amount of sloughing in the different fistulae was too much for even an unusually good constitution; and, in the absence of any pathological change in any of the important organs, it may, I think, be fairly presumed that exhaustion was the sole cause of his death.

CASE II. *Impermeable Stricture of the Urethra: Puncture of the Urethra behind the Stricture: Successful Result.* William Farthing, aged 42, was admitted into the infirmary of the Ipswich Workhouse, the latter part of December 1864.

His previous history was that he had been troubled on micturition for fourteen months past, which occurred three months after, and was probably consequent upon, a somewhat severe gonorrhœa, concerning the treatment of which it would be well to remark, *en passant*, that no injections were used. Catheterism was attempted by the medical officers of Her Majesty's ship *Nile*; subsequently in hospital, by Deputy-Inspector-General Salmon; it was found, however, to be impossible to introduce a catheter of any shape or form; and, in consequence of the impermeable nature of the stricture, he was discharged from the navy on March 18th, 1864.

On admission, he could pass no stream. His urine dribbled away by drops, causing great pain. I found a tight stricture in the bulbous portion of the urethra, which was pervious to a No. 4 silver catheter; and another in the membranous portion of the canal, quite impermeable. Here the instrument diverged into false passages, and gave rise to some little hæmorrhage. He was ordered alkaline medicine with large doses of tincture of benbane. Attempts were repeatedly made by myself and some medical friends, to introduce a catheter under the influence of large doses of opium, the warm bath, and chloroform; but all to no purpose. I accordingly suggested to him the necessity of an operation, to which he willingly assented.

Jan. 15th. After consultation with and with the kind assistance of Drs. Bartlet, senior, and H. G. Moore, he was placed under chloroform. I punctured the membranous portion of the urethra (which was considerably distended with urine) and introduced a female silver catheter through the wound, inwards into the bladder. A large quantity of urine was thus drawn off, and the catheter was firmly secured. He was ordered to have a generous diet, and to take two grains of opium at bedtime.

Jan. 16th. He was very comfortable. The urine had passed freely through the catheter. Attempts to pass a catheter by the natural passage failed.

Jan. 17. I again endeavoured to pass a No. 6 silver catheter, but this instrument diverged into a false passage, and induced such profuse hæmorrhage, that I determined to try no more for some days to come.

Jan. 18th. The female catheter was removed.

Jan. 19th. Urine had passed freely through the opening in the perineum. The female catheter was introduced and removed.

Jan. 20th. I again attempted to pass a good sized catheter through the stricture, and again induced profuse hæmorrhage, which saturated the bed. I introduced the female catheter through the wound in the perineum, and, having some difficulty in passing it, let it remain.

Jan. 22nd. The female catheter was removed.

Jan. 23rd. The female catheter was introduced and removed.

Jan. 24th. This was the eleventh day since the operation. He was passing his urine freely, and with control, through the perineal opening. To-day, I introduced a No. 8 silver catheter slowly and steadily through the first stricture, and after about ten minutes of gentle but firm pressure upon the hitherto impermeable stricture in the membranous part of the canal, I had the satisfaction to feel the stricture gradually giving way. The catheter slowly glided into the bladder, and was there retained.

Jan. 29th. The catheter was removed.

From this time an instrument was introduced daily. By February 10th, the wound in the perineum had healed, and he passed his water freely and without difficulty by the natural passage. Warm baths were used twice daily.

March 22nd. He could now pass as good a stream as ever. For the last fortnight he had been able to introduce a No. 8 instrument for himself, which he had done every other day. To-day I passed a No. 10 catheter without any difficulty; and, being anxious to return to Woolwich, he was discharged cured.

Reviews and Notices.

OPTICAL DEFECTS OF THE EYE, AND THEIR CONSEQUENCES, ASTHENOPIC AND STRABISMUS. By JOHN ZACHARIAH LAURENCE, F.R.C.S., M.B. Univ. Lond., Surgeon to the Ophthalmic Hospital, Southwark; etc. Pp. 109. London: 1865.

THE term "Optical Defects of the Eye" may to many appear tautological; inasmuch as it may be said that all defects of the organ of vision are necessarily optical. Mr. ZACHARIAH LAURENCE, however, uses the term to denote the defects of vision which depend on irregularities in structure or function of the parts of the eye concerned in vision (*ὀψις*), in contradistinction to injuries and other pathological lesions of the eye itself (*ὀφθαλμος*), which come within the province of ophthalmic medicine and surgery. The optical defects of the eye are, in short, those which require for their comprehension and treatment an acquaintance with the physical laws of vision, and with the manner in which such knowledge may be applied to the artificial correction of these defects. Such is the instruction which Mr. Laurence here endeavours to impart in as simple a form as the subject will admit, and at the same time with sufficient detail to give the student of optical defects a good starting point for observation.

The remarks here offered by Mr. Laurence are, as he states in the preface, founded on the information which he has derived from a study of the writings and labours of the distinguished ophthalmologists, Donders, Snellen, Mackenzie, Giraud-Toulon, Von Gräfe, etc., as well from his own experience. They were originally imparted in the form of lectures at the Southwark Ophthalmic Hospital; but are here arranged in ten chapters, as follows. 1. Optical Considerations; 2. Physiological Optics; 3. Pathological Optics; 4. Myopia; 5. Hypermetropia; 6. Astigmatism; 7. Presbyopia; 8. Paralysis of Accommodation; 9. Asthenopia; 10. The Connection between Convergent Strabismus and Hypermetropia.

In the first chapter, Mr. Laurence gives such an outline of pure optics as is necessary for the understanding of the optical construction and defects of the eye.

In the second, the author treats of the optical structures of the eye in their physiological relations. The phenomena of accommodation is explained, and the different theories of its mechanism are given. Mr. Laurence states that the chief instrument of accommodation is the ciliary muscle; but that the iris acts as a supplementary organ. It contracts when we view near objects; dilates when we look at distant ones. He believes that

"The contraction of the pupil is intended as a corrective supplement to our accommodation, properly so called" (increase of convexity of the crystalline) "by diminishing any slight circles of diffusion in the

external image that might possibly arise from inaccurate contraction of the ciliary muscle."

But the action of the iris in accommodation is, as we understand the author, unimportant in comparison with the action of the ciliary muscle; as may be shown by placing before the eye a thin plate of metal or a card perforated with an aperture equal to the smallest size of the natural pupil.

The chapter is concluded with some remarks on binocular vision and the phenomena of the stereoscope.

The third chapter, on Pathological Optics, is merely a short one introductory to the study of optical defects. Its object is to introduce to the reader a system of classification adopted from Professor Donders, and founded on the refractive condition of the eye in the state of rest. The system is shewn in a table.

In the fourth chapter, the author commences by discussing a subject which he purposely omitted in the first—that of concave lenses. He then goes on to speak of myopia, commenting on the characteristics of this defect given in the preceding table. The far point—the farthest point which can be focussed again on the retina by the refractive power of the eye—he has found to vary from (in extreme cases) $\frac{1}{16}$ English inch to 80 inches from the cornea.

Having given directions for ascertaining the presence of myopia and determining its degree, Mr. Laurence shews that the distance of the farthest point of distant vision cannot always be taken as the focal length of the concave glass with which he should be supplied; e.g., in practice it is found that a maximum far point of six inches requires, not a $5\frac{1}{2}$ -inch or 6-inch glass, but a 7- or an 8-inch one. This arises in part from the fact that, in viewing the test-subject at six inches, the eye had undergone accommodation, so that the increased convergence of the crystalline lens requires to be neutralised by the concave lens.

At page 44, Mr. Laurence refers to a "dazzling" appearance on objects of which persons having a high degree of myopia complain when fitted with glasses. He states that he has found this remediable by simply tinting the glass.

"This appears to me to prove that the sensation alluded to has its origin in some hyperæsthetic condition of the retina to light. The only direct evidence I have to advance in favour of this hypothesis is, that I have never seen any of the highest degrees of myopia unaccompanied by morbid alterations of the fundus oculi (staphyloma posticum) but once; and in this instance—a myopia of $\frac{1}{16}$ —the patient wore a 2-inch uncoloured concave glass without any inconvenience."

On the other hand, Mr. Laurence has met with high degrees of myopia with extensive staphyloma posticum in which dazzling was not produced; hence some further explanation than that which he has offered appears to be required.

Having given formulæ for the determination of the far point, Mr. Laurence cautions against supplying a myopic patient with glasses that will oblige him to use the entire accommodating power of the eye, and thus exhaust the ciliary muscle. Clinical experience, he says, must here correct our calculations; but, as far as rules can be laid down, the following should be attended to.

"1. If little or no accommodation exists, give a

glass which entirely supplants any slight retinal accommodation still present. 2. If a moderate amount of accommodation exist, give a glass which partially supplants this natural accommodation. 3. If perfect accommodation exist, the same glass that does for distant will do for near objects." (P. 48.)

He then goes on to describe two diagnostic signs of myopia; viz., great length of the antero-posterior axis of the eye; and the detection by the ophthalmoscope of myopic refraction and staphyloma posticum.

In the fifth chapter, the author discusses Hypermetropia, commenting in order on the characteristics of this affection, and adducing cases and giving directions as to the use of glasses.

In the sixth chapter, Astigmatism is described; and in the seventh, Presbyopia.

The eighth chapter is a reprint of a paper on Paralysis of Accommodation, published in the first number of the *Ophthalmic Review* by Mr. R. C. Moon, under Mr. Laurence's superintendence. The chapter contains some interesting observations of the effects of the Calabar bean on cases of the class alluded to.

In the ninth chapter, the author speaks of Asthenopia; and in the last, of the connection between Divergent Strabismus and Hypermetropia.

Mr. Laurence is well known to have carefully studied the pathology of vision according to the light which the most recent researches have thrown on it. He is therefore thoroughly qualified to give instruction to others; and, moreover, shews in this book that he possesses the power of placing his knowledge of the subject before the profession in well condensed and easily comprehensible language.

THE WARD MANUAL; OR, INDEX OF SURGICAL DISEASES AND INJURIES. Arranged by THOMAS W. NUNN, Surgeon to the Middlesex Hospital. London: 1865.

THIS is a tabulated catalogue of the various forms of disease and injury which may come under the notice of the surgeon, arranged according to regions. Its purpose, Mr. NUNN tells us, is to afford the clinical student a means of constantly testing his acquirements; of enabling him to learn at a glance what he has seen, and how much still remains for him to see. The *Manual* is intended to be used by the student in the hospital ward, where he is to note down in it any example of injury or disease that may occur to him, and on returning home write out the particulars in his note-book.

The author has also appended a chapter on Inflammation, Cancer, Syphilis, and other diseases with which the surgeon has to deal.

Mr. Nunn's plan may be fairly considered as one of those which students may find of use to them in their clinical studies.

STAMMERING AND STUTTERING: THEIR NATURE AND TREATMENT. By JAMES HUNT, Ph.D., F.S.A., etc. Sixth Edition. Pp. 273. London: 1865.

THIS new edition of a well known work requires no introduction beyond the announcement of its appearance. The author, in the preface, specially urges on the public the importance of early treatment of all cases of defective speech, especially in children.

British Medical Journal.

SATURDAY, JUNE 17TH, 1865.

THE COMING ELECTION OF COUNCILLORS.

NOTHING could more plainly demonstrate the false position held by the Council of the Royal College of Surgeons as now constituted, than the nature of the forthcoming election of Councillors. An ordinary spectator would suppose, that the main object of all those gentlemen who are candidates for a seat in the Council must be to become Councillors. But it is nothing of the sort. Their main object is to become Examiners. *Hic labor, hoc opus est.*

If, indeed, Examiners were excluded from a seat in the Council, and were elected according to merit from the whole body of Fellows, in accordance with the terms and the spirit of the College Charter, how many, we might ask, of the present candidates would appear in the field, seeking entrance into the Council?

The truth is, that very few Fellows enter the Council as Mr. Paget of Leicester did, and as Mr. Turner and Mr. Charles Hawkins will, if elected, solely for the purpose of assisting in the management and direction of the affairs of the Corporation.

We appeal to the conscience of Fellows—candidates for office themselves—if it be not literally true, that most of those who come forward for seats in Council, do so against their own wishes, and to their personal inconvenience; and solely because they are forced to pass through the Council Chamber in order to obtain the prize to which they may be justly entitled, and which is the object of their desires and ambition—an Examinership.

Then, again, the qualifications for a good Councillor and the qualifications for a good Examiner are very different. A man may make an excellent Councillor, and yet be a very indifferent Examiner; and *vice versa*. Indeed, the very qualifications which render a man a perfect Examiner may make him less fit for the duties of governing the Corporation. Age, too, which may make a man a good Councillor, as a rule, must render him less apt as an Examiner. Be this as it may, however, it is evident enough, that going through a course of Councillorship can in no way improve a man's powers as an Examiner.

The election now before us illustrates in a remarkable manner the truth of all this. Mr. Paget and Mr. Prescott Hewett, at the last moment, and with evident reluctance, have come forward as candidates for the Council. Both their names stand a few months before Mr. Charles Hawkins's on the College list of Fellows; and, in accordance with what we

conceive to be a very mistaken rule of seniority, Mr. Hawkins, before coming forward, ascertained that they did not mean to offer themselves as candidates. Why, then, have they both so suddenly altered their minds? Well, we suppose, the only possible explanation of the fact is to be found in the suggestion made above. The anomalous and absurd system adopted by the College authorities has satisfied them that they will never gain admittance into the Court of Examiners unless they previously serve the office of Councillor, for which, as we suppose, they have little inclination or vocation. But why, it may be asked, were not Mr. Paget and Mr. Hewett long ago elected (as they ought to have been) Examiners of the College? Indeed, some years since, as some of our readers may remember, we especially instanced Mr. Paget as a Fellow signally fitted to be an Examiner, and spoke of his non-election as a fact condemnatory of the Council. Now why should these two Fellows, for example, be forced into a situation for which they have, as we suppose, no inclination; and so (possibly) prevent the entrance into the Council of Mr. Charles Hawkins, who has not only a decided inclination to undertake the duties of Councillor, but who would (in the opinion of all who know him) make a most admirable Councillor? Why, in the name of common sense, should the services of a notoriously independent and excellent man of business, of one who is thoroughly master of the whole College system, and who views, and has ever viewed, it from the most liberal aspect, who is no new convert to the strongly rising and urgent spirit of the times, but who has always advocated reform principles—why should such a man's services be lost to the College, or rather to the whole profession, merely because the Council insist on evading the spirit of their Charter, and will not elect excellent Examiners merely because they are not members of the Council?

Now, the truth is, that the Charter is evaded; and that men like Mr. Paget and Mr. Hewett (not being of the Council) are not elected Examiners, simply because men of the independent stamp of Mr. Charles Hawkins and Mr. Turner are not on the Council; and therefore it is that we still urge on the Fellows the election of Messrs. Turner and Hawkins. We will venture to say that their election would be a declaration of immediate reform in the Council—would be very soon followed by the admission into the Court of Examiners of men like Mr. Paget and Mr. Hewett, though not members of Council.

The plea that Mr. Hawkins should give way to Mr. Paget and Mr. Hewett as candidate for the Council, because he happens to be junior on the College-list, is one to which we take a very strong objection. It is high time that the College-list position of seniority, and the fact of a man being a hospital surgeon, should cease to be deemed neces-

sary qualifications in a candidate for the Council. The wise thing for the Fellows to do is to take the best man who offers himself; to accept the man who, it is certain, will fulfil his promises when in office, and who has not suddenly become a liberal on the eve of his office-seeking. It is quite time the notion that Fellows have a sort of right to entrance into the Council, according as their names stand on the list, should be done away with. The Council was not made for the benefit of a few senior Fellows; but the Fellows are elected to the Council for the benefit of the College.

As regards the coming election, we may observe, that the profession seems to have determined that neither of the retiring-by-rotation Councillors—Mr. Quain and Mr. Shaw—shall be re-elected; and that there is a third vacancy, resulting from the retirement of Mr. Arnott. And for these three vacancies there are the following candidates, given in chronological order, according to the dates of their admission as members:—Mr. Turner, May 3, 1816, and Mr. Ransome, of Manchester, October 5, 1827.—Mr. Quain, January 18, 1828; Mr. Shaw, September 12, 1828; Mr. Erasmus Wilson, November 25, 1831; Mr. Ure, November 7, 1834; Mr. Paget, May 13, 1836; Mr. Hewett, July 15, 1836; Mr. Charles Hawkins, March 3, 1837. All these gentlemen were admitted Fellows on the same day, December 11th, 1843, with the exception of Mr. Ransome, who was admitted on August 26th, 1844. It will thus be seen that Mr. Holt has retired. We shall not play the part of *Vates* or *Argus*, by pretending to guess who, out of so many runners, will be the successful winners; but we shall content ourselves with recommending the election of Mr. Turner, because he is a country Fellow, and a most proper representative of the country Fellows; and the election of Mr. Charles Hawkins, because we believe there is not a man on the list of the College Fellows whose election would be of greater service to the best interests of the Royal College of Surgeons of England; and we sincerely trust that Mr. Hawkins will not be induced to withdraw his name through any (as we think) erroneous idea of punctilio in reference to seniority.

TYPHUS AND SMALL-POX IN LIVERPOOL.

THE Annual Report of the Health of Liverpool for 1864, recently issued by Dr. Trench, is a valuable contribution to the records of sanitary science, containing an accumulation of facts and figures bearing upon the health of towns which are of more than local interest. The history of the typhus epidemic naturally occupies the most prominent position in it. The direct effect of an epidemic in augmenting the ordinary mortality of a community is clearly brought out in this Report. We find, for instance, that the total

number of deaths from all causes in Liverpool during the year 1864 was 16,836, or 1,626 above the average of the preceding ten years; and that, during the same period, typhus accounted for 1,740 deaths, or very nearly the exact excess of mortality for the year.

The varying influence of typhus on the death-rate in epidemic and non-epidemic times is exemplified thus. In 1860—a non-epidemic year—the typhus death-rate was, it appears, about 3 per cent.; in 1862, when the epidemic commenced, it was 5.2; in 1863, 7.6; and in 1864, when at its height, 10.5 per cent. of deaths from all causes.

The ratio in which typhus contributed to the mortality, as compared with other zymotics, was as follows. The total zymotic deaths for the year were 4,870 (or 28.9 per cent. of deaths from all causes), of which typhus accounted for 1,740, or nearly one-third; diarrhoea caused 847, small-pox 482, hooping-cough 370, scarlatina 349, and measles 368.

The Report goes into the alleged causes of epidemic typhus. Assigning a certain subordinate value to contagion modified by atmospheric influences, to overcrowding, filth, and drunkenness, Dr. Trench appears to have arrived at the conclusion that the essential cause of this epidemic was “indigence”—*i. e.*, an increased amount of privation amongst that class of the community upon whom the chief incidence of typhus fell. In this respect his conclusions differ from those of Dr. Buchanan, the Government Inspector, who could not trace that close connexion between typhus and destitution essential to constitute the relation of cause and effect. The different results arrived at by two independent inquirers may be to some extent explained by the different data upon which each proceeded in determining the amount of destitution existing in the town. Dr. Buchanan adopts, as a standard of the extent of poverty, the returns of parochial relief for the parish; and, taking these as a test, we certainly, in general terms, arrive at this result—namely, that when distress was at a maximum, fever was at a minimum; and *vice versa*. It is also worthy of note that the Registrar-General, in his Report for the third quarter of 1864, shows that throughout the country, when pauperism had declined and provisions were cheap, the epidemic had attained its greatest activity; and that the general mortality of the country was at the same time much above the average, indicating that epidemic disease is ruled by some cause apart from destitution. Again, it is remarkable that, during this entire epidemic, relapsing or so-called famine-fever has not made its appearance. Dr. Trench, however, does not accept parochial relief as the chief and only test of indigence, but bases his calculations to a considerable extent upon the records of charitable institutions, and also takes into account the effects of prevailing sickness as necessarily productive of much distress

which does not make itself apparent in the parish registers; and he, therefore, hesitates to accept an opinion very generally entertained, "that there is no more reliable test of the prevailing destitution than the fluctuations of the out-door relief-list."

During the present epidemic in Liverpool, besides other persons who have contracted the disease in the discharge of their duties, six medical men have fallen victims to the fever, among whom were two district medical officers and two house-surgeons.

The parochial authorities of Liverpool have, we are glad to hear, built a new Fever Hospital, consisting of eight wards, in four stories. Each ward contains twenty beds, is ventilated by opposite windows, and gives 1,100 cubic feet to each patient. The wards communicate at each end with a shaft extending from the top to the bottom of the building, containing the staircase, and thus affording ready means of exit in case of fire. There has been no extension of fever in the neighbourhood of the hospital, no cases of typhus having occurred in the closely inhabited adjacent workhouse, except such as could be traced to direct communication with the fever-wards.

The importance of isolation and efficient ventilation is made strikingly apparent by comparing the arrangements just described with the state of matters in one of the out-township workhouses. In the West Derby Union, typhus cases, at the time of Dr. Buchanan's inspection, were treated in buildings attached to the workhouse, insufficiently isolated and imperfectly ventilated, with 700 feet as a maximum, and 500 as a minimum, of cubic space to each patient. In these wards, typhus and small-pox were treated together, with the result that the fever convalescents often took small-pox, and the small-pox convalescents fever; in addition to which, cases of typhus occurred in the workhouse in such numbers as to lead to the inference that the extension of the disease was the result of overcrowding and deficient isolation. In connexion with this part of the subject, an important point has been illustrated in numerous well attested instances during this epidemic; namely, that the risk of the extension of typhus by contagion is certainly as great, and apparently much greater, in the convalescent stage, than at an earlier period of the attack; the obvious practical deduction from which is, the necessity for isolating typhus convalescents, and for deferring their discharge from hospital for a much longer period than would, under other circumstances, be thought necessary.

Besides the accommodation provided by the different parochial boards, there is a private hospital in Liverpool for the reception of contagious diseases, supported partly by voluntary contributions, and partly by a weekly payment from the patients. It contains twenty-four beds, affords sufficient cubic space, and is well ventilated.

The subject of most importance in Dr. Trench's

Report, next to typhus, is small-pox, which, after having been almost absent from the death-registry during the years 1860, 1861, and 1862, accounted in 1863 for 100 deaths, and in 1864 for 482; being 359 above the corrected average of the preceding ten years. Of these deaths from small-pox, 96 were registered as "vaccinated", and at the following ages; viz., one year and under, 15 deaths; between one and two years, 10; between two and five, 32; between five and ten, 12; between ten and twenty, 8; between twenty and thirty, 11; above thirty, 8.

Upon this statement, the medical officer of health observes: "On the subject of vaccination, its failure in 96 cases, supposing the statements to be approximately correct, shows, firstly, a want of care in its employment; and, secondly, the necessity of the process being repeated at stated intervals." Whether, upon so wide and important a question as the protective power of vaccination in reference to its duration, and the necessity of its repetition, it is safe to generalise from such limited statistics as 96 cases afford, is doubtful. Certainly, no satisfactory conclusion can be drawn from the two propositions, thus stated conjointly. If, for example, it be assumed that there is a want of care in the employment of primary vaccination, the necessity for repeating the operation, even if it do occur, proves nothing as to the duration of the protective influence of vaccination when properly and efficiently performed; and, therefore, cannot be urged as an argument in favour of re-vaccination, except as a precaution against the defects of the original operation.

No attempt is made to assign a cause for this epidemic of variola; and, indeed, the solution of this question presents much the same difficulties as exist in the case of fever. It appears that the disease prevailed most in the worst and poorest localities, though we must hesitate to pronounce destitution as the promoting cause of this zymotic. As to vaccination, it is probable that the practice is as efficient and universal in Liverpool as in any other of our large towns. No doubt, the system there is characterised by the same defects as those which obtain throughout this country. England gave birth to the immortal Jenner, but nevertheless is behind many other nations in providing for its people the fullest advantages of his invaluable discovery. It is, however, some consolation and encouragement to know that the medical department of the Privy Council are alive to the necessity of improvement in this important section of their functions.

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We are glad to find that another member of our profession is in the election-field; viz., Mr. Clement of Shrewsbury. Mr. Clement appeals to his professional brethren for assistance in electing one of

themselves. He says with truth, that the "army and navy, the law and the Church, are well represented in Parliament; but the medical profession has only one advocate in the present House of Commons. If some medical men had been in Parliament, they would not have seen such unsatisfactory and useless legislation on that very important subject, the public health." We sincerely hope that, in the excellent work of assisting a medical man into Parliament, our professional brethren will for once join heartily hand in hand, and give Mr. Clement their earnest support. Medical men of all shades of politics are assuredly, for such an end as this, bound to pledge to him their best support. Mr. Clement's local position and local influence are very great; and we can well believe that, with the energetic help of his professional brethren, he has a very good chance of being returned for Shrewsbury. We should really have a representative of the medical profession in the House, if Mr. Clement happily find his way into it.

VIRCHOW continues to hold a most remarkable—we might say unique—position as a leader in scientific medicine and a leader in politics. Our readers will have read the account of the threatened duel between him and the imperious and impertinent Bismark. Last year, Bismark told Virchow that he had better stick to his anatomy, which was more in his way than politics. This year, he sends Virchow a challenge, having, doubtless, by this time learnt that Virchow is something more than a mere anatomist. The question of duel or no duel is still *sub judice*. In the *Times* we read:

"The Lower House has held a meeting on the challenge given to Dr. Virchow by Herr von Bismark. Herr von Bismark, as a major in the Militia, is legally obliged to resent insult by calling out the insulter; while Herr Virchow, being no member of the army, would be liable to some months of imprisonment, at the least, were he to accept the challenge. Notwithstanding, few speakers thought it compatible with the creed of a Prussian gentleman to call upon Herr Virchow to refuse the duel on legal and moral grounds; the only reason of their objections being, that frankness in parliamentary debates would be rendered impossible were the decision as to insult to be referred by the President to the pistol. Herr Virchow offered to make reparation, provided Herr von Bismark would declare that he meant no offence in likening him to Hannibal Fischer—the man who fifteen years ago, at the end of the revolutionary period, was commissioned to put to the hammer the incipient fleet of the Germanic Parliament, and whose name has since been a byword in the mouth of the people. As a remarkable and rather amusing circumstance, it deserves to be mentioned that the police have had their misgivings as to the acceptance of the challenge by Herr Virchow. Ever since the Premier called out the Professor of Pathology, the Premier's colleague, who presides over the Ministry of Internal Affairs, has had the Professor dogged and watched by his myrmidons. When he attends hospitals, a *commissaire de police* will take up his station in front of the operating-hall; when he

leaves for the House of Deputies, a couple of alert detectives will track him thither, and wait patiently for his coming out."

A PETITION, signed by Messieurs les Ouvriers, has been presented to the Senate of France, asking that homœopathy may be introduced into French hospitals. To M. Dumas and a Committee has been committed by his brother senators the drawing up of a report on the subject. Before issuing a report, however, the Committee have applied to the Director of Public Assistance for his opinion; and M. Husson has, it is said, sent in a complete treatise on the subject. This incident has, as our readers may suppose, excited much the attention of the medical profession in France; and the report to the Senate of M. Dumas is looked forward to with anxiety. It is argued, that a petition of the kind alluded to from the very class who seek the benefits of the hospital cannot be lightly ignored; that those who go to the hospitals have a right to be treated by any system they please. The public pays for the hospitals, and therefore the public has a right to have all kinds of doctors there. And, if this be admitted, then will follow the soldier and sailor, etc., who will also demand the same right of choice in their medical treatment. And what can the Government oppose to this? All that can be done, it is argued, is, that the Government insist on the medical man being duly qualified to practise. How he practises, is a business which concerns himself.

A VERY interesting paper was lately read by Dr. Clouston, Medical Superintendent of the Cumberland and Westmoreland Asylum, before the Metropolitan Association of Medical Officers of Health. In this paper, he gives an account of an outbreak in the asylum of dysentery, which he asserts, and apparently on very logical grounds, was connected with the effluvia arising from the distribution of the sewage of the Asylum over land in the immediate neighbourhood. His paper deserves very serious consideration on account of the great care, precision, and circumstantiality, with which all the facts of the case are detailed. But, at the same time, the conclusions, however plainly they seem to flow from the premises, must not be accepted without grave consideration; and for this reason, that they seem so plainly contradicted by the facts attending the distribution of sewage elsewhere—as in the neighbourhood of Edinburgh, for example. Perhaps, it may be shown that the sewage in one case is in a different stage of decomposition from what it is in the other; that decomposing animal exuviae in sewers may at one period give off effluvia which are much more injurious to the human body than those given off at another—perhaps later—stage of its decomposition. In the present instance, Dr. Clouston ascribes the

effects of the sewage to the fact, that the sewage did not flow over a sandy and absorbing substratum of soil; but was retained on the surface by impervious beds of clay; and consequently was not fully subjected to the purifying influence of the soil.

THE friends of the Medical Provident Society will be glad to learn that it is now fairly in operation. A meeting of the Executive Subcommittee was held in London on the 9th instant—Dr. Richardson, and afterwards T. Heckstall Smith, Esq., in the Chair—when a number of contributing members were elected, after due examination of their certificates of health; and all the donors of ten guineas and upwards to the Auxiliary Fund were ordered to be placed on the list of honorary members. The contributors then elected were ordered to be enrolled from June 15th, and will be entitled to be aided by the sick-fund after the end of a year from that date. The Chairman and Secretary, with Mr. Clay, were directed to prepare the draft of a report of the Society before the next meeting of the Committee; and various other business was transacted. There is every reason to hope that the first report of the Directors, to be presented when the Association meets at Leamington, will contain much that is encouraging.

DR. VAN DER CORPUT, delegated by the Belgian Government to study the febrile epidemic at St. Petersburg, writes to the *St. Petersburg Journal* to express his indignation at the report spread by the *Wiener Medizin. Wochenschrift*, to the effect that the nature of the epidemic was concealed from the observation of foreign physicians. Dr. van der Corput says he has been received with open arms by all the Russian physicians and in all St. Petersburg hospitals. The epidemic, he says, is simply recurrent fever with typhus. Dr. van der Corput's letter is inserted in *L'Union Médicale*, at the request of Dr. Pelikan of St. Petersburg; and it appears also (suspiciously) in a St. Petersburg journal. For ourselves, we consider the report of secrecy confirmed by the significant fact already stated by us, that Dr. Whitley, who was sent to St. Petersburg by the British Government to study and report upon the nature of the epidemic, has up to this time given no notice whatever of it. If he saw and was satisfied, why is he silent?

ONE Morel and his wife were lately fined, at Niort, in France, 3260 francs for illegally practising medicine by means of animal magnetism—326 operations at 10 francs each! And, besides this, 1000 francs each for rogues and deceit, with a year's imprisonment. The two Morels appealed to the Court of Poitiers, who maintained the decision of the judges; but diminished the fine from 1000 to 300 francs, and the term of imprisonment to three months.

M. Demarquay lately presented to the Paris Surgical Society a man forty-eight years old, who had suffered great difficulty of speech, of mastication, deglutition, and respiration, in consequence of a tumour of the tongue. His general health had also suffered greatly. The soft palate could only be seen when the tongue was forcibly compressed. The patient could only eat with much difficulty; and M. Demarquay was on the point of tracheotomising him to relieve the respiration, when it occurred to him that he might usefully tie the two lingual arteries, which he did. On the day after the operation, the tumour began to diminish, and the atrophy was still going on. Although the patient was not completely cured, he could now talk, eat, and swallow; and his general health had become excellent. M. Broca hereupon remarked, that to the great Harvey belonged the priority of the idea of such an operation. Harvey tied the spermatic artery in a person who had a large tumour of the testicle, and thereby brought about its atrophy and absorption.

A national recompense has been demanded by the Belgian Academy of Medicine for Dr. Wilhems, on account of his discovery of the inoculation of epizootic peripneumonia.

MM. Manoury and Salmon, Surgeons of the Chartres Hospital, give an account, in the *Gaz. Méd. de Paris*, of an epidemic of colica pictonum which existed in the neighbourhood of Chartres. The cause of it was traced to lead which had been improperly used in mending the wheels of the mill, and had become mixed with the flour. Lead was found in the flour; and no further cases of colic were observed when it was no longer used for the purpose of stopping up holes in the wheel of the mill.

M. Chauveau of Lyons has made a very extensive and valuable series of experiments concerning the relation between small-pox and cow-pox. His conclusions are as follows.

Human small-pox can be inoculated on the ox and the horse with as much certainty as cow-pox. The effects resulting from the inoculation of the two virus differ completely. In the ox, small-pox virus produces only an eruption of very minute papillæ; but cow-pox virus produces a typical vaccinal eruption, with large and characteristic pustules. In the horse, small-pox virus also produces a papular eruption. Vaccine matter, as a rule, preserves the ox and the horse from variola; and variolous matter inoculated on these animals oppose the subsequent development of vaccinia. The variolous matter, when passed from animal to animal, never approaches in character to vaccinia. It remains in the last animal what it was in the first. When this variolous matter from the animal is inoculated in man it produces variola. Taken again from man and inoculated in the horse and the ox, it does not produce either cow-pox or horse-pox. Hence, therefore, notwithstanding the evident links of connexion between variola and vaccinia, in animals as in man, these two affections are yet perfectly independent, and cannot be transformed one into the other. And, consequently, in vaccinating after the method of Thielé or Ceely, we

practise the old inoculation, almost always rendered benign through the precaution which is taken to inoculate only the primitive accident, but certainly preserving all its dangers in respect of contagion.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D. Cantab.

President-elect—S. J. JEAFFERSON, M.B. Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S. Ed., Professor of Clinical Surgery in the University of Edinburgh.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, May 16th, 1865.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, June 22nd, at Three o'clock precisely.

Business. To receive communications from the President.

To consider the Programme for the Annual Meeting.

To prepare the Report to be presented at the Annual Meeting.

To consider a Communication from Mr. Gamgee; and a correspondence between that gentleman and the Editor of the JOURNAL.

Any other business which may be brought forward.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, June 6th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
LANCASH. & CHESHIRE. [Annual.]	Royal Institution, Manchester.	Wednesday, June 21.
SOUTH-EASTERN. [Annual.]	Crystal Palace, Sydenham.	Thursday, June 22, 1 P.M.
SOUTH-WESTERN. [Annual.]	Westward-Ho Hotel, Northam Burrows.	Thursday, June 22nd, 2 P.M.
CAMBRIDGE AND HUNTINGDON. [Annual.]	Ely.	Tuesday, June 27th, 11 A.M.
MIDLAND. [Annual.]	Town Library, Town Hall, Leicester.	Wednesday, June 28th, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle- upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 4, 12 noon.
WEST SOMERSET. [Annual.]	Clarke's Castle Hotel, Taunton.	Tuesday, July 4, 2.30 P.M.
EAST ANGLIAN. [Annual.]	Council Chamber, Town Hall, Ipswich.	Friday, July 14th, 2 P.M.

LANCASHIRE AND CHESHIRE BRANCH.

THE Annual Meeting of the Lancashire and Cheshire Branch will be held on Wednesday, June 21st, in the Royal Institution, Mosley Street, Manchester; THOS. TURNER, Esq., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary, without delay.

WM. ROBERTS, M.D., *Hon. Secretary*.

89, Mosley Street, Manchester.

SOUTH-EASTERN BRANCH.

THE Annual Meeting of the South-Eastern Branch will be held at the Crystal Palace, on Thursday, June 22nd, at 1 P.M.; EDWARD WESTALL, M.D., President, in the Chair.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Secretary, on or before Saturday, June 17th.

C. HOLMAN, M.D., *Secretary*.

Reigate, June 7th, 1865.

SOUTH WESTERN BRANCH.

THE Annual Meeting of the South-Western Branch will be held on Thursday, June 22nd, at the Westward-Ho Hotel, Northam Burrows, at 2 P.M.; T. L. PRIDHAM, Esq., in the Chair. The chair to be taken at half-past Two o'clock precisely.

The dinner will be held at the Westward-Ho Hotel, at half-past Four o'clock precisely.

C. H. ROPER, *Secretary*.

Exeter, June 1865.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE Annual Meeting of the Cambridge and Huntingdon Branch will be held at Ely, on Tuesday, June 27th, at 11 A.M.; J. MURIEL, Esq., President, in the Chair.

Gentlemen intending to read papers or cases are requested to forward the titles of the same to the Honorary Secretary, without delay.

P. W. LATHAM, M.D., *Hon. Secretary*.

15, Sidney Street, Cambridge, June 1865.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

Gentlemen intending to read papers and cases, are requested to forward the titles of the same to the Secretary, without delay.

G. H. PHILIPSON, M.B., *Hon. Secretary*.

Newcastle-upon-Tyne, June 1865.

MIDLAND BRANCH.

THE Annual Meeting of the Midland Branch will be held on Wednesday, June 28th, at 2 P.M., in the Town Library, Town Hall, Leicester; JOHN BARCLAY, M.D., President.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, without delay, to the Honorary Secretary.

JOHN SLOANE, *Hon. Secretary*.

Welford Place, Leicester, June 1865.

WEST SOMERSET BRANCH.

THE Annual Meeting of the West Somerset Branch will be held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at 2.30 P.M.; HUGH NORRIS, Esq., President.

Gentlemen are requested to give notice to the Secretary of cases or papers they may wish to communicate.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, June 1865.

EAST ANGLIAN BRANCH.

THE Annual Meeting of the East Anglian Branch will be held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th, at 2 P.M.; A. H. BARTLET, M.D., President.

Dinner at 5 P.M.

Members are requested to forward to Dr. Chevallier the titles of any papers or cases they may wish to communicate, on or before June 30th.

B. CHEVALLIER, M.D., *Hon. Secretary.*

Ipswich, June 14th, 1865.

SOUTH MIDLAND BRANCH: ANNUAL MEETING.

THE ninth annual meeting of this Branch was held at the Infirmary, Northampton, on Wednesday, June 7th, at 2 P.M.; GEORGE ASHDOWN, Esq., President, in the Chair. There were also present—Drs. J. M. Bryan, D. J. T. Francis, C. C. Hicks, E. Lawford, A. D. Mackay, W. Paley, and O. B. Shore; F. Buszard, M.B.; Jabez Carter, Esq.; R. Ceely, Esq.; R. Death, Esq.; C. J. Evans, Esq.; G. P. Goldsmith, Esq.; H. Hailey, Esq.; J. H. Hemming, Esq.; T. N. Heygate, Esq.; C. Hooper, Esq.; J. P. Knott, Esq.; J. G. Leete, Esq.; F. H. Marshall, Esq.; J. Mash, Esq.; W. Moxon, Esq.; E. Olive, Esq.; F. Southam, Esq.; T. J. Starling, Esq.; H. Terry, Esq.; H. Terry, jun., Esq.; W. H. Walker, Esq.; and R. W. Watkins, Esq.; and as visitors—Dr. Ramsey; J. M. Bryan, jun., Esq.; J. Green, Esq.; J. C. Green, Esq.; W. J. Kite and J. Manley, Esqrs. (West Bromwich); and T. Watkin Williams, Esq. (Birmingham); etc.

In the absence of H. VEASEY, Esq., the retiring President, the President-elect, G. ASHDOWN, Esq., took the Chair, and made a short speech, in which he alluded to the circumstance that a prize of Ten Guineas had been offered by Dr. Lawford of Leighton Buzzard to the members of the Branch, for the best essay "On the Constitutional Changes in the Human Frame resulting from Inebriety."

The minutes of the last meeting were read and confirmed. The Honorary Secretary, Dr. BRYAN, in reading them, remarked that the Branch was in a most flourishing state, there being eighty-five members (with four new ones to be proposed). The funds in hand amounted to £7:5.

Officers and Council. The following gentlemen were unanimously elected as the officers and Council for the year 1865-6. *President:* G. Ashdown, Esq., Northampton. *President-elect:* E. Lawford, M.D., Leighton Buzzard. *Committee of Management:* T. H. Barker, M.D., Bedford; Jabez Carter, Esq., Bedford; R. Death, Esq., Buckingham; D. J. T. Francis, M.D., Northampton; J. Francis, Esq., Market Harborough; H. Hailey, Esq., Newport Pagnell; W. Moxon, Esq., Northampton; and H. Terry, jun., Esq., Northampton. *Representatives in the General Council:* E. Daniell, Esq., Stony Stratford; W. Paley, M.D., Peterborough; H. Veasey, Esq., Woburn; R. W. Watkins, Esq., Towcester. *Treasurer:* J. M. Bryan, M.D.,

Northampton. *Honorary Secretaries:* J. M. Bryan, M.D.; and G. P. Goldsmith, Esq., Bedford.

Medical Provident Society. E. Daniell, Esq., and J. M. Bryan, M.D., were elected to represent the Branch on the Board of Directors of the Medical Provident Society.

Autumnal Meeting. It was resolved that the next autumnal meeting be held at Market Harborough, in September.

New Members. The following gentlemen were admitted as members of the British Medical Association and of the South Midland Branch: E. Bishop, Esq., Culworth; C. J. Evans, Esq., Northampton; J. Q. Costin, Esq., Market Harborough. O. B. Shore, M.D., Stamford Baron, a member of the Association, was admitted a member of the Branch.

THE BRITISH MEDICAL JOURNAL. A discussion on the JOURNAL, adjourned from the last meeting of the Branch, was resumed.

Mr. DEATH (Buckingham) proposed—

"That it is the opinion of this Branch that the Association do not publish a separate JOURNAL."

This motion, apparently, was not seconded.

Several members having made remarks,

Mr. R. W. WATKINS (Towcester) proposed the following resolution:

"That this meeting acknowledges the earnest endeavours of Dr. Markham to improve the character of the JOURNAL; and hopes that the members of the Association, more especially those who are connected with the public medical institutions, will support his efforts by contributing the results of their practice to the JOURNAL."

Mr. WATKINS said that the JOURNAL was much better now than at any previous period. Dr. Markham had conducted it with great ability; and, under his management, the Association had increased by several hundred members. He had some time since great reason for objecting to the *Lancet*, as it was constantly filled with anonymous attacks on individuals, and its articles manifested too much personal feeling. He had discontinued it for some years. With respect to the JOURNAL, if there were one point deficient, it was in communications from the physicians and surgeons of provincial hospitals. He hoped they would communicate more, and thus support the editor and improve the character of the JOURNAL. It only wanted their assistance to make it a first-class journal.

The motion was seconded by Mr. HAILEY (Newport Pagnell), and carried unanimously. In the discussion on it,

Mr. TERRY, sen. (Northampton), said he could not feel satisfied with giving a silent vote on the question, but must express the high opinion he entertained of the JOURNAL and of the able manner in which it was conducted. He had always entertained the idea, that it was mainly by the JOURNAL that the Association was kept together. He believed that not one-twelfth of the members of the Association attended the meetings; but that the members generally felt interested in the Society, and in reading about the doings of their medical brethren. There were other journals, but not, strictly speaking, journals of the profession. THE BRITISH MEDICAL JOURNAL was for the profession and the Association; and, if it were given up, the Association would at once dwindle. He thought that the plan proposed by Mr. Carter was visionary. The Association had already done much good; and the way to do more good was to keep it together. He concluded by expressing his strong feeling in favour of the JOURNAL.

Mr. MASH (Northampton) agreed with every remark made by Mr. Terry. The editor had fought manfully for the profession, and the members of the

Association ought to stick to the JOURNAL. He hoped that it might be gradually still more improved; but his motto was, "Keep to the good old JOURNAL."

MR. GOLDSMITH (Bedford) said that at the last meeting he had been commissioned by Dr. Barker to move the approval of Dr. Markham's management. The discussion, however, had been adjourned.

MR. WATKIN WILLIAMS, the General Secretary of the Association, who was present as a visitor, made a very able and energetic speech, which was received by the meeting with much approbation and applause.

Papers. The following papers were then read.

1. Case of Elephantiasis of the Lower Extremities; with an Illustration. By Hammett Hailey, Esq., Newport Pagnell.

2. Case of Monstrosity in the Fœtus. By J. Carter, Esq., Bedford.

3. Case of Tying the Subclavian Artery for Aneurism. By Robert Ceely, Esq., Aylesbury. The subject was brought for inspection. It was a most interesting case; the cure being complete.

4. Case of Puerperal Convulsions passing into Mania. By A. D. Mackay, M.B., Stony Stratford.

5. Case in Midwifery: Hæmorrhage after the Ninth Day (fatal). By G. P. Goldsmith, Esq., Bedford.

7. A few Remarks in the Treatment of Delirium Tremens. By D. J. T. Francis, M.D., Northampton. Several instances were related where large doses of opium had been given without good effect; and although some patients had recovered under this plan, yet he (Dr. Francis) had tried simple treatment, giving merely a *placebo*, such as small doses of hyoscyamus and bismuth, with diminished quantity of stimulus, and the disease had subsided sooner than in previous attacks. He instanced a case occurring the fifth time in the same patient, who was exceedingly violent. From the first, he gave no opium, but something simple; and the patient recovered more quickly than at former times. Some months ago, he saw a severe case with Dr. Bryan, which was treated by small doses of tincture of digitalis (ten to twenty minims every four hours) and a moderate supply of stimulus. The patient recovered quickly. He thought that the disease had a natural tendency to expand itself, if not kept up by a large supply of stimulus. There were facts known of bad cases recovering without the use of any opium at all.

MR. MASH related an extraordinary case to which he was called. It was stated to be quite hopeless. He gave thirty minims of tincture of opium every hour or two, with a good result.

MR. HAILEY had never found opium to fail.

MR. HEMMING (Kimbolton) generally gave opium.

MR. CEELY had seen opium given in large doses, and the complaint yielded under this treatment. He thought there were two kinds of cases; one where the patient had just drank to excess, and was in a very excited state, where he would give tartar emetic and effervescent draughts; and another where drinking had been left off for a little time, leaving prostration to a certain extent. Here he would give small doses of opium, and porter.

Votes of Thanks. A vote of thanks was passed to the gentlemen who had read papers, with a request that they would allow them to be published in the JOURNAL.

A vote of thanks was also given to the President for his able conduct in the chair.

Dinner. The meeting was then adjourned to the George Hotel, where the members and visitors, to the number of twenty-four, sat down to a good dinner there provided.

The members and visitors, to the number of forty

or more, had been previously sumptuously entertained at a luncheon provided by George Ashdown, Esq., President, at 1 P.M., at the same place.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 5TH, 1865.

ROBERT BARNES, M.D., President, in the Chair.

Specimens. Dr. J. BRAXTON HICKS exhibited an improvement on the mode of fastening the rope in his *Ecraseur*, which will allow any length of rope to be used, thus doing away with the addition of the endless drum of Weiss. Instead of using one hook or button on which to fasten the moving end, two hooks are now employed back to back, whereby two figure-of-eight hitches can be made, sufficient to keep the rope from slipping. Should, during an operation, the hooks come down to the end of the screw without having brought all the noose through the eye or severed the growth, the hitch can be undone, the hooks run up to the top of the screw, the ropes re-fastened, and brought down again as at the commencement. The hooks should be made as neatly as possible, but deep enough to hold two turns of rope.

Dr. MARION SIMS exhibited a new form of Curette for the removal of uterine fungoid granulations.

Dr. GREENHALGH showed a new form of Uterine Tent made from the stem of the *laminaria spiralis*; the peculiarity being that it is a hollow tube instead of the solid stick heretofore used. He also showed a new Pelvimeter, in which the index-finger is made available for the purpose of measurement, the size of the pelvic brim being determined by a little contrivance fixed upon the examining hand.

The PRESIDENT exhibited an instrument which he had used for some time past for the purpose of Dividing the Cervix Uteri in certain cases of Dysmenorrhœa, Metrorrhagia, and Sterility. It resembled the scissors used for the same purpose by Dr. Marion Sims.

MR. R. KING PEIRCE showed a Fœtus, born at full time, and exhibiting at birth two lacerations: one extending through the integuments transversely across the abdomen, about the level of the scrobiculus cordis; a second one across the throat, exposing all the vessels and muscles of the neck. The two lacerations had all the appearance of incised wounds; but the evidence was clear that they had not been produced by any act of violence other than that of rapid delivery.

Dr. TANNER exhibited a Fœtus, the subject of Hernia Cerebri and Hernia Umbilicalis. A portion of the membranes were also adherent to the cranium. He also exhibited a photograph of an Anencephalous Fœtus.

On a Case of Œdema after a Fall on the Gravid Uterus; Premature Labour; Recovery. By A. RASCH, M.D. The woman, at the end of the seventh month of her second pregnancy, fell down a steep flight of steps on her abdomen, and soon afterwards found herself swollen all over the lower half of the body. The Œdema increased to such an extent, that her medical attendant considered her case hopeless. Dr. Rasch saw her eight days after the accident. She had enormous Œdema of the belly from the navel downwards; the labia were distended into huge water bladders; both legs swollen; right hypogastric region painful on pressure; a good deal of albumen in the urine, but no casts; pulse quiet; tongue clean.

She never had the slightest œdema before the accident. After a few days, Dr. Rasch induced premature labour, and the albumen and œdema then perfectly disappeared. Dr. Rasch considered the case interesting in point of diagnosis; and held that the œdema was produced by the pressure of the uterus on the vena cava inferior, which would also account for the albuminuria. The author then specially directed the attention of the fellows to Breslan's mode of inducing premature labour, by simply introducing and keeping in the uterus an elastic catheter.

Dr. TYLER SMITH remarked that this operation was much practised by Professor Simpson in Edinburgh.

In reply to Dr. Graily Hewitt, Dr. RASCH remarked that a distended bladder could not have been the cause of the œdema, as there were no symptoms of retention. He also differed from Dr. Hewitt as to the possibility of coagula in the vena cava having caused the œdema, as they could not have disappeared so rapidly without symptoms of embolism. He (Dr. Rasch) could not explain the case otherwise than by pressure of the uterus on the vena cava, which was very favourably situated for that condition where it passes over the right side of the sacral promontory.

Remarks on the Influence of Mental Impressions as a Cause of Bodily Deformity. By A. MEADOWS, M.D. Dr. MEADOWS read the particulars of a Case of Monstrosity. Having first expressed his conviction in favour of the proposition, that the mind can and does act in this way, he reviewed and combated the various objections urged against it; the principal one being the absence of any direct connection between the nervous system of the mother and that of the fœtus through the umbilical cord. He, however, endeavoured to prove—or rather suggested the possibility, as it was not a matter admitting of any distinct proof—that mind, or the mental force, was not and could not be thus bound down, as it were, by the anatomical limits of the nervous structures; that it must have a power of action, if it has any action at all, throughout the entire organism, and in every part of it, whether it possessed nerves or not: in other words, that its sphere of action was only limited by the configuration of the body. Hence it was inferred that in those tissues where the existence of nervous elements could not be demonstrated, the mental or nerve force might, as it were, pass across the intervening matter between any two parts where nerves did exist, just as electricity traversed space between any two conductors. The author then applied this reasoning to the case of the fœtus *in utero*, and offered an explanation of the mode by which mind thus acts upon matter by supposing a kind of correlation between mental and nerve force analogous to the correlation of other physico-vital forces; the nerve force being here the active agent in those nutritive processes upon the changes of which deformities depend.

Dr. RASCH said he had listened with great pleasure to Dr. Meadows's paper, which boldly took up what was generally left to women, but which certainly deserved scientific investigation. The belief in the influence of mental emotion on the formation of the fœtus was as old as it was general amongst women. The great difficulty was to establish facts, as the mothers always recollected something from their pregnancy *after* they found something abnormal in their children. Dr. Rasch had seen two cases which had somewhat struck him, and of which he had taken notes. Two boys, from different parts of Germany, were brought to him with scarcely any foreskin, looking exactly like circumcised little Jews, but without any cicatrices. Both women narrated, with great

emotion, how they had seen during their pregnancies little Jews so cruelly treated that they could not forget it! They both had been present at the well-known Jewish rite. He ought to mention, however, that he had observed the same state in other little boys where no such story was volunteered, and where the mothers *did not know that this state was abnormal*. He considered this influence on the fœtus an open question, which he had made up his mind to help in solving whenever there was an opportunity of doing so.

The PRESIDENT observed that the instances most strongly bearing upon the question were those in which pregnant women stated explicitly the emotions supposed to influence the form of the fœtus *in utero* which they had undergone. One such case had been placed in his hands by Dr. Hassall, of Richmond. Certainly, the facts of this were very remarkable, inasmuch as the event singularly confirmed the statement of the woman made before her child was born. Dr. Barnes remarked that malformations were common amongst birds as well as quadrupeds; and that in birds it must be concluded that any mental impression must be imparted in the earliest stage of development—i. e., before the ovum was invested with the shell. He cited an anecdote from Captain Speke, which showed that in some tribes in Africa the belief prevailed that emotion in the *father* might produce monstrous births. The traveller had ordered his native huntsman to expose the embryo in a pregnant doe. He shrank from the task, fearing lest the kid striking his mind should metamorphose his wife's future progeny to the likeness of a fawn.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 23RD, 1865.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ON AMPUTATION OF THE LEG BY A LONG RECTANGULAR FLAP FROM THE CALF.

By HENRY LEE, ESQ., F.R.C.S.

THE author called attention to Mr. Hey's mode of operating by means of a long flap from the back of the leg, and to Mr. Teale's plan by a long rectangular flap from the front. The advantages of both these plans might be combined by making a rectangular flap from the back instead of from the front of the leg; a thick soft cushion might thus be provided for the ends of the bones, and no large nerve need be left in the flap. The operation described was performed according to Mr. Teale's plan as far as the external incisions were concerned, but the long flap was made from the back instead of from the front of the limb. Two parallel incisions were made along the sides of the leg; these were met by a third transverse incision behind, which joined the lower extremities of the first two. These incisions, which formed the three sides of a square, extended through the skin and cellular tissue only. A fourth incision was made transversely through the skin in front of the leg, so as to form a flap in this situation, one-fourth only of the length of the posterior flap. When the skin had somewhat retracted by its natural elasticity, an incision was made through the parts situated in front of the bones, which were reflected upward to a level with the upper extremities of the first longitudinal incisions. The deeper structures at the back of the leg were then freely divided in the situation of the lower transverse incision. The conjoined gastrocnemius and solcus muscles were separated from the subjacent parts and reflected as high as the anterior

flap. This part of the operation was performed with the greatest facility on account of the loose attachments of these muscles, especially at the lower parts of the leg. The deeper layer of muscles, together with the large vessels and nerves, were divided as high as the incisions would permit, and the bones sawn through in the usual way. The flaps were then adjusted in the manner recommended by Mr. Teale. The long flap thus formed was much thicker than when taken from the front of the leg. It was consequently less liable to slough. It afforded a much more efficient protection to the ends of the bones, and a thicker and softer pad upon which to rest a part of the weight of the body when an artificial limb was applied.

Three cases were detailed in which this mode of operating had been adopted, and drawings were given of the stumps after they had healed.

Two other cases were mentioned. In one of these, which was performed after great loss of blood from ulceration of the anterior tibial artery, in a case of very severe compound fracture, the patient died. In the other case, the patient made a rapid and good recovery. These were, the author believed, all the instances in which this particular operation had been performed.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, APRIL 7TH, 1865.

GEORGE FINCHAM, M.D., President, in the Chair.

Fracture of the Skull. Dr. MARTYN gave the particulars of a case of fracture of the skull from *contrecoup*. This occurred to a gentleman who was found dying in his bed in the morning, having left his home the previous evening in good health. When seen by the author, he was already dead. A *post mortem* examination showed a scalp-wound over the right parietal protuberance; and, upon dissecting off the scalp and sawing through the skull, a large clot of blood was found beneath the dura mater, on the left side of the base, chiefly occupying the middle fossa. This had proceeded from the middle meningeal artery, which had been ruptured by a fracture which traversed it. The fracture extended downwards and forwards and upwards and backwards to the extent of three or four inches, just in a direction corresponding to the line of the wound of the scalp. It did not reach the foramen magnum. There was no trace of bruise or wound on this side of the head. The author justified his idea of this fracture occurring by *contrecoup*, from the absence of any evidence of a blow or fall injuring the left side of the head directly. The injury was supposed to have been caused by a blow from some heavy body, as a poker; and, from the patient's history, there was reason to believe he had been subjected to some violence.

Strangulated Femoral Hernia. Miss F., aged 42, had suffered from this rupture for about fifteen years. On the morning of February 22nd, she first had "twisting pain" of the belly; and, although she took purgatives and used injections, could not get a passage through the bowels. She was seen on the evening of that day by Dr. MARTYN, who found her vomiting, in much pain, and in great distress. He at once discovered the nature of the case. The attempt made to reduce the tumour by the taxis failed; therefore her hips were raised, and ice applied, and she was advised to be put under chloroform for the purpose of again attempting its reduction; failing which, the usual operation for her relief was recommended. The

patient strenuously opposing these proceedings, opium in grain doses every hour was ordered. The next day, the patient was found to be much relieved by the opium, and would submit to no further treatment. On the following day (Monday), at 11 P.M., the author's attendance was again requested, the patient's symptoms being greatly aggravated. The abdomen was greatly distended; the vomiting was incessant; and her appearance indicated great prostration. She would now submit to anything for relief. As no assistance could be obtained at that time, and the case being urgent, with the help of his own assistant, he proceeded to operate, first placing the patient under chloroform. A knuckle of intestine, of the size of a small walnut, occupied the sac, which was strictured at the crural arch. This was divided, and speedy relief obtained. The bowels acted spontaneously three or four times in the night; and she afterwards went on well, without a bad symptom. The author considered the above case of some practical importance, from the length of time that had elapsed, with all the active symptoms of strangulated hernia going on for six whole days, and the operation eventually proving successful. Dr. Martyn thought that the long duration of the rupture (fifteen years) favoured the result from the bowels having become more tolerant of the injury.

Transfusion of Blood. Dr. GRAYLY HEWITT exhibited an instrument for the transfusion of blood, which, from its simplicity, would greatly assist in effecting the perfect performance of the operation. Its exhibition was accompanied by some remarks upon the nature of the cases requiring the operation, and of the mode of performing it.

Correspondence.

BEEF-TEA.

LETTER FROM WILLIAM KING, M.D.

SIR,—Your remarks on the waste of muscular food, in the number for June 3, have induced me to send you the following method of preparing food for delicate invalids, and those who are recovering from serious illness. It has a French origin, and was called *bœuf-pourré*.

Take one pound of beef, picked clean, pound it in a marble mortar into a pulp, add to it half a French roll sopped in gravy, and pound them well together; add to them the white and yolk of one egg, and pound all well together, adding a little spice to flavour it; puddle them through a hair sieve, scraping it off on the underside with a spoon as it oozes through; the whole will pass through if properly done; tie it up in a cloth, and boil for an hour. This preparation I used for many years when I was in practice, with great benefit.

The waste which you describe in muscular fibre in making beef-tea, is so enormous as to be well nigh incredible. While I was physician to the Sussex County Hospital, we had our broth-days two or three days in the week. Many of the patients disliked the broth, though well made with meat in it. We were allowed to order things, under the general name of fancy diet, which some of the economic governors thought extravagant; the hospital itself was always liberal.

I always thought the broth a poor innutritious diet, and I think the stomach has an aversion to fluids as a diet, and can digest solids, properly prepared, better. I am sorry to say that I did not inquire what became of the muscular fibre left from beef-tea; but I think

the waste of our broth, with meat in it, was not so great as you describe it. A physician ought to be a cook as well as a pharmacologist; for a good and pleasant diet is the basis of health, in a hospital as out of it.

Surely, that muscular fibre, which you mention as wasted, might, if pounded with bread, and a proper quantity of spice to flavour it, be made into a nutritious diet, either in the hospital or out of it, to thousands who seldom taste meat in any shape. We know that it is the muscular fibre, which we eat, which alone nourishes the muscle. Certainly, the physician is not a cook, and the cook is a jealous person, and does not like to be dictated to, even by the physician. But this waste is either incredible, or a great crime. I am, etc.

WILLIAM KING, M.D. Cantab.

23, Montpellier Road, Brighton, 6th June, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations at a meeting of the Board on June 7th, received the Licence in Midwifery.

Acey, Thomas, Hull; diploma of membership dated July 16, 1858
Ayres, Philip Burnard Chenery, Bedford; November 15, 1864
Bugden, Richard, Tachbrook Street, Pimlico; May 11, 1865
Cass, William Cunningham, Cowes, Isle of Wight; May 23, 1865
Collier, Thomas, Bridgend, Glamorganshire; July 26, 1864
Evans, John Tasker, Hertford; April 12, 1864
Fry, Augustin Barber, Kibworth, Leicestershire; May 24, 1864
Gourley, Samuel, West Hartlepool (not a member)
Knipe, William Melville, Rotherhithe; May 24, 1864
Rains, Samuel, Manchester; January 21, 1865
Roche, John, Fermoy, Ireland; April 8, 1866
Strange, William Heath, Streteley, near Reading; May 24, 1864

Admitted as Fellows of the College.

Beaumont, Thomas Mills, Knaresborough; diploma of membership dated April 11, 1864
Berney, Edward, Croydon; May 3, 1841
Donald, Joseph Rickerby, Holloway; November 1, 1839
Fereday, Samuel Day, Dudley; November 11, 1836

UNIVERSITY OF CAMBRIDGE. Degree of M.D. conferred at a Congregation held on June 8.

Phillipson, George Hare, Caius College

Degree of Master in Surgery.

Balla, Walter, St. Peter's College

First M.B. Examination. Easter Term, 1865. Examined and approved.

Bell, W. A., B.A., Trinity Hall
Dalby, W. B., B.A., Sidney College
Lestourgeon, Charles, M.A.

Second M.B. Examination. Easter Term, 1865. Examined and approved.

Lee, R. J., B.A., Caius College

APOTHECARIES' HALL. On June 8th, 1865, the following Licentiates were admitted:—

Andrews, Richard James, Trinity Square, Tower Hill
Birch, George, Enfield Road, De Beauvoir Square
Fuller, James Mortimer, Park Road, St. John's Wood
Gourley, Samuel, West Hartlepool, Durham

At the same Court, the following passed the first examination:—

Hopgood, Thomas Frederick, University College Hospital
Spratt, William, Guy's Hospital

APPOINTMENTS.

ARMY.

ARDEN, Surgeon-Major W., 14th Hussars, to be Staff-Surgeon-Major, *vice* O. B. Miller.
BOILEAU, Staff-Assistant-Surgeon J. P. H., M.D., to be Assistant-Surgeon 29th Foot, *vice* W. L. Farmer.
CARPENTER, Staff-Assistant-Surgeon W., M.D., to be Assistant-Surgeon 26th Foot.
CORBAN, Staff-Assistant-Surgeon L., M.D., to be Assistant-Surgeon 43rd Foot.

DAVIS, Assistant-Surgeon J. N., 44th Foot, to be Staff-Assistant-Surgeon, *vice* W. Carpenter, M.D.
FARMER, Assistant-Surgeon W. L., 29th Foot, to be Assistant-Surgeon 16th Lancers.
GREENHILL, Assistant-Surgeon J. R., 72nd Foot, to be Staff-Assistant-Surgeon, *vice* L. Corban, M.D.
JAMESON, Staff-Assistant-Surgeon W. H., to be Assistant-Surgeon 41st Foot.
KEIR, Staff-Assistant-Surgeon W., M.D., to be Assistant-Surgeon 16th Foot, *vice* R. W. Saunders, M.D.
MAUNSELL, Assistant-Surgeon T., 48th Foot, to be Staff-Assistant-Surgeon, *vice* E. O'Sullivan.
MILLER, Staff-Surgeon O. B., to be Surgeon 14th Hussars, *vice* Surgeon-Major W. Arden.
O'SULLIVAN, Staff-Assistant-Surgeon E., to be Assistant-Surgeon 96th Foot.
TROUP, Assistant-Surgeon R. W., 54th Foot, to be Staff-Assistant-Surgeon, *vice* W. H. Jameson.

ROYAL NAVY.

ANDERSON, James R., Esq., Surgeon, to the *Fisgard*, for Greenwich Hospital.
BROWNE, Francis H., Esq., Assistant-Surgeon, to the *Achilles*.
CLOSE, Henry A., Esq., Assistant-Surgeon, to the *Arethusa*.
COLLINS, A., Esq., Surgeon (additional), to the *Edgar*.
GRAHAM, William, Esq., Assistant-Surgeon, to the *Octavia*.
KYNSEY, Josiah F., Esq., Assistant-Surgeon, to the *Orontes*.
MARTIN, James J., Esq., Surgeon, to the *Arethusa*.
NASON, C. H., Esq., Assistant-Surgeon, to the *Prince Consort*.
RICHARDSON, William, Esq., Surgeon, to the *Octavia*.
SECCOMBE, Thomas, Esq., Surgeon, to the *Constance*.
SEDGWICK, Henry N. M., Esq., Assistant-Surgeon, to the *Octavia*.
SWEETMAN, Stephen, Esq., Assistant-Surgeon, to the *Constance*.
TREVAN, Matthew, Esq., Assistant-Surgeon, to the *Constance*.
WADE, Seaton, Esq., Surgeon, to the *Asia*.
WRIGHT, George V., Esq., Assistant-Surgeon, to the *Arethusa*.

MILITIA.

SMITH, T. S., Esq., to be Assistant-Surgeon 4th Lancashire Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

ANDREW, Edwyn, Esq., to be Assistant-Surgeon 1st Administrative Battalion Shropshire R.V.
ANNINGSON, J., Esq., to be Assistant-Surgeon 1st Yorkshire R.V.
BASS, H., M.D., to be Surgeon 1st Administrative Battalion Tower Hatolets R.V.
HOWSIN, F. A., M.D., to be Honorary Assistant-Surgeon 28th Yorkshire R.V.
PADLEY, G., Esq., to be Assistant-Surgeon 1st Glamorganshire A.V.
PRIOR, C. E., Esq., to be Honorary Surgeon 1st Huntingdonshire Light Horse Volunteer Cavalry.

DEATHS.

BEATSON. On May 7th, at Calcutta, Mary Augusta, wife of *W. B. Beatson, M.D.

*FOREMAN, Robert C., M.D., at Brighton, aged 42, on June 11.

KING, Gilbert L., Esq., Surgeon R.N., at Plymouth, aged 32, on June 9.

*MACY, Henry J., Esq., of Westown, near Bristol, at Gosport, on June 9.

SOUTHEY, Henry H., M.D., F.R.S., D.C.L., at 1, Harley Street, aged 81, on June 13.

PROFESSOR OPFOLZER has received an autograph letter of thanks from the Emperor of Russia, and the second class of the order of St. Anna.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE. Dr. Wood is the President-elect of this Association. The annual meeting will be held at the College of Physicians on July 6th.

TESTIMONIAL TO MR. EDGELOW. The students of St. George's Hospital have presented their late Demonstrator of Anatomy, Mr. Edgelow, with a testimonial—a lathe and a case of dental instruments.

ARMY SANITATION. Dr. Haurowitz, the private physician of the Grand Duke Constantine, has been sent by the Russian Government to North America, to investigate and report upon the sanitary arrangements of the army made in connexion with the war.

SOCIETY OF SWISS NATURALISTS. The annual meeting of this Society will this year be held at Geneva, August 21st to 23rd, under the presidency of Professor de la Rive. This Society has been established fifty years.

THE DEATH-RATE IN VIENNA was 40 per 1000 during the week ending the 27th ult., when the temperature was 4.1° Fahrenheit higher than in the same week in London, where the rate was 22 per 1000.

ROYAL COLLEGE OF SURGEONS. The President and Council of the Royal College of Surgeons have invited the Fellows and Members of the College to a *soirée*, to be held at the College on the 28th inst.

DR. EDWIN LEE has been nominated a corresponding member of the Royal Academy of Medicine of Belgium, and of the Society of Medical and Natural Sciences of Brussels.

SURGEON TO THE QUEEN. The office of surgeon in ordinary to the Queen in Scotland has become vacant by the death of Dr. David MacLagan. The post is not a very onerous one, the health of her Majesty and her family happily not requiring much medical aid during her Scottish residences, but it is esteemed one of great honour.

POOR-LAW MEDICAL RELIEF. In a debate in the House of Commons on Monday last, on the Poor-law Board Continuance Bill, Mr. Neate said that the medical profession ought to have an opportunity to bring the grievances which, rightly or wrongly, they held themselves to suffer before the house, and which, if the present opportunity was refused them, could not be afforded them. Mr. Villiers, in reply, said the Committee had come to the conclusion that there was no sufficient ground for changing the present system of medical relief.

THE ORDER OF THE BATH. The Queen has been graciously pleased to give orders for the appointment of Alexander Bryson, M.D., Director-General of the Medical Department of the Navy, to be an ordinary member of the Civil Division of the third class or companions of the Order of the Bath. On the 8th inst., Sir J. B. Gibson, Director-General of the Army Medical Department, and Inspector-General Sir William Linton, were invested with the Riband and Badge and Star of the Military Division of the second class of the Order.

PARLIAMENTARY VOTES. The following sums have been voted by the House of Commons: £1,600 for the Westmoreland Lock Hospital, Dublin; £700 for the Rotunda Lying-in Hospital, Dublin; £200 for the Combe Lying-in Hospital, Dublin; £5,600 to complete the vote for the House of Industry Hospital, Dublin; £1,500 to complete the sum for Cork Street Fever Hospital, Dublin; £600 for the Meath Hospital; £100 for St. Mark's Ophthalmic Hospital, Dublin; £300 to complete the sum for Dr. Steevens's Hospital, Dublin; £245 for the board of superintendence of the hospitals in Dublin.

HYDROPHOBIA. An inquest was held last week at Westminster Hospital, on a lad, aged 17, who died of hydrophobia, having been bitten by a dog nine weeks since. He patted the dog, when it turned round and bit him on the hand, and then ran off. Shortly afterwards a violent pain in the hand ensued, and a woman washed the wound with warm water. He then went home to bed, and a doctor was called in. He continued very ill until the 2nd instant, when he was brought to the hospital. Mr. C. Hawkins, senior house-surgeon, saw two cicatrices on the left hand about an inch apart. The deceased was suffering from symptoms of hydrophobia. He had cramps, a flow of saliva from the mouth, and an intense desire to drink. When water was offered him, he clutched the vessel, but was unable to drink. His face became black and turbid, and his eyeballs protruded. Opium and soothing medicine were administered. The cause of death unquestionably was hydrophobia.

THE RATE OF MORTALITY last week was 22 per 1000 in London, 28 in Edinburgh, and 25 in Dublin; 34 in Liverpool, 25 in Manchester, 26 in Salford, 15 in Birmingham, 24 in Leeds, 21 in Bristol, 23 in Hull, and 31 in Glasgow.

WESTMINSTER HOSPITAL. At a special general meeting of the governors of the hospital, held on the 6th instant, the Marquis of Westminster, K.G., was unanimously elected president, in the room of the late Duke of Northumberland, K.G.

DEATH OF DR. SOUTHEY. This eminent physician, brother of the poet, expired on Monday, at his residence in Harley Street, in the 82nd year of his age. He attained the title of M.D. at Edinburgh in 1806, and was chosen a Fellow of the Royal College of Physicians in 1812; he was also a Fellow of the Royal Society, and a D.C.L. of Oxford. His professional studies and reputation, however, were chiefly in connection with lunacy, in which he was one of the highest medical authorities, being for many years Examiner of Lunatics to the Court of Chancery. The deceased gentleman was physician in ordinary to George IV, and physician to the London Hospital; holding, also, the appointment for many years of Graham Professor of Medicine, which is now vacant by his death. Dr. Southey was the author of various medical works, of which one of the most important was on *Pulmonary Consumption*.

GREENWICH HOSPITAL FUND. In the discussion in the House of Commons on this subject, on the 8th instant, Mr. Hennessy said, in reference to a clause providing that pensions should be granted to "officers," that it appeared that the term "officers" did not include medical officers or chaplains. Chaplains were dealt with by a subsequent clause, and therefore medical officers were the only class of officers who were excluded from the benefits of this bill. This was the more unjust because the commissioners who inquired into the state of Greenwich Hospital reported that the only part of the establishment which required no reform was that which was under the control of the medical staff. The hon. member moved that after the word "officers" the words "medical officers" be inserted. Mr. Childers could not consent to the proposed amendment, as in the first place the words proposed to be inserted were superfluous, the word "officers" including medical officers; and, in the second place, because the medical officers not being deprived of any advantage by the scheme, were not entitled to any benefit from it. Sir J. Pakington thought that engineers as well as medical officers were entitled to participate in the benefits of the scheme. Mr. Moore inquired whether the medical officers were to be excluded from sharing in the advantages of the hospital. Mr. Childers said they were to be included in the general word "officers." Sir F. Kelly said the Marine officers were expressly included in that list, while the medical officers were as expressly excluded from it. Notwithstanding the assurance the hon. gentleman had given them that medical officers were included in the general word "officers," some hon. gentlemen had doubts on the subject which might easily be removed by the two or three words necessary being inserted in the interpretation clause. Mr. Childers would take care that the wishes of the hon. and learned member should receive attention. Mr. Hennessy said that after the assurance of the junior lord of the Admiralty that the medical officers were included in the word "officers," he would withdraw his amendment. Lord A. Paget would be sorry if the hon. member withdrew his amendment, on the supposition that medical officers were intended to participate in the benefits of the scheme. Medical officers held appointments in the hospital at present,

and those appointments they would not be deprived of, so that, as they lost nothing by the scheme, they could not fairly hope to derive benefit from it.

HOMŒOPATHIC CANDIDATES. Dr. Tweedie's name was published as a member of the Committee appointed to further the election of Captain Grosvenor for Westminster. Thereupon he writes to the captain, wishing to learn whether or not the captain is a supporter of homœopathy. To his letter the captain returns the following curt and equivocal answer:—"Sir: Whenever I am ill—which, by the blessing of Providence, does not happen very often—I apply for advice and assistance to the doctor of my regiment, who is, to the best of my belief, a very orthodox practitioner. I am, etc., J. S. W. Grosvenor." To this note Dr. Tweedie rejoins by requesting that his name be withdrawn from the captain's Committee.

VACCINATION A FAILURE AND DELUSION! The Annual Conference of the British Medical Reform Association will be held at the Ram Inn, Sheep Street, Northampton, on June 8th, 1865. A public tea will be provided; tickets ninepence each. After which, a public meeting will be held at the Mechanics' Lecture Hall, when a lecture will be delivered by Thos. Stowell, M.D. (Brighton), Member of the Royal College of Surgeons, England; subject, "Small-pox, its History and supposed Antidote; Vaccination, its Origin and positive Failure; Vaccination superseded." Chair to be taken by John Skelton, jun., M.D. M.R.C.S.England. The meeting will also be addressed by Drs. Payne, Wortley, near Leeds; White, Leeds; Thomas, Newcastle-upon-Tyne; Hodgkins, Wolverhampton; Turnbull, L.R.C.S.Edin., L.R.C.P., Aberavon; S. Colmer, M.R.C.S.E., Yovil; and other friends. Admission free. Dr. Stowell has kindly consented to be consulted upon small-pox and other cases, on Friday morning, June 9th, at the Botanic Institute, 110, Bridge Street.

THE WOORALI POISON. The Woorali or curare poison forms the subject of an interesting paper by Dr. Claude Bernard, in a late number of the *Revue des Deux Mondes*. This poison, though harmless when introduced into the stomach, causes paralysis when thrown into the circulation. So certain is the deadly effect of this poison known to be, that when an Indian happens accidentally to wound himself with one of his own arrows, he simply lays himself down to die without making the slightest attempt to save himself; and, as death comes on without any visible struggle, it is universally believed that the victim suffers no pain. This notion, however, Dr. Claude Bernard shows to be erroneous. Paralysis creeps gradually on from limb to limb, depriving the animal of motion, but does not in the slightest degree affect the intellectual faculties or power of volition. Now this he considers to be one of the greatest tortures to which an intelligent being can be subjected. Dr. Claude Bernard shows that the proximate cause of the animal's death by woorali is by the gradual extension of paralysis to the respiratory organs; and shows also that the poisoned animal may be restored to life by artificial respiration. By this process time is given to the organs to eliminate the poison by the ordinary functions, so that in the course of a few hours the animal will recover. Another means of cure is a ligature effected above the wound, so as to prevent the poison from being carried to the heart by the circulation of the blood. The ligature may be alternately slackened and tightened, so as to allow small portions of the poison to penetrate into the bloodvessels by degrees, allowing time for each portion to be eliminated before another is admitted, and thus, in the course of about twelve hours, the whole of the poison is eliminated.

DEATH OF SIR JOHN RICHARDSON. Sir John Richardson was born in 1787, and was educated at the Grammar School of Dumfries, his native town. At fourteen years of age, he entered the University of Edinburgh, and applied himself assiduously to the study of medicine. In due course he entered the army as assistant-surgeon, and served at the siege of Copenhagen in 1807. In consequence of the great ability he displayed on that occasion, and "for having served in the boats during a night attack upon a French brig in the Tagus," he was promoted in 1808 to be acting surgeon of the *Hercules*, a 74-gun ship. During the war with the United States in Canada and Georgia, he served as surgeon to the 1st battalion of the Marines; and in 1819 accompanied Sir John Franklin's Arctic expedition as surgeon and naturalist. He also accompanied Sir John Franklin's second expedition in 1825, when he commanded two boats, in which he discovered the passage between the mouths of the Mackenzie and Coppermine Rivers. In 1838 he was appointed Physician to the Fleet, and Inspector of Hospitals in 1840. The deceased knight, who was a Fellow of the Royal Society, was the author of the *Fauna Borealis Americana*, the *Zoological Appendix* to Sir Edward Parry's second voyage, the *Ichthyology of the Voyage of the Erebus, the Terror, and the Sulphur*, and several reports and scientific papers. He received the honour of knighthood in 1846.

ODONTOLOGICAL SOCIETY. An ordinary monthly meeting of this Society was held on Monday, the 5th instant, at the Hospital, Soho Square; the President (Thomas Rogers, Esq.) in the chair. Mr. Coleman called the attention of the Society to a case in which torsion had been unsuccessful, owing to the spiral shape of the fang causing the tooth, when turned, to come out of the socket. Mr. Woodhouse said that his plan had been, never to attempt torsion after the tooth had been through more than a year. Dr. L. Levison read a paper on a few Human Skulls, as furnishing data in proof of the brain being under similar laws (organic) as induce the development or wasting of the muscular system. He said that, as most of these skulls were abnormal specimens, they furnished some suggestive explanations of certain forms of disease in the dental organs. Mr. Woodhouse read a paper, on the Use of Carbolic Acid in Dentistry. He stated that carbolic acid, in the operation of excavating a tooth for stopping, from its cauterising property, was exceedingly useful in rendering a fresh prepared surface of the cavity less sensitive before filling it. The acid was most useful in cases where the pulp was exposed, and where, without its aid, the general practice would be to destroy it. After describing the mode of treatment, Mr. Woodhouse read notes of cases prepared by Mr. Gibbons, in which the acid had been successfully applied to the treatment of sensitive dentine, exposed pulp, and alveolar abscess. A long and animated discussion followed, various members of Society narrating cases where the application of carbolic acid had been most successful.

A SENSIBLE JURY. Dr. Herapath has received the following flattering testimonial and an address in reference to his investigation of the Dawlish poisoning case. "Dawlish, June 7, 1865. My dear Sir,—On behalf of the foreman and ten of the remaining eleven gentlemen who sat on the late inquest, and twenty-seven other subscribers among the gentry and tradesmen of this little town, I have the pleasure of sending you a cheque for £5 as an earnest and testimony of your valuable and kindly volunteered services, together with the accompanying public address to you on the occasion, from the Daw-

lish Times. I am, dear sir, yours faithfully, J. G. HARDING. Dr. Bird Herapath, F.R.S." *The Address.* "We, the undersigned, foreman of the jury and jurymen, considering, as we do, that our coroner, although legally was scarcely morally justified in disallowing Dr. Bird Herapath's expenses, have hereby agreed to raise among our resident inhabitants a small sum as a testimonial, by way of thanks, to that gentleman. Dr. Bird Herapath was prepared with and showed the jury the result of a very elaborate analysis. Without his or other competent chemical assistance, the jury could not, and would not, have arrived at any result whatever. We are of opinion, that it is a bad precedent in the county of Devon to throw the entire onus of a *post mortem* scrutiny on any professional gentleman not chemically qualified as an expert in poisons. The 'labourer is certainly worthy of his hire'; and it is clear that, in many cases (if professional men are not to be paid), shortcomings and failures of justice will arise. We, the undersigned, issue therefore our protest—conceived in no offensive spirit—but as a matter of what seems to us justice and equity—feeling, as part of the community of Dawlish, that it is a reflection on our town, not to say the county, that an eminent toxicologist should have, of necessity, been referred to, and yet dismissed without any remuneration whatever."

DR. MACLAGAN. This good old man—who never made an enemy and never lost a friend—the valued family doctor and friend—the public-hearted citizen—the genial companion of our best men for fifty years—died on Tuesday evening—gathered into the garner of the great husbandman like a shock of corn fully ripe. His well-known person, his hearty smile and kindly greeting, have been missed from our streets for more than a year, and for some weeks he has been gently dying—*felix opportunitate mortis*, with his unfailing life-companion and her seven sons, an unbroken family, around his bed. Dr. MacLagan was born in Edinburgh, in February 1785. He took his degree in 1805; and, having resolved to join the medical service of the army, he went to London, studied at St. George's Hospital, and became a member of the Royal College of Surgeons of England in 1807. His first service was with the 91st Regiment. With the 91st he went, in 1809, to Walcheren, and had the mortification of seeing the splendid battalion to which he belonged reduced by death and sickness in a few weeks from a thousand men to something less than one effective company. In November 1811, he sailed for Lisbon, to join the army under Lord Wellington. He was appointed staff-surgeon to the 9th Portuguese Brigade, which he joined in the investing-ground before Badajoz. He continued to serve with the Fourth Division till September 1814. He was present at the storming of Badajoz, and at the battles of Salamanca, Vittoria, Pyrenees, Nivelle, and Nive; and, therefore, in due time received the Peninsular medal, with six clasps. His professional skill and ceaseless activity in the discharge of duty secured for him the most flattering expressions from all those under whom he served, including, among others, a special notice in an order of the day by Marshal Beresford, who praised him "for the promptitude and zeal displayed by him in the care of all the wounded, in having them accommodated and attended to, and their cases treated on the spot." The result of these distinguished services was his promotion to be Physician to the Forces, which rank he held when the Portuguese army went home from the campaign in France; and his return to England *via* Lisbon, instead of a more direct route, was owing to his detention by Sir Benjamin d'Urban, Quartermaster-General of the Portuguese

army, who stated that he valued Dr. MacLagan's services so highly "as to be obliged to make a point of retaining him to superintend the hospital arrangements of the Portuguese army." In 1816, having gone on half-pay, he settled in Edinburgh. From this period to his death, Dr. MacLagan is identified with his native city. He was elected President of the Royal College of Surgeons in 1826. In 1848 he became a Fellow of the Royal College of Physicians, and President in 1856. He thus had the unique honour of having been President of both the great medical incorporations of Edinburgh. Dr. MacLagan leaves seven sons. His eldest is our excellent Professor of Medical Jurisprudence; another, Colonel Robert, is a distinguished officer of Engineers. (*Scotsman.*)

UNIVERSITY OF CAMBRIDGE. The following were the questions proposed at the recent examination for the degree of Master in Surgery. *Surgical Anatomy*: 1. Describe the clavicle and its articulations. 2. Describe the shoulder-joint. In what direction is luxation most likely to happen? What parts are most liable to injury in this accident? 3. Name the bones of the tarsus. State the nature of their articulations; and describe briefly the ligaments of this part. 4. Describe the course and relations of the external carotid artery. When this vessel is to be tied near its origin, how is the incision to be made, and what parts are divided by it in succession? 5. Give the relations of the superficial veins and nerves at the bend of the elbow. How is the brachial artery placed at this part? 6. Define externally the position of the femoral artery where it passes under the superior border of the sartorius. In making the incision for applying a ligature to the artery a little above this point, what parts are successively divided? Point out the position of any veins or nerves that lie near the artery at this place. 7. Describe the spermatic canal. In the operation for strangulated hernia lying within the canal, what parts have to be divided? How may the spermatic cord and epigastric artery be placed with regard to the hernial sac? 8. Describe the nasal fossæ, and the arteries and nerves within them.—*Pathology, and the Principles and Practice of Surgery*: 1. What changes take place in a vein when it becomes varicose? Where does this most frequently occur? What ill consequences are likely to result from the varicose condition of a vein? 2. Describe the appearances which distinguish the various dislocations of the hip-joint, and state accurately the treatment suited to each. 3. The pathology of simple stricture. In what parts of the alimentary and urinary tracts does it most frequently occur? and in what parts does it not occur? 4. A man receives a severe injury to his head, what symptoms would be likely to follow it, and how would you treat the case? 5. In what respects does a cancerous tubercle of the skin differ from a scrofulous? 6. A woman has a tumour in the breast; by what symptoms would you be led to judge of its nature, and under what circumstances would you advise your patient to undergo an operation? 7. What are the sources of hæmaturia in the male? How would you discriminate between them? and what would be your treatment in each case? 8. Describe minutely the operation for inguinal hernie. What dangers have you to guard against? How would you avoid them?—*Midwifery*: 1. Describe the formation, structure, and functions of the placenta. 2. Describe any case you may have treated yourself of placenta prævia, stating the steps you adopted for the relief of your patient. 3. What symptoms would lead you to suspect that a woman was in the third month of pregnancy? 4. In head presentations give the various positions

relatively to the pelvis in which the head can be placed, and state the mode of rectifying a malposition where necessary. 5. In a case of protracted labour under what circumstances would you interfere, and how?—There were also examinations *visû vocæ* in surgery, anatomy, and midwifery, and by the bedside of the patients in the hospital, operations on the dead subject and specimens shown of healthy and morbid anatomy.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Statistical Society.
WEDNESDAY. Geological.—Meteorological (Anniversary).
THURSDAY. Zoological.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

S. J.—The correctness of the account of syphilisation given by us in the last number of the JOURNAL, is guaranteed by the fact, that it was perused and corrected by Professor Boeck himself.

RAILWAY ACCIDENTS.—Is there any reason given for the fact that, in the late railway accident on the South-Eastern Railway, eight of the ten persons killed were of the female sex? T. F.

THE FORMATION OF ETHICAL COMMITTEES.—SIR: In my communication to the JOURNAL (inserted on the 8th of April), respecting the formation of Ethical Committees by the Branches, it was implied, and it is believed, that the few independent Ethical Societies which now exist would not object to merge themselves in the Branches, were these Committees appointed. It is well known that several of these associations have admirably fulfilled the intention for which they were originally formed, and have rendered essential services to the profession.

Many of their members are also members of the British Medical Association; and the Branches would do well to secure the services and experience of some of these, by electing them on the Committees. I have no doubt many of them are prepared to hail with gratification the opening for a more extended field of action, whereby ethical principles and usages will be practically recognised and embraced by a great body of the profession.

The annual meeting of the Association being near at hand, it is hoped the members will be prepared to form an opinion whether the reasons adduced in this and my previous letter are not sufficiently strong to induce the Association to adopt the course I have recommended. I am, etc.

Manchester, June 8th, 1865.

AN OLD MEMBER.

[Why should not our respected correspondent himself bring forward a resolution on the subject at our annual meeting?]

EXAMINATIONS IN ARTS.—It may be interesting to students to know that there will be a preliminary examination at the Royal College of Surgeons on Tuesday next; and that gentlemen passing this ordeal, or a similar examination at the College of Physicians or Apothecaries' Hall, can enter on their hospital studies in October next.

SYPHILISATION.—The patient lately visited by Dr. Boeck, and operated on by him in Ireland, is, we believe, a very unfavourable case for the operation of syphilisation. The process is being carried out by Dr. Bidenkap, Dr. Boeck having returned to Christiania. Dr. Boeck gave evidence before the Veneral Commission on Friday, the 9th instant. His evidence was, we understand, taken in English, which he speaks imperfectly. Possibly, therefore, he may not have fully expressed his exact meaning on all the points touched on by him.

POOR-LAW MEDICAL REFORM.—SIR: I am sorry so frequently to trouble you, but events have transpired so unexpectedly during the last few weeks, that it has been unavoidable, and I must again crave your permission for space to inform all the Poor-law Medical Officers that a Poor-law Continuance Bill has been introduced into the House of Commons; and as I considered it would be a good opportunity to make a final attempt this session to amend the Medical Relief of the Poor, I have forwarded a pamphlet on the subject to each member of the House of Commons, urging them to insist on clauses being introduced into the Bill now before the House.

I should have sent a copy of the pamphlet to each Poor-law medical officer; but, as I am already in debt about £20, I do not feel justified in incurring further expense; but I have directed the printer to keep the type standing for a few days, to enable any gentleman to have a copy on forwarding six postage stamps to Mr. Sherren, printer, Weymouth, or to myself.

I sincerely trust that success will attend our efforts, and that the present Parliament will yet do us and the poor that justice for which we have so long toiled.

I trust every medical man in the kingdom, but especially the Poor-law medical officers, will, without delay, urge upon his member the necessity of Poor-law Medical Reform.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, June 10th, 1865.

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, General Secretary.

Birmingham, June 1865.

COMMUNICATIONS have been received from:—Dr. HENRY MARSHALL; Dr. P. W. LATHAM; Mr. T. M. STONE; Mr. J. Z. LAURENCE; Mr. R. FLINT; Dr. MACKESY; Dr. FALCONER; Dr. BRYAN; Dr. WATERS; Dr. WILLIAMS; Dr. J. R. WARDELL; Mr. RICHARD GRIFFIN; Mr. STEELE; Dr. PHILIPSON; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Dr. HERAPATH; A MEMBER: Mr. W. J. COULSON; Dr. CHEVALLIER; and Mr. C. H. ROPER.

BOOKS RECEIVED.

1. Sea-Air and Sea-Bathing for Children and Invalids; their Properties, Uses, and Mode of Employment. By Dr. Brochard. Translated and Edited by Wm. Strange, M.D. London: 1865.
2. Der Croup. Von Dr. F. Pauli. Würzburg: 1865.
3. The Fourth Annual Report of the Glasgow Dispensary for Skin Diseases. Glasgow: 1865.
4. Chloroform; its Action and Administration. A Handbook. By Arthur F. Ernest Sansom, M.B. Lond. London: 1865.
5. The Student's Book of Cutaneous Medicine and Diseases of the Skin. By Erasmus Wilson, F.R.S. London: 1865.
6. Tension of the Eyeball; Glaucoma; etc. By James Voss Solomon. London: 1865.

Original Communications.

ON CATARRHAL OPHTHALMIA.

By HENRY HANCOCK, F.R.C.S.E., Senior Surgeon to the Charing Cross and Royal Westminster Ophthalmic Hospitals.

Most writers upon ophthalmic diseases describe catarrhal ophthalmia as a purely local affection, depending upon atmospheric changes, especially upon exposure to cold and wet, and essentially requiring local applications for its cure. I believe that this opinion is incorrect; that some other cause is requisite to produce this particular affection of the eyes, beyond those here mentioned; that there must, in fact, be a peculiar condition of system predisposing to this particular affection.

Were atmospheric changes, or exposure to wet and cold, alone sufficient, every inflammation of the eye depending upon these causes would necessarily be catarrhal. This, however, is by no means the case. In one, there may be simple conjunctivitis; in another, rheumatic scleritis; in a third, the inflammation will assume a gouty character; whilst, in the class of cases under consideration, it is catarrhal.

The patients most predisposed to catarrhal and its sister though more formidable diseases, purulent and gonorrhœal ophthalmia, are essentially those in a low and depressed condition of the system generally, analogous to that met with in erysipelas; and it is in this class of patients that we find catarrhal ophthalmia most prevalent. It is a perfect pest to the children confined in our large pauper establishments; it is a common companion or successor to the epidemics of low typhoid or typhus fevers which rage among distressed pauper populations. Indeed, it would seem that whatever tends to depress the nervous system, and to vitiate the blood, is a predisposing cause to this form of ophthalmia; and that, although the physical signs may be most apparent in the eyes, they are, in truth, local manifestations of general wrong, against which the treatment should be directed, rather than against the local manifestations themselves. Under these circumstances, I cannot agree with Mackenzie (4th edition, page 441) that, if catarrhal ophthalmia be treated only by general remedies, it will continue for many weeks, becoming the cause of much febrile excitement and constitutional illness, as well as of local distress and danger; or that the conjunctiva will become sarcomatous and rough (granular), and by rubbing, in this state, against the cornea, render it (especially the upper half of it) vascular and nebulous, or even densely opaque.

That the lids become granular after catarrhal ophthalmia, and that they in this condition affect the cornea as thus described, is unfortunately a fact of too frequent occurrence to be disputed; but I cannot admit either that treatment by general remedies solely will cause these lamentable results, or that "special remedies in this disease are inferior in importance to local ones." From many years' experience in the treatment of catarrhal ophthalmia by local astringents, such as nitrate of silver, sulphate of zinc, etc., I am convinced more frequently than otherwise, that their employment prolongs the complaint, and causes granulation of the lids. Freely admitting that bleeding, local or general, frequent doses of calomel, or any violent depleting remedies, do harm and should be avoided, as in erysipelas, I

have for some years past entirely restricted my treatment of catarrhal ophthalmia to constitutional remedies, for the most part of an attractive, a stimulating, and tonic character, merely directing the eyes to be fomented frequently with warm water, as much for the purpose of cleanliness as of comfort. I now very seldom see granular lids follow catarrhal inflammation; whilst the cure has certainly not been more protracted than when local applications were most successfully employed. The cases in which this treatment is most beneficial are those described by Mackenzie as "pure mucous or blenorrhœal inflammation of the conjunctiva;" in other words, in simple catarrhal inflammation—ophthalmia, *unaccompanied by supra- or circum-orbital pain*, and for the most part confined, at all events in its early stages, to the conjunctiva and the Meibomian follicles. In these, the disease mostly comes on suddenly, commencing with a sensation of itching and stiffness, speedily converted into a feeling as though grit or sand were in the eye. Upon examination, the eyelashes are found loaded with thickened glutinous mucus. The eyelashes are swollen, their lining conjunctiva being of a darkish red colour and flabby; whilst that of the eyeball, in the milder forms of the disease, is traversed by a network of vessels of the same dark red colour, which can readily be moved by pressing the lower lid against the eyeball, which in most instances is marked, especially at its lower half, by patches of extravasated blood, distinguishing this disease from the more acute and phlegmonous inflammation of the conjunctiva.

In its most simple form, the disease will be restricted to the angles of the lids and adjacent conjunctiva. When more severe, it will extend over the whole surface of the lids and eyeball; whilst, in still more severe and serious cases, the subconjunctival cellular tissue is infiltrated and raised, forming a distinct elevated fleshy ridge around the cornea, which appears sunken in, and at times partly obscured by irregular masses of swelling investing its surface, and constituting that condition termed chemosis. At the same time, the conjunctiva of the eyelids becoming in like manner infiltrated, the latter are puffed and swollen, creating difficulty of opening the lids, and in this way impeding vision.

Even when the amount of chemosis is considerable, the cornea for a time remains clear; but, if this condition exist for two or three days, it will become hazy, opaque, yellowish, and ultimately slough and give way, allowing the iris to protrude, resulting in more or less destruction of vision.

Lacrymation is always increased, the secretion being sometimes quite clear, at other times thick, yellowish, or muco-purulent. The symptoms towards night increase in severity; the intolerance of light is greater; the patient is feverish, and complains of pain and weight in the head, principally in the region of the frontal sinuses, and in the course of the lacrymal sac and ducts. These symptoms usually subside after the patient is quiet in bed; but they are sometimes so severe as entirely to prevent rest or sleep. In such cases, the Dover's powder or opium is of the greatest service, and will frequently cut short the attack. In ordinary cases, I give bark and ammonia; but, when the patient resides in a low damp locality, it may be necessary to give the sulphate of quinine in full doses, with or without opium, according to the intensity of the pain and the irritability of the patient; whilst the local applications should be restricted to warm water, or at most a poppy-head fomentation, to the exclusion of all local remedies of a stimulating or astringent character.

So long as the tongue is coated, and the breath foul and offensive, mild alterative aperients, such as

pilula hydrargyri, with *hyoscyamus* and extract of *colocyath*, are of great service, especially where there are chemosis of the conjunctiva, and tendency to opacity or sloughing of the cornea. In such cases, bleeding, whether local or general, violent purging, and local applications of a stimulating and astringent character, do considerable mischief; whilst, on the other hand, I have commonly seen the happiest results from mild alterative aperients—bark and ammonia or quinine, with or without opium, according to the amount of pain; with warm and soothing local applications.

That the disease, even in its most severe form, will yield, and yield rapidly, to constitutional remedies alone, is amply proved by the cases here subjoined.

CASE I. J. E. F., aged 8 months, was brought on October 10th, 1864, to the Royal Westminster Ophthalmic Hospital, suffering from catarrhal ophthalmia of both eyes, of one week's duration. The conjunctivæ were chemosed, and discharged profusely; and the eyelids were so much swollen that the child could not open his eyes.

R *Ammonia sesquicarb. gr. v; tinctura cinchonæ ʒi; decocti ejusdem ad ʒij. M. Sumat ʒij ter quotidie.*

The eyes and forehead over the frontal sinus were ordered to be frequently fomented with warm water.

Oct. 12th. He was very much improved. There was less discharge; and the swelling of the lids was so much reduced that he could now partially open his eyes.

R *Hydrargyri cum cretâ gr. iij; pulveris rhei gr. v. M. Fiat pulvis hora somni sumendus.*

The mixture was repeated, and the warm water continued.

Oct. 14th. The patient was going on well. The medicine was repeated.

Oct. 21st. He was now cured.

CASE II. J. M., aged 3, was brought in October 10th, 1864, with catarrhal ophthalmia of both eyes, of one week's duration. The symptoms were similar to those of the last case. Three drachms of the mixture of ammonia and cinchona (as in Case I) were given three times a day, and an alterative powder at bedtime; and warm water was applied as in the former case.

Oct. 12th. The child was much better. The mixture and warm water were continued.

Oct. 17th. All pain and discharge were gone. The chemosis of the conjunctiva and swelling of the eyelids had entirely disappeared. The patient was ordered to continue the treatment for two or three days longer. The child was finally dismissed cured.

CASE III. B. H., aged 16, applied October 12th, 1864, with catarrhal ophthalmia of both eyes, of four days' duration. She said she caught the complaint from a little brother. There was considerable congestion of the conjunctiva of both eyes, with the characteristic patches of extravasated blood. The discharge was but scanty. She stated that the attack came on suddenly; that she became worse towards night; and she complained of pain and weight in her head and forehead, especially over the frontal sinus, accompanied with some intolerance of light. The tongue was foul.

R *Pilula hydrargyri, extracti hyoscyami, extracti coloc. comp., sing. gr. iij. M. Fiat pilula hora somni sumenda.*

She was ordered to take an ounce of the ammonia and cinchona mixture three times a day, and to apply warm water frequently to the eyes and forehead.

Oct. 14th. She was better. There was less congestion, little or no discharge, and less pain and intolerance of light. The mixture was repeated.

This patient did not apply again.

CASE IV. H. B., aged 38, applied to Mr. Hancock October 17th, 1864, with catarrhal inflammation of both eyes, of five days' duration. The patient complained of great pain at night, and said that the attack came on suddenly. There was slight chemosis; profuse discharge; and the eyelids were much swollen. The ammonia and cinchona mixture was ordered to be taken in ounce doses three times a day.

Oct. 19th. There was no improvement. The mixture was repeated.

Oct. 21st. The patient was better. The eyes were less swollen; the pain and discharge much less. The mixture was repeated.

The patient continued to improve, and on the 28th was dismissed cured.

CASE V. J. C., aged 43, applied to Mr. Hancock October 24th, 1864, with a very severe attack of catarrhal inflammation of both eyes, of a week's duration, which he attributed to exposure to cold. He stated that the attack came on suddenly, with a feeling as of grit in the eyes. There was now profuse discharge, with severe pain at times. The conjunctiva was of a deep red colour; and the chemosis was so great that the cornea appeared sunken and overlapped at its circumference by the irregular surrounding swelling. The lids were also so much swollen that he could not open his eyes. He was ordered to take an ounce of the cinchona and ammonia mixture, also five grains of compound ipecacuanha powder, three times a day.

Oct. 26th. He was much better in every respect. The bowels were confined. He was ordered to take two cathartic pills at bedtime; and to repeat the mixture and omit the powder.

Oct. 28th. He was still improving. The treatment was continued.

Nov. 7th. He had gone on well to this day, and was now dismissed cured.

ON CERTAIN FUNCTIONAL DISEASES OF THE RETINA.*

By J. Z. LAURENCE, F.R.C.S., M.B.Univ. Lond., Surgeon to the Ophthalmic Hospital, Southwark.

BEFORE commencing the immediate subject of this communication, it will be well to define, as clearly as we can, what we are to understand by the term "functional disease."

All disease is, in a certain point of view, functional in its manifestation. For, where no disturbance of function exists, either to the patient's or to the physician's senses, disease can hardly be said to exist, if we except what is understood by the term "latent disease"—disease so subtle in its character, so impervious to either the patient's or the physician's observation, as to elude all outward detection. But the term "functional disease" has, by a kind of common assent for a considerable period, been construed in a limited sense to mean a perversion of vital action, manifesting itself in subjective or objective symptoms, inconsistent with health, but unaccompanied by any change of structure in the constituents of the body—so that, when this is subjected to the analysis of our senses, we are unable to detect in it any departure from those conditions which we are accustomed to meet with in the normal organism. This—so to say—vital etiology of disease played, in days gone by, an important part in the doctrines of the age; so much so, as to have even originated a distinct school of medicine—Van Helmont's school of Vitalism—a principle supposed to preside over

* Strictly, for the word "retina," I should have substituted all the nervous structures concerned in vision.

the body, and directly opposed to the influence of mechanical and chemical agents. But as our means of physically investigating disease have become multiplied and perfected, so has the number of the so-called diseases of function progressively decreased. Morbid changes, inappreciable to our unaided senses, have disclosed themselves to the analysis of instrumental appliances. The stethoscope, the ophthalmoscope, the laryngoscope, the microscope, and chemistry, have each taken an important share in detecting material changes in the organism in diseases, which had previously, from the want of such artificial assistance to our senses, been ranked amongst those of a functional nature.

There are, however, certain morbid states which we can hardly suppose to have any other than a purely functional origin. I may, for example, instance that of syncope. It would be an improbable ultra-speculation to suppose that the nervous centres undergo any material change of structure during a short faint, to as readily again acquire their original normal condition on recovery; although, even here, it is true, we are met by our certain knowledge of the extreme rapidity with which physiological processes of an undoubtedly material character—such as the oxygenation of the blood—take place under our very eyes; and, if a physiological process, why not a pathological? If we, then, take a broad view of the entire subject, we are irresistibly impelled to the conclusion that, sooner or later, when our present methods of research have arrived at greater perfection, or have become supplemented by others of increased refinement, the term “functional disease” will altogether vanish from the realms of medical science. However, it is in the nature of things that such a state of science is, at any rate as regards our generation, but an Utopian aspiration.

At present, then, we must remain satisfied by understanding, under the term “functional disease”, a disease which we, in our existing state of knowledge, have no means of connecting with any observed material change in the organism obvious to our unaided or aided senses; and it is in this limited signification that I employ the term functional, as applied to those conditions of the eye of which I am about to speak. Before, however, proceeding to the immediate subject of our investigation, let me draw attention to another important preliminary reflection.

In studying pathology, we must, I think, clearly separate two factors; viz., what we observe during life and what after death, using the word death in its limited sense to mean the extinction of life, whether it affect the whole or part of the body.

To illustrate what I mean, I may take a disease of the chest. During life we perceive a peculiar sound distinguished as fine crepitation, accompanied by dulness of percussion, and all the other concomitant physical and rational symptoms of pneumonia. I say “pneumonia”, because we have gained the right to this designation, not from the symptoms observed during life, but from inspection of the lungs after death. A certain set of symptoms has been observed in thousands of cases to accompany certain morbid changes in the lung-substance. We have, therefore, a perfect right to call that disease in which we observe this set of symptoms “pneumonia”, although we may never have had an opportunity, by the patient's death, of actually verifying our diagnosis by submitting the affected lungs to physical inspection. In the pathology of the eye, however, it will, as far as we can at present see, be ages before we can ever arrive at such a positive diagnosis; and the reason is obvious. It is because, out of the hundreds of eyes we examine with the ophthalmoscope,

we very rarely indeed ever have an opportunity of examining the organic changes that accompany the ophthalmoscopic appearances. It is all very well for authors to assign certain material morbid conditions to certain aspects of the fundus oculi; to say, *e.g.*, that whenever the optic nerve presents a dead-white, tendinous appearance, that then there exists atrophy of that nerve. I regard such names as names only—till ophthalmoscopic appearances have, by numerous dissections, been absolutely proved in an overwhelming number of cases to be connected with certain respective, material, anatomical changes. We may, however, with perfect justice, connect symptoms with ophthalmoscopic appearances. We may even go further, and very reasonably conceive the two to depend on certain morbid conditions; but we have no right to authoritatively and dogmatically lay down any inseparable connection between the two.

To recapitulate: in the following observations I shall designate by the term functional disease, a perversion of normal action, partially or wholly directly inexplicable by any organic changes in the eye, in our present state of knowledge, appreciable to our senses.

One of the most remarkable functional diseases of the retina is its paralysis. I have observed this taking place suddenly after a blow on or near the eye; the patient there and then, as far as I could ascertain, becoming partially or wholly blind, and, what is more, never recovering any further vision. These cases are so interesting, that I may be permitted to give the details of some that I have observed.

CASE I. A man was struck on the eye by a rocket-ball in 1854. Violent inflammation ensued at the time. I saw him about nine years after the accident. I then found he had simple perception of light. After a careful comparative ophthalmoscopic examination of both eyes, I could find nothing but a small black pigmentary deposit in the macula lutea of the blind eye.

CASE II. A young woman was struck by the cork of a ginger-beer bottle on the left eye. This set up inflammation in the eye, which lasted for about a week. I saw her about two months after the accident. She had never been able to distinguish even light from darkness since the accident. The pupil was somewhat dilated, but contracted slightly to light. A comparative ophthalmoscopic examination showed that, to all outward appearances, the fundi of both eyes were precisely similar and normal.

In the following case we have an instance of acute paralysis of the retina occurring idiopathically.

CASE III. Robert K., aged 32, an engineer, whilst in South America three years ago, had a paralytic stroke, from which he lost the use of the left side of his body, whilst the left side of his jaw “was locked”, and the tongue deviated to the left side. The right eye became totally blind and turned completely in; the left eye was not at all affected. He used galvanism; and, applying it for six months to the right temple, recovered the movements of the right eye. He is gradually recovering the use of his left side. Now the right globe is slightly divergent for distance; its movements perfect excepting inwards, he not being able to invert the corneal margin nearer than to about a line from the caruncle. He is stone-blind of this eye. Both optic entrances, vessels, etc., were perfectly alike in the two eyes, and apparently perfectly normal.

This case, however, is not one quite at point; for there was probably some deep central cause for the blindness.

In the above cases, then, we have sudden and complete abolition of useful sight, unaccompanied by any

appreciable organic changes in the retina or optic nerve entrance sufficient to account for the blindness.

A very remarkable series of cases are those in which a blow on a position corresponding to one of the branches of the fifth nerve has been followed by amaurosis.

Maekenzie, in his *Practical Treatise* (pp. 115-118), alludes to several such cases. "Petit submitted to the French Academy of Surgery the case of an officer who became completely amaurotic in consequence of a sword-wound in the eyebrow." Vicq d'Azyr had recourse to experiment. He laid bare, in a variety of animals, the frontal and superciliary branches of the fifth pair; he bruised and tore the exposed nerves; and convinced himself that this was speedily followed by blindness."

The following very striking instance occurred in my own practice.

CASE IV. A man, 38 years of age, was, eight days before I saw him, thrown forcibly against a broad piece of iron projecting from a mantel-shelf. He went at once to St. Bartholomew's Hospital. Much bleeding ensued; and for six days the lids were so swollen, as to prevent him from opening them. When he could do so, he found that he was quite blind of the eye. On examination, I observed half an inch below the left lower eyelid, and parallel with it a wound of the skin measuring three-quarters of an inch across. He said that it was here that the piece of iron struck him. The parts around the wound were red and thickened. The eye on the injured side stood about a line higher than the left eye, and was also slightly divergent. He had no perception of light with the eye. A comparative ophthalmoscopic examination of each eye disclosed not the slightest difference in either eye. In both the fundus was somewhat pale. A second such examination, twenty days afterwards, yielded the same results. On a third examination, a week later, I found signs of commencing atrophy of the optic nerve; it was paler in colour, and its contour more abrupt than that of the right eye. He had not recovered the slightest perception of light.

A case somewhat of the same kind came under my notice in the autumn of 1863. But, in this case, the eye of the opposite side to the injury of the face became amaurotic; in addition, changes of nutrition also set up in the eye.

CASE V. Ann B., aged 43, was, whilst walking along, struck by a brick falling from some buildings on the right side of her face. When I saw her a fortnight after this accident, there was a linear scar running pretty nearly in a line with the outer border of the right nasal bone. There was also a short scar down the dorsum of the nose below the bridge. She was stunned for an hour or so; and her nostrils, she said, bled. Two days after the accident, she noticed she could no longer read with the left eye, and subsequently the sight became much worse as if "a skin were before the eye." On examination, I found both eyeballs very prominent; the left eyeball as soft as a bag of water, the right one softish only; the left iris green and tremulous, the right one blue and not tremulous; both pupils acted well and independently to light; the corneæ were both equally sensitive; the optic entrance in the right eye appeared from some irregular refraction, distorted, and "floated" with each movement of the eye; the fundus oculi of the left eye was normal. She complained of a sensation of cold in the left eye. With the left eye she could not read c c (Snellen) at twenty feet; with an 11-inch concave lens, she read it at twenty-six inches. Her acuity of vision (S) with this eye was thus 1-100th; with the right eye, she read No. 23 (Jäger) at twenty feet with a 6-inch concave lens; and s therefore equalled 1-10th. I saw this patient

again on Jan. 31st, 1865. She had now lost all perception of light with the left eye; the lens had become opaque; the iris was bulged forwards; the pupil undilatable, even to atropine, its edge irregular. The eyeball was very tender, and "felt always cold" to her; the cornea was markedly less sensitive than in the other eye. She told me she had had a black eye from the injury.

There is one weak point in both the above cases that we have no right to disregard. In both, the patients had swelling and ecchymosis of the lids after the accident. I regard this, however, as not the direct result of the injury; but of the same nature as that which so frequently occurs at a distance from fractures of bones, or after the application of leeches in the proximity of loose integument. Under any circumstances, the absence of ophthalmoscopic signs in the blind eyes is a circumstance of great interest.

It is a remarkable fact that, in paralysis of the motor nerves of the extrinsic muscles of the eye, vision is rarely much, if at all, impaired. The very fact of the constant occurrence of double vision in these cases is sufficient to prove the general truth of this assertion. But minutely exact observations on this interesting subject, especially with reference to the state of the pupil and of vision, remain to be made.

How are we to interpret such cases as the above? For want of a better explanation, I at present call the blindness a reflex phenomenon. I conceive the blow on the branches of the fifth nerve to be conducted by them to the cerebrum, and hence reflected in a centrifugal direction by the optic nerve to the retina. In our present state of knowledge, I think we are justified in thus explaining such cases. In the action of the pupil to light, we have a physiological phenomenon of a similar nature, only that the conducting and reflecting nerves act here in a reversed order. The light stimulates the retina; this stimulus is transmitted to the sensorium by the optic nerve, and is hence reflected to the nerves of the iris.*

Such cases as those I have been recording are instances of what might be termed acute paralysis of the retina. They are not very common, but still occur every now and then. The following very interesting case may perhaps be considered an instance of a subacute form of paralysis of the retina; whether from pressure on the retina itself, or on its conductor to the sensorium, the optic nerve, I am not in a position to say.

CASE VI. Elizabeth P., aged 11, a very intelligent girl, stated that a fortnight before I saw her, she felt what she described as a "pinching" pain in the right eye and the right side of the forehead, and, on closing the left eye, she discovered that the sight of the right was dim. The pain had continued ever since; and the sight became progressively less and less, till she could barely distinguish light from darkness with the affected eye. To still further fix this point, I, by the prism test, convinced myself of the absence of all simulation of blindness. On her regarding a distant object, I observed the right eye was drawn somewhat outwards and upwards, and its power of inversion diminished; facts pointing to partial paralysis of the internal and inferior recti muscles. The right eye was also more prominent than the left one. On examining the two eyes ophthalmoscopically, I found them normal, and absolutely identical. She had suffered from periodic attacks of violent headache for three years, the last one being two months ago. The headaches would

* Fontana and De Ruiter have shown that the pupil does not contract, when a jet of light is thrown in the iris alone, without its entering the pupil.

last about four hours at a time, and were so violent as to make her cry. She had never had any fits. She subsequently had an attack of what her general medical attendant, Dr. Jeffree of Kennington, considered meningitis; and after this she completely recovered the vision of the affected eye. I, at the onset, diagnosed the amaurosis as depending on some effusion within the orbit pressing on the optic nerve or retina; and I consider the ultimate progress of the case justifies me in adhering to this diagnosis.

[To be continued.]

CARCINOMA OF THE STOMACH.

By JOHN RICHARD WARDELL, M.D., M.R.C.P., Physician to the Tunbridge Wells Infirmary.

THE following cases are not given as presenting any very peculiar characteristics of the above named disease; but rather as a fair illustration of its examples which are ordinarily met with in practice.

CASE I. I was requested, by Dr. Johnson of this place, to see with him, January 28th, 1863, Mr. S., who had for some weeks previously been under his care. The patient was head gardener to a gentleman residing in the neighbourhood; and he had regularly pursued his occupation up to the time of the more urgent symptoms of his illness. He was now, and had been for some days, confined to his bed. He was 51 years of age, and had always been a healthy man until about two years prior to the above date, when he first began to experience what he conceived to be merely impaired digestion, for which the ordinary remedies had been employed. During the summer of 1862, he had been slightly jaundiced. Subsequent to that affection, he had abscess of the liver, which opened externally; and for some months a sinus remained, from which a small quantity of purulent matter continued to escape.

At my first visit, he had a cachectic look, was much emaciated, and then laboured under persistent sickness and vomiting; the ejections being sour, and a biliary mucous fluid. The respirations were not accelerated; percussion over the thorax generally elicited the clear pulmonic notes; and auscultation proclaimed no abnormal sounds. The pulse was 92, small, compressible, and regular; the cardiac impulse weak, not diffused; there was no valvular disease. On carefully percussing the hepatic region, dulness manifestly extended over a less space than natural; the abdomen was so distended with flatus that now palpation could detect no abnormalities of the viscera. Pressure at the epigastrium gave acute pain; and he described this pain as "sharp and shooting". The bowels were regular; and, when they were moved, only small amounts of fecal matter were voided. The urine was of specific gravity 1020; no morbid products were detected on the application of ordinary tests. He had had a variety of tonic and stomachic medicines without any material benefit. He had taken the bitter infusions, mineral acids, bismuth, quinine, oxide of silver, prussic acid, aloes, and belladonna, and other remedies of a similar kind. On a general review of the case, and when the tympany existed, the diagnosis could be but a doubtful one. The solution of morphia, with hydrocyanic acid, were agreed upon, to be taken at short intervals; and concentrated beef-tea, with port wine, every two hours. Under this treatment, the sickness was for a time relieved.

I saw him with Dr. Johnson again in the course of another week. The tympanitis had now subsided; and, on again examining the abdomen, we could feel an irregular hard lump, of about the size of a small

orange, at the right epigastric region, corresponding with the situation of the pyloric orifice. It was now abundantly clear, from this fact, the history, and the whole of the accompanying symptoms, that this was a case of carcinoma. He continued to waste and decline in strength; the sickness, vomiting, and epigastric pain, being to the last persistent and predominant symptoms.

He died February 14th, 1864. No inspection was made.

CASE II. The next example of this disease was in the person of Mrs. D. who, Oct. 16, 1863, came from a distance to consult me. Her case was reported as being one of stricture of the œsophagus. She was 49 years of age, married; her countenance was dusky, yellowish, anæmic-looking; the volume of flesh was considerably reduced. About two years before, she had first begun to experience pain at the epigastrium immediately after taking food. Her affection had been regarded by an hospital physician as dyspepsia, and by a general practitioner as mere indigestion; for which a great variety of remedies had been tried, yet with little real benefit. The loss of flesh and strength, anorexia, with occasional vomiting, becoming more and more pronounced, and the opinion having been given that the disease was stricture of the œsophagus, herself and friends became alarmed, and my advice was requested. Three months prior to my seeing her, she had had, from time to time, attacks of vomiting almost immediately after a meal, and the ejected matters were invariably sour.

When I saw her, she said the swallowed morsel always produced pain, and it "felt as if it stuck very low down", on which account she had been compelled to live on fluid or on semi-fluid diet. The tongue was clean, smooth, and red; and the papillæ, even at the V-shaped circumvallate lines, were almost indistinct. Her bowels were regular; pulse small and weak, 92. Percussion and auscultation gave no indication of thoracic disease. The abdomen, on palpation, gave no evidence of lesion, except at a circumscribed place at the epigastric region between the mesian line and the anterior border of the left false ribs. Over this space even moderate pressure gave great increase of pain. Pressure could be borne at the right side of the epigastrium. She said the pain was always in one place; that she could cover it with the palm of the hand; that it was a "sharp, pricking, wringing, sometimes a burning, pain." Her husband and daughter, who drove over with her, were much concerned at her inability to swallow solids, and were afraid of death by starvation. I softened an œsophagus bougie in hot water, oiled it well, and very cautiously introduced it. Not the slightest resistance was felt until its end reached the cardiac orifice, where there was slight obstruction; but excessive pain was produced, which was felt through into her back. The instrument was at once withdrawn, the object not being dilatation, but a mere help to diagnosis. From the history, symptoms, and all the circumstances, I did not hesitate to pronounce the case as being a fatal one. On careful manipulation, some thickening of the cardiac end of the stomach could be felt through the attenuated parietes. It was a plain case of carcinoma. I ordered pills, with extract of belladonna, aqueous extract of aloes, and quina; and a belladonna and opium plaster to the epigastrium. I also directed her to have new milk, thickened with some farinaceous article of diet; concentrated beef-tea, with isinglass, tapioca, and port wine. The pain increased in intensity; her flesh and strength decreased; sour vomiting became more frequent; and the desire for food less and less; the difficulty of taking it greater;

and she gradually sank on December 16th, about two years and three months from the commencement of her illness.

CASE III. I was desired by Dr. Johnson, May 16th, 1863, to see a patient who for three months previously had been under his care. He was a tall, powerful man, 55 years of age, of florid complexion, who, twelve months before this date, had enjoyed good health. He then began to labour under a sense of pain and fullness at the epigastrium, but he did not for some time subsequently seek advice. In Feb. 1863, he consulted Dr. Johnson, who treated his case in the ordinary manner when such symptoms are exemplified. He had given to him, from time to time, a variety of stomachic medicines, which were followed by some temporary improvement. But he did not make progress, and my own opinion was asked. When I first saw him, the pulse was 78, volume good, and regular. The physical signs of the thoracic organs were natural. The tongue was covered with a thin creamy coat; his appetite was impaired; the bowels were inclined to be confined, necessitating the occasional use of some aperient. On examining the abdomen, the epigastrium was full, rounded, and preternaturally resonant on percussion. Pressure over this region, at the mesial line and towards the left hypochondrium, gave pain which extended into the left back. He placed his fingers on the precise spot, which "felt tender." No tumour, nor well defined hardness, could be detected. The kidneys acted normally. The urine was of specific gravity 1020; no morbid products were found, except excess of triple-phosphates. He had latterly become desponding, and was easily fatigued. It was now impossible to say, whether it was or was not malignant disease. There was yet no great wasting; nor had he the cachectic expression. He had hydrocyanic acid, strychnine, aloes, extract of opium, extract of belladonna, belladonna plaster to the epigastrium, and like remedies, with a carefully regulated diet. He improved for a time; but the pain, which was of the stabbing kind, never entirely removed. He made no real progress; and he was recommended to go to Brighton, where he remained a month. On his return, he was thinner; and the face began to wear a haggard, sharper expression. Nitrate of silver, extract of conium, decoction of cinchona, and dilute nitric acid, were given; and morphia at bed-time. He had more pain after meals; the vomiting matters ejected were always sour. He was ordered to have a liniment of camphor, extract of belladonna, tincture of opium, and chloroform, to be applied to the epigastrium.

Now (Sept. 20th), we believed in the existence of malignant disease. The loss of flesh was rapid; the pain sharp and lancinating; the vomitings more frequent. He was recommended to consult Dr. Brinton; and, at Dr. Johnson's request, I wrote a short account of the case. That gentleman's reply was as follows.

"I have examined Mr. — very carefully; and, on the whole, fear your opinion is only too correct. At least, I find considerable thickening of the stomach near its cardiac end; and surmise that a certain degree of softening and abrasion of the mucous membrane, if not some downright ulceration, is present here. At the same time, it is quite possible that these symptoms and appearances may be due to mere ulceration without a markedly cancerous deposit. Even in the latter case, I should hope much may be done (as I have certainly found in cases with peculiarities analogous to this) to relieve his sufferings and defer the result. The prescription and diet concur in essentials with the plan already pursued." (The prescription was for pills, with extract of colo-

cynth and extract of belladonna, and quina; strong soups and farinaceous food for diet.)

During the next three months, all the symptoms were more pronounced. Emaciation went on; strength rapidly declined; he had pain without intermission; the sour vomitings soon after meals became more frequent; and the nature of the malady was only too obvious. At the epigastric region, to the left of the mesial line and towards the hypochondrium, there was resistive hardness, and even moderate pressure increased the pain. Morphia was given every night. The bowels were opened on alternate days by enemata. Lime-water or milk were given to relieve excessive acidity. Having to go to London on Jan. 24th, 1864, he wished to consult Dr. Budd. Again, at Dr. Johnson's request, I wrote a concise detail of the case. Dr. Budd replied as follows.

"I agree with you and Dr. Johnson that the disease under which Mr. — is suffering is malignant. The gastric symptoms and the loss of flesh are such as usually betoken malignant disease; and in the left epigastric region (to which you directed my attention) an irregular lump can be felt. I would recommend a light diet, some soothing medicines, such as chloric ether, hydrocyanic acid, and tincture of calumba, bicarbonate of potash, or Vichy water; a belladonna plaster over the epigastrium; morphia every night; and occasionally a colocynth or aloetic pill."

In the course of another month, he became confined to the house. The opiates required to be very considerably increased. The emaciation became at length extreme. Port wine, brandy, iced champagne, concentrated beef-tea, for a short time extended his existence; and he died March 12th.

CASE IV. J. T., aged 64, a thin anæmic-looking man, for many years had been in declining health. This gentleman told me that five years previously he began to experience much disorder in the stomach and bowels; the former frequently giving considerable pain; the latter being irregular in their action, with much tendency to be confined. He placed himself under my care March 25th, 1864. He had been treated by several practitioners, yet without deriving more than temporary benefit. He looked languid and haggard, the countenance always being expressive of suffering. The physical signs of the heart and lungs were normal. Pulse 76, soft, regular. He had pain at the right iliac fossa, described as lancinating and shooting up into the right back; also some pain on pressure at the epigastrium. He could lie on either side, but was most free from pain when standing. When he sat down or went to bed, the epigastric pain increased. Hence, at my visits, I generally found him walking about the room; and he would say, "I am tolerably easy when erect." When pressed at the right hypogastrium, pain was experienced; and percussion gave dulness, which, however, from time to time differed in extent and intensity. He was much troubled with flatus; and the bowels were rarely moved, except by artificial means. There was no disease of the bladder; the urine was normal both in quantity and characteristics. His appetite was impaired and capricious; he had now no sickness or vomiting. I ordered him nitrate of bismuth with infusion of calumba and tincture of henbane. The mineral acids, morphia, extract of belladonna, aqueous extract of aloes, quinine, were given; and epithems, with belladonna, opium, and chloroform; and a diet selected of the most digestible and nourishing articles, as pounded meat, new milk, eggs, concentrated soups, jellies, and the like; wine and brandy in small quantities. Under this treatment, he for a time seemed to rally; his appetite was better; he slept longer; and he had more hope; yet

the cachectic look was still present. There was a continuous loss of flesh, and the epigastric pain never entirely ceased. On November 5th, persistent sickness and vomiting supervened; the ejections were a sour muco-biliary fluid, accompanied with much pain at epigastrium, extending down into the right hypogastrium. I ordered hydrocyanic acid and solution of morphia, anodyne fomentations, and opiate enema. Iced champagne and concentrated soups were given in small quantities and at frequent intervals, as soon as they could be retained. He had a repetition of these distressing attacks, some of which continued for many hours. He gradually but surely lost ground. The appetite declined; he became more and more feeble and attenuated; pain, sickness, and vomiting being the predominant symptoms to the last. He died December 5th.

SECTIO CADAVERIS, December 7th, twenty-four hours after death. Dr. Davy, house-surgeon to the infirmary, kindly made the autopsy. The body was greatly emaciated. On opening the abdomen, the omentum was found reddish, vascular, and divested of its ordinary amount of fat. There was no excess of serum; no traces of inflammation in any organs inspected *in situ*. The peritoneum was quite healthy. The liver was small, yellowish, fawn-coloured, and softer than normal to the touch. On making repeated sections of its parenchyma, a nutmeg appearance was exhibited, more especially towards the borders; and this condition was associated with the fatty change. Microscopic examination showed the hepatic cells to be engorged with oil-drops; and the latter, of smaller size, were seen crowded together in grape-like clusters. Both kidneys were lobulated; the capsules could be stripped off without preternatural adhesions. Longitudinal sections of each kidney showed the pelvis and calyces to be filled with fat. The cones in some places had lost their normal configurations; and in some parts the cortical substance had become thin and diminished. The pancreas, duodenum, jejunum, ileum, colon, and rectum were healthy. There was no trace of disease at the ileo-caecal junction, as anticipated during life. The bladder was healthy. The stomach, when manipulated before its removal, gave abundant evidence of lesion. A hard, irregular, resisting substance was felt at the lesser curvature. The organ being removed and laid open, some dark biliary grumous fluid was discovered in its cavity. Attached to the line of the smaller curvature was a large, irregular, nodulated, jelly-like mass, which extended between the cardiac and pyloric orifices; but both these orifices were quite exempt from disease. On making sections of this tumour, it presented a whity-greyish mottled appearance, with distinct fibroid striations vertical to the axis of the canal; and this fibroid substance contained variously sized loculi which were filled with transparent and semi-transparent gelatiniform exudations. The base of this growth was hard and dense, its density increasing in a ratio with its approach to the peritoneum; it was confounded and incorporated with the filamentous and muscular tissues proper to the organ; and, when regarded at its peritoneal aspect in certain places, its irregularities had a rough tuberculated appearance. Reviewed as a whole, it formed an apt example of scirrhus-colloid cancer, so often discovered in its favourite *habitat*, the stomach. Juice expressed from a thin slice, and placed under the microscope, contained very numerous nucleated, non-nucleated, caudate, and fusiform cells; and interspersed were resplendent fat-molecules, all of which constitute the characteristic products of an heterologous or malignant growth.

[To be continued.]

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE HYPODERMIC INJECTION OF MORPHIA.

By H. W. FREEMAN, Esq., Resident Medical Officer to the Bath United Hospital.

[Read May 18th, 1865.]

I BEG to submit, briefly, to your kind consideration, a few remarks on the action, use, and mode of administration of morphia when given subcutaneously.

I do not aspire to lay anything markedly original before you, but merely to give in the abstract a few observations of the hypodermic method in certain forms of disease in comparison with the usual effects of the drug when taken by the stomach.

It is just ten years ago since Dr. Alexander Wood of Edinburgh first introduced the injection of morphia into the cellular tissue of a part affected with neuralgia. Since that period it has been used extensively on the continent and in our own country, not only locally, but generally; the injection of the drug at a remote part of the body has not been found to materially alter its properties.

The endowed cancer ward of the Middlesex Hospital has, perhaps, afforded as large a field for the observation of its effect as most metropolitan institutions of its kind; and in, perhaps, but few hospitals has the hypodermic method of morphia received so fair and impartial a trial in all varieties of cases, both medical and surgical. Long since it has stood alone as the great remedy for pain in those malignant forms of disease, no other class of remedies seeming so efficacious.

The most convenient form of injection is that by a syringe made by Coxeter, which is graduated into six minims. The standard solution used at University College and the Middlesex Hospital is a neutral one, and prepared so that six minims contain a grain of morphia. Sufficient acetic acid is used to dissolve the salt, and afterwards neutralised with liquor potassæ. The physiological action is the same essentially, although not quite identically, as when the morphia is taken by the stomach. Its effects, however, are more marked and increased in intensity when used hypodermically, one-third of a grain acting as powerfully as one grain taken by the mouth, and much more rapidly. Much as with opium, the action appears to be modified by age, habit, temperament, and idiosyncrasy, the tendency always being to rapid alleviation of suffering, to stupor and to sleep. The stimulating stage, although brief, is marked, the patient first experiencing a sensation of slight vertigo and of approaching intoxication—then follow its calmative effects, and something approaching insensibility.

In illustration of the general phenomena, let me draw your attention for a moment to a case now under observation at the United Hospital, under the care of Dr. Falconer.

Louisa M., a middle-aged woman, is suffering from carcinoma of the pylorus, with intense pain, vomiting, and its usual accompanying symptoms. After giving her an injection into the outer side of her arm with a third of a grain, a minute and a half to two minutes elapse before its effects are first felt. She complains of a tipsy feel, slight giddiness, and warmth of body, with other pleasurable sensations. The calmative feeling gradually passes over her in from ten to twelve minutes, proceeding from above downwards,

and usually in fifteen minutes she is found sleeping. She remains in a state approaching torpor, and free from pain for a period averaging six to eight hours. Her pupils never markedly contract, and ten or twelve minutes elapse before any effect is produced on the irides. Her temperature rises 1° to $1\frac{1}{2}^{\circ}$ for the first hour after the injection, generally declining as the effects of the drug pass off. This patient has now been under this mode of treatment for upwards of three months; and, although the disease gradually creeps on, and the effects of the drug are transient, yet it remains clear that pain is relieved, her existence rendered less miserable, and her life has been prolonged.

In this case, as usually happens, forty to fifty minims of the solution of acetate of morphia have been given, and repeated at intervals without relieving pain or producing sleep. Since adopting the subcutaneous mode, her appetite, before much impaired, has much improved; the nausea and vomiting have been considerably relieved; and, after the narcotic action of the morphia, she rarely, if ever, complains of headache, constipation, nausea, sweating, or dryness of fauces. This is only one of a number of similar cases accompanied by the same phenomena, in which we notice the absence of the usual after-effects of opium and morphia when taken into the stomach, where becoming mixed with the various ingesta, they find their way slowly into the veins, and are probably in part decomposed in the stomach by its secretion, and are carried out of the system without having entered the circulation; while, if given subcutaneously, the full dose becomes absorbed, and produces its narcotic effects almost at once.

As a remedy in *neuralgia*, much has been written for and against subcutaneous injection. It has been urged that its action is transient, its power non-curative, generating nausea, and sickness, and producing a deplorable state of system, worse than the original mischief. A portion of this might hold true in some individual cases; the same exception might be taken to the general class of narcotics; but, in taking the majority of cases, I do not think we can fairly assume that such always occurs practically. Two brief cases, shewing its value in some cases of *neuralgia*, may prove interesting.

CASE I. Jane T., aged 24, was admitted into the United Hospital, under the care of Dr. Falconer, with subacute rheumatism of the lower extremities. The blister mode of treatment was adopted. She drew rapidly to convalescence, but got a relapse, with intense *neuralgia* affecting the intermuscular fibrous septa of the deep muscles of the thigh. A third of a grain of morphia was injected into the affected region. The usual phenomena were displayed, and within an hour she felt free from pain, and remained easy for three days. Symptoms of the same kind of pain were then experienced in the other thigh; a fourth of a grain was injected. She got rapidly well, pain disappeared, and within a week after the first injection she left the hospital. No other drug was administered during the treatment.

CASE II. Selina W., a hospital nurse, aged 20, also under the care of Dr. Falconer, was taken with rigors, pain in the limbs, and acute febricula with intense lumbar *neuralgia*. The prodromata of variola were predicted. The febrile symptoms, however, gradually subsided, but the *neuralgia* remained persistent. A fourth of a grain of morphia was injected into the outer side of the arm. The calmative effects of the narcotic were well developed for some time, and existed over many hours; she became very drowsy, and inclined to sleep. She recovered without a return of the *neuralgia* pain.

Both those patients were nervous, hysterical girls,

the latter stont and plethoric. Nausea was slightly complained of by one; no headache by either; no dryness of throat, or anorexia; and no subsequent return of the disorder. In those two cases we might observe that the pain was in each purely neuralgic, *unconnected* with any organic disease, or with any known irritation in any distant parts of the body; the effect of the drug being the same on each, although in one applied to the affected spot, the other at a distance in the arm.

Within the province of ophthalmic surgery, subcutaneous injections of morphia have been found of the most signal use.

Some papers of Professor von Gräfe, which appeared in the JOURNAL of the Association a half year since, went to show the individual merit of atropine and morphine injected about the orbit for wounds of the cornea, ciliary neuroses, iritis or glaucomatous, and for various forms of neuralgia and reflex spasms, due to corneitis occurring traumatically or idiopathically. He said that the use of atropine by injection was very limited; to relieve pain, and to produce its mydriatic effect, it is preferable to drop it on the conjunctiva, unless the eye will not tolerate its presence. In neuralgia of the eye, atropine injected appears quite inert. Morphine I have seen repeatedly prove invaluable. A case in point occurred under my own observation whilst ophthalmic assistant to Mr. Soelberg Wells at the Middlesex Hospital.

Fanny B., a markedly strumous girl of 16, was admitted with granular lids, which had produced corneitis and pannus, accompanied with intense photophobia, lacrymation, and ciliary neurosis with excessive spasm of the orbicularis palpebrarum. It was impossible to get a glimpse of the eyeball unless chloroform were used. Atropine and belladonna were subsequently applied to the conjunctivæ for six weeks. No progress took place; spasm and the hyperæsthesia remained intense. It was found, however, on making pressure over each supraorbital nerve as it escaped from its notch, that the lids could be slightly separated; and as the supraorbital nerve gives off some few filaments to the upper lid, and the spasm being thought to be reflex, it was suggested to divide the nerve externally to the notch. Happily the injection of morphia over the brow was adopted; and within forty-eight hours, two injections, each one-sixth of a grain, having been given, the girl could partially open her lids without much distress, the hyperæsthesia daily became less with a nightly injection, and in a week or ten days she could see to read No. 8 of Jäger's test-types.

To further enhance the value of the hypodermic injection of morphia in a surgical point of view, it has been but recently discovered how marked are its effects in prolonging the anæsthesia of chloroform, by injecting from a *third* to *half* a grain of the narcotic before the patient becomes quite sensible to external impressions.

It is just a year ago since the *Versailles Medical Society* first published their interesting researches on this subject of prolongation of anæsthesia. 1. Their conclusions went to show that five to ten centigrammes of morphia injected alone without chloroform produced a kind of intoxication, going on to torpor, but not giving rise to insensibility, properly so called. 2. Salt of morphia injected during the anæsthesia of chloroform prolonged its duration in proportion to the quantity employed. 3. Although the experiments were performed on dogs, yet it might be used without danger on man, more especially when the duration of an operation gives rise to fears in continuing the anæsthesia by means of chloroform. Three months ago, a second series of experiments, made on dogs, went to support the sur-

gical view, which was quite correct, and to show that injection might be employed without risk.

For upwards of two years past, all capital operations at the Middlesex Hospital have been treated in this way. All the amputations, ovariectomies, herniotomies, for the most part, have received from a third to half a grain of morphia subcutaneously immediately after the operation, and in the majority with good effect; and modern surgery knows how valuable it is in a practical point of view, to calm the nervous agitation of patients after operation, to lessen shock, to procure sleep, and, more especially in ovariectomies and herniotomies, to keep the stomach in a state of physiological rest for some hours afterwards. In those latter two classes of operation, nothing seems to do so well. Nausea might be induced; but whether from shock, chloroform, or morphia, is, perhaps, not quite clear; but, judging from the usual phenomena, it would be fair therapeutically to assume that most probably it arose from the effects of the chloroform, seeing that the after-injection of morphia entailed no such symptoms. Allow me to mention two cases, recently under observation, to bear out this fact.

CASE I. Sarah S., aged 40, was operated on by Mr. De Morgan for ovariectomy; the operation lasted twenty-eight minutes. Half a grain of morphia was subcutaneously given when the chloroform anaesthesia was subsiding. Some spasm occurred during the operation, and continued for an hour or so subsequently. At the end of three hours, a third of a grain was repeated, and again four hours after. After the second dose, no tendency to sickness supervened; the patient became placid, and remained in a state of stupor. Some good sleep followed, and she awoke refreshed.

CASE II. Caroline C. had amputation of thigh performed by Mr. Charles Moore; the operation lasted sixteen to seventeen minutes. Half a grain of morphia was given subcutaneously. She became quiet; dozed for six hours; and had no sickness for twenty-four hours. The morphia was repeated with good effect; and the patient made a good recovery.

The opportunity will not allow me to trespass further in detail upon the valuable time of the Society; but the numerous cases treated in almost every metropolitan hospital by subcutaneous injection of morphia where opium is indicated would be too long to enter upon here. The great obstetrician Scanzoni lauds it in the puerperal stage, and more particularly in puerperal convulsion. From personal observation in cases of tetanus, delirium tremens, and mania, more especially in cases of carcinoma of uterus and stomach, to relieve pain instantly—although, perhaps, it must be acknowledged, but temporarily—it stands alone. And hospital experience goes to show that, although it has to be administered frequently and in gradually increasing doses in those chronic malignant states, yet we seem to possess no drug better suited for those peculiar cases; and no drug, when given subcutaneously for a lengthened period, perhaps of many months' duration, produces seemingly so little after ill-effect upon the human economy.

To compare the narcotic action of atropine hypodermically, with the like administration of morphia, is but to compare the therapeutical value of opium and belladonna as narcotics. The effect of atropine might be much more lasting, less transient, than morphia; yet the latter exerts its influence almost instantaneously. The use of belladonna must consequently be more limited in daily practice; and if its use be persisted in for any length of time, the probable atropial phenomenon, its liability to frantic excitement and gay delirium, with its own peculiar effects on the

human system, would contra-indicate its continuance.

Atropine, as belladonna, relieves *par excellence* superficial pain. Morphia, as opium, relieves internal deep seated pain. Yet, in this mode of administering morphia, it cannot be looked upon with impunity, knowing how great and powerful are its effects; and consequently great caution and a certain amount of discrimination are demanded in its administration.

Opium, inadmissible in some varied forms of disease, would be doubly inadmissible as morphia given subcutaneously. Opium is inadmissible in advanced stages of phthisis, in old standing cases of chronic bronchitis, or where the air-passages, loaded with profuse secretion, can scarcely be evacuated; and here morphia given subcutaneously, in a moderately large dose, would kill very rapidly; the tendency not being only to diminish the secretion, but to paralyse the action of the mucous passages in eliminating the secretion. The wheezing dyspnoea of dry asthma would scarcely come within the category.

Habit, it appears, modifies the effects of morphia given subcutaneously; the dose requiring to be gradually increased, yet not so quickly as if taken by the stomach. Many a cancer patient in the wards of the Middlesex Hospital takes from two to three grains daily hypodermically, equalling six to nine grains of crude morphia taken by the stomach. Yet no other remedy seems to answer so well.

It might seem probable, that the frequent introduction of the perforating tube of the syringe into the cellular tissue would cause abscess or erysipelas; but, cautiously applied, it rarely does so. Most of the long standing cases of carcinoma present areas covered with traces of the perforating nozzle, so as not to allow space for its repetition; and although the surface be tender, yet I have never seen either abscess or inflammation supervening. I have never seen or heard of harm being produced by this powerful remedy; yet I have witnessed results which, when it has been cautiously administered, have been as much satisfactory and astounding to the observer, as they have afforded comfort and alleviation of suffering to the observed.

CASE OF EXCISION OF THE UPPER JAW.

By HENRY MARSHALL, M.D., F.R.C.S.Ed., Clifton.

[Read May 18, 1865.]

THE subject of the following case, M. B., aged 59, is a single woman, a native of Monmouthshire, and resident there. She was recommended to my care by Mr. Morgan of Newport, on account of a tumour of the left maxillary bone.

I saw her for the first time on April 12th; and found the cheek on the affected side to be fuller and larger than the other, produced by a firm tumour, which was tender on pressure. On looking into the mouth, I found all the teeth in the upper jaw absent, and a swelling of the gum on the left side, extending over part of the hard palate, as far as, but not beyond, the mesial line. An ulcerated opening existed in the gum, through which a probe might be passed into the antrum; but not without producing an inconvenient amount of hæmorrhage.

She stated that she first became aware of a small lump "like a gum-boil" in the left upper gum, about the beginning of last year (1864). It gave her no trouble or inconvenience, and was supposed to arise from the stump of a decayed tooth, until September of the same year, when it suddenly became very painful and increased in size, ulcerated, and emitted a very offensive discharge. This swelling gradually, but steadily, increased; and in December she consulted Mr. Morgan.

By this time, the tumour had encroached upon the palate; while there was a discharge of offensive matter from the nose, and the left nostril had become stuffed.

Mr. Morgan made an incision into the tumour, which was followed by rather free hamorrhage; and up to the time of my seeing her, she frequently suffered from its spontaneous recurrence.

Being of opinion, that the excision of the superior maxillary bone offered the only hope of relief from the disease, and having obtained her consent to undergo the operation, I advised her entering the Bristol General Hospital, to which course she agreed, and was admitted under my care on April 20th.

Two days after (April 22nd), having put her fully under the influence of chloroform, I made an incision through the cheek from the zygomatic process of the malar bone downwards in a slightly curved direction to the angle of the mouth, the convexity of the curve looking downwards and backwards. Then raising upwards and inwards the flaps of soft parts from the bone, and detaching the ala of the nose from the maxillary and nasal bones, I divided with cutting pliers the superior maxillary bone at its junction with the malar; then placing one blade of the pliers in the orbit and the other in the nose, divided the nasal process of the maxillary bone. I cut through the hard palate a little to the right of the mesial line by similar means, and then wrenched out the bone from its remaining connections. Not a single vessel required to be tied.

Having placed some pieces of folded lint into the cavity, I brought the edges of the wound together by means of a hare-lip pin at the angle of the mouth, and of a few silver wire sutures.

On examination of the bone which had been removed, the antrum was found distended by a grey gelatinous tumour, of an obviously malignant character.

The patient hardly suffered any constitutional disturbance, and passed a good night without the assistance of a sedative.

All the sutures were removed by the end of the fourth day, the wound having united throughout by first intention. She rapidly recovered her strength; and was able to sit up ten days after the operation, and to leave the hospital on May 11th, just nineteen days after the operation. There is now scarcely any difference externally between the two sides of the face.

In performing the operation, I followed the directions laid down by Mr. Syme, to whom the credit is due of having been the first to put a case on record of complete extirpation of the upper jaw, as well as of having introduced the most simple rules for its performance. Most surgical works in this country attribute the first performance of the operation to the late Mr. Lizards. Although, in his *Anatomical Plates* published in 1826, this surgeon suggested the operation, the first case in which he performed it was in August 1829; while Mr. Syme had removed the entire superior maxillary bone two or three months previously, in a case which was published in the *Edinburgh Medical and Surgical Journal* of the same year. In the following year, M. Gensoul of Lyons published a treatise on removal of the upper jaw, from which it appeared that he had performed the operation as early as 1827, although he did not make it public until 1830.

DR. PERCY'S METALLURGY has been translated into French by two engineers, MM. Petigand and Rouna, who have added special information from French sources.

Reviews and Notices.

MANUAL OF THE TURKISH BATH. Heat a Mode of Cure and a Source of Strength for Men and Animals. From Writings of Mr. URQUHART, edited by Sir JOHN FIFE, M.D., F.R.C.S., Senior Surgeon to the Newcastle Infirmary. Pp. 419. London: 1865.

IN the preface to this work, Sir JOHN FIFE informs us that the Turkish Bath has been, since 1859, used in the Newcastle Infirmary with great success in the treatment of various diseases; the average number of cases treated each day being fifteen. It is the conviction of the utility of this agent, confirmed by the benefits he has observed to follow its use, that has induced him to father this miscellaneous collection, mainly consisting of writings of the gentleman who has been the chief advocate of the introduction of the bath. In doing this, he observes that

"It is necessary, in the first instance, to guard against any hasty conclusions on the one hand, or, on the other hand, the rejection of statements that may seem at variance with the therapeutic science of men experienced in the value, and justly confident in the indications, that therapeutics afford.

"The same persevering confidence which enabled the author to effect the restoration to us of this Greek and Roman luxury may be well excused in regarding the Turkish Bath as a panacea; because without such a faith in its powers no one could have laboured so long, or have made the sacrifices required to revive this institution, buried for nearly a thousand years."

We infer from these remarks, that Sir John Fife does not pledge himself to the adoption of all the opinions expressed by Mr. Urquhart, but that he is desirous of placing before the profession the views held by that gentleman, in order that they may be tested by experience and judicious reasoning.

The contents of the book are various. First, we find the *verbatim* report of a Dialogue held on July 27th, 1860, on the subject of "Heat; how useful for Man, and how used by him." There are said to have been present "between thirty and forty medical and professional gentlemen and others;" and among the speakers were, besides Mr. Urquhart, Mr. Witt, Mr. E. Wilson, and Dr. Sibson. The principal *dramatis personæ* are Mr. Urquhart and Mr. Wilson, well known as a zealous advocate of the Turkish bath; and the points discussed are, the importance of "bringing the skin into action, and so evoking its latent powers as the means of reinvigorating the constitution and throwing off disease;" the action of heat independently of that of the skin; endosmose and exosmose; electricity; and actinism.

After this follows a Second Dialogue, headed "The Medical Society at Riversdale." In February 1861, Dr. Thudichum, at that time an out-and-out advocate of the Turkish bath, read a paper on the subject before the Medical Society of London. The reading of the paper was followed by a discussion, in which, while the value of the bath as a remedial agent was not denied, considerable scepticism was expressed as to the advantage of using it to the extent advocated by Dr. Thudichum. Mr. Urquhart, who was present, invited the members of the Society to visit him at his country residence; and, on February

25th, the invitation was accepted by, *inter alios*, Dr. Druitt, Dr. Thudichum, Dr. Leared, and Dr. Rogers. A very interesting discussion—interrupted by a visit to Mr. Urquhart's bath—took place. In the *verbatim* record of it which is here given, the reader will find a full account of Mr. Urquhart's views—often of a very extraordinary nature—on heat, clothing, diet, etc.; the sum and substance, as usual, being that the Turkish bath is a panacea for “all the ills to which flesh is heir”—provided that it be properly used. It is rather curious to observe that he claims, as an example of the good effects of the Turkish bath, Mr. Banting, “the type of obesity”; who, in a letter written to Mr. Urquhart in 1861, says:

“I have striven against obesity for near twenty years unsuccessfully. Through the baths alone (thirty-seven in three months) I am reduced in girth many inches, and in weight 5 lbs.”

Mr. Urquhart thinks the “5 lbs.” must be a mistake for “35 lbs.”—why, we know not. But, if the bath were so efficacious in 1861, what had become of its effect on Mr. Banting's obesity when he last year proclaimed to the world the *dietetic system* by which he had been happily able to reduce his inconvenient bulk? Appended to this dialogue are the following notes: Description of the Bath of Riverside (Mr. Urquhart's residence), by Mr. E. Wilson; the Bath of the Finns, from *Travels of Acerbi in 1798-9*; Waste of Fuel in England; Clothing not requisite in our Climate; Dyspepsia treated by one Meal a Day; and Medical Treatment of Rheumatism.

We find next a paper on the Art of Constructing a Turkish Bath, and its Economy as a Means of Cleanliness, read before the Society of Arts in February 1862. Then follows a Lecture delivered at Newcastle-on-Tyne in 1861, on the question, Why does Man Perspire? The next chapter is headed, Consumption produced by Habits, not by Climate. Next there is a paper by Dr. Leared on the Treatment of Phthisis by the Turkish Bath, reprinted from the *Lancet*; a letter by Dr. Thudichum on the Contents of Perspiration as Discharging the Matter of Disease; observations on Cancer, Leprosy, Hydrophobia, and Apoplexy, with notes of various special cases; a correspondence between Mr. Urquhart and Sir John Fife on the Construction of a Bath; a chapter on the Introduction of the Bath into the Lunatic Asylums and the Naval and Military Hospitals; and remarks on Heat-Rays, Sun-Rays, Electricity, and Vital Power.

The book is concluded with some remarks on the application of the Turkish Bath to Animals.

This outline of the contents will show that the materials of which the book consists are very varied; and, indeed, the reader will find in it a most interesting collection of what can be said about the Turkish bath, from the vagaries, mingled with some sound sense and important suggestions, of Mr. Urquhart, to the rational observations of Dr. Lockhart Robertson and other men of his stamp. Sir John Fife has acted with the best intentions in allowing himself to appear as the sponsor of this book. He has had ample evidence in the Newcastle Infirmary of the benefit derivable from the use of the Turkish bath—or rather, to adopt the words of the title and Mr. Urquhart's ideas, of heat in the cure of disease; and, so far, we understand him to be desirous of

bearing testimony to the value of the remedial agent whose use Mr. Urquhart has been so active in persuading his countrymen to adopt. In his preface, as has been seen, Sir John Fife attempts to excuse the extravagant expectations of Mr. Urquhart; and from this it is to be inferred that he does not endorse them. Nor can we suppose that he endorses the erroneous ideas which Mr. Urquhart expresses here and there as to the manner in which the Turkish bath has been received by the medical profession. Let us give an example or two.

On page 120, at the end of the Dialogue between Mr. Urquhart and the members of the Medical Society of London (1861), we find the following footnote.

“About this time a fierce war was waged against the bath by the medical journals. In replying to one of these, Dr. Thudichum wrote as follows:—‘The public in this matter is far in advance of the medical profession. Our duty, as doctors of the healing art, simply is, to make ourselves acquainted with the use of this therapeutic instrument.’”

The letter of Dr. Thudichum, from which the foregoing extract was taken, was sent to the *BRITISH MEDICAL JOURNAL*, and was published in the number for March 16, 1861, page 291. The leading article—the declaration of “fierce war”—to which it was intended as a reply, appeared at page 231 of the number for March 2; and in it occurred the following expressions.

“As a therapeutic agent the bath is, undoubtedly, worthy of much praise; and, certainly, we needed not this Turkish sudatory to tell us of the virtues of hot air, as applied to the external surface of the body in disease. We may, nevertheless, gladly avail ourselves of it as an extended and ready means of applying the agent. Gladly would we see the bath taken up by our hospitals. . . . What is now wanting, is a series of careful observations upon the effects of hot air in the cure of individuals suffering from different diseases; and there is abundance of evidence of the value of the bath as a powerful remedial agent to justify, or rather to oblige, our large medical institutions to make the Turkish bath an important item of their instruments of cure.”

This is from an article which, according to Mr. Urquhart, breathes “fierce war” against the use of the Turkish bath!

Again, at page 251 of the book, Mr. Urquhart, in speaking of the discussion in the Medical Society of London and the subsequent visit of several Fellows of that Society to his establishment, says that at the Society

“Twelve medical men, not one of whom had ever been in a bath or knew anything about it, spoke successively, giving utterance to opinions and asserting them with a confidence which could only be the result of the reverse of knowledge.”

And, a few lines further on, he says that not one of them appeared among his visitors; although, as he has learnt, “the most eloquent on that occasion—Dr. Richardson—has since become a convert.”

On referring to the notes of the discussion given in this *JOURNAL* (February 2nd, 1861, page 127), we find that several of the speakers brought forward instances of ill effects which they had observed to follow the use of the Turkish bath; while one—the late Dr. James Bird—stated that he had himself used the bath, and had derived great benefit from it.

Others, too, had seen it used. As to Dr. Richardson's "conversion", on turning to his paper published in the *JOURNAL* of the same date (page 114), we find that his "conversion" must have preceded the time at which Mr. Urquhart supposes it to have taken place. Here is an extract from his paper.

"Practically, in my own hands, I have seen benefit follow the use of heated air. I have known, for example, a hot-air bath improvised in cases of scarlatina, and I believe that in all cases where sweating was produced much good was done; but this is by no means a new remedy in this country.

"Since Turkish baths have been erected, I have sent to them cases of every kind that were likely, in my opinion, to be relieved by diaphoresis; and, in the main, the results have been good."

Mr. Urquhart must be more accurate in his statement of simple matters of fact, if he wishes his expressions of doctrine on more philosophical subjects to be accepted. It is not by misinterpreting the opinions of medical men in the manner to which we have referred, that he will impress on the profession a sense of the benefits derivable from the Turkish bath.

We sincerely trust that the very injudicious remarks sometimes made by Mr. Urquhart will not have the effect of deterring the medical profession from instituting an extended and a fair trial of the therapeutic value of the Turkish bath. To him is undoubtedly due the merit of having forced the subject on public attention; and, as far as scientific observation has gone, there is no question that in the Turkish bath, properly applied to proper cases, medicine has in its hands a most valuable remedy. What is wanted, we said four years ago, is a careful study of its effects. Since that time, it has been tried in several large institutions, but still not so extensively as it deserves. To the medical staff of the Newcastle-on-Tyne Infirmary especial praise is due for what they have done in this direction; and, if they (in conjunction with the staff of other hospitals and of lunatic asylums) would lay before the profession the results of the experiments which have been carried on by them during the last five or six years, they would—notwithstanding the very interesting character of the volume before us—produce a *Manual of the Turkish Bath* which would be a trustworthy guide to the use of this agent, and would produce far more conversions to the recognition of its value than volumes of extravagant laudation.

LECTURES ON NURSING: Short Notes addressed to Nurses. By J. C. LORY MARSH, M.D. Second Edition. London: 1865.

THIS unassuming little volume contains much information valuable for the purposes of those who are engaged in nursing. The necessity of an improvement in our nursing system has been of late years felt all over the kingdom. The ignorance of those to whom we have been contented to commit the care of our patients is very often not only destructive of their comfort, but even fatally prejudicial to their recovery. Unfortunately, we are as yet only on the threshold of this most needed reform in the management of the sick, as any one will readily see who reads the requirements of a proper nurse here given in Dr. LORY MARSH'S lectures. The importance of the nurse has practically not yet been fully appreci-

ated; and yet we doctors well know that the life of the patient is often far more in the hands of the nurse than it is in the hands of the doctor. For example, in cases of fever, what avail all the minute directions of the physician, if there be not an intelligent and *honest* nurse at hand to carry them out? We are glad to see an experienced physician like Dr. Marsh aiding in this good work by giving, in plain language, plain and useful directions on nursing.

THE WORKS OF SIR BENJAMIN COLLINS BRODIE, Bart., D.C.L., Sergeant-Surgeon to the Queen, President of the Royal Society, etc.; with an AUTOBIOGRAPHY. Collated or arranged by CHAS. HAWKINS, F.R.C.S.Eng. In Three Volumes. London: 1865.

MR. CHARLES HAWKINS modestly declines to call himself the editor of these volumes. He does not consider that the works of Sir B. BRODIE "require editing; his language needs no explanations or elucidations." And, he adds, that his long and intimate acquaintance with Sir B. Brodie "renders him unfit to make a juridical estimate of his character." In a preface, therefore, he prefers recording what was thought of Sir B. Brodie by others.

We cannot, of course, pretend to give any review of these volumes; but shall content ourselves with pointing out their main contents.

The first volume contains an Autobiography, of which we shall give our readers extracts from time to time; Psychological Inquiries, in two parts, the same having been published just before the author's death; Lectures given by him at the Royal College of Surgeons, when Professor there; the Hunterian Oration; Introductory Addresses delivered at St. George's Hospital; Addresses as President of the Medical Societies, of the Ethnological Society, of the Society for Promoting Social Science, and of the Royal Society; Articles on Quackery from the *Quarterly Review*, on Homœopathy from *Fraser's Magazine*, on Tobacco from the *Times*; and a Letter on Special Hospitals.

The second volume contains all papers of Sir B. Brodie's printed in the *Philosophical Transactions*, and a Croonian Lecture, which by the author's request was not printed at the time, and is now first published by Mr. Hawkins; the Works on Diseases of the Joints and on Diseases of the Urinary Organs, to which is added the paper on Lithotripsy from the *Medico-Chirurgical Transactions*.

The third volume contains papers published by Sir B. Brodie in the *Medico-Chirurgical Transactions* and other journals; Lectures given at St. George's Hospital on Pathology and Surgery, including those on Local Nervous Affections; and, lastly, Pathological and Surgical Observations on forty different subjects, which were dictated by the author during the last winter of his life, when he had his early notes of cases read over to him, his sight then not allowing him to read or write.

CHLOROFORM: ITS ACTION AND ADMINISTRATION. A Handbook. By ARTHUR E. SANSOM, M.B. Lond. Pp. 192. London: 1865.

THIS volume contains a very good and sensible summary of the history of chloroform, of its discovery, action, and application. The author appears to us

to have fully mastered his subject, and to have produced, in a very convenient form, a volume wherein the practitioner of medicine may obtain at once information on all the various details required to be known by those who undertake the administration of chloroform.

British Medical Journal.

SATURDAY, JUNE 24TH, 1865.

THE COLLEGE OF SURGEONS.

THAT the position assumed by this JOURNAL, in reference to the management of the College of Surgeons, should not be to the taste of all members of the Council, we can readily believe. One kind of objection, however, which has been thrown at us, we most distinctly demur to. It has been stated that we are interfering with matters which do not concern us, and which are the proper business of the Council only. Also, it has been said that we have incorrectly stated the case against the College management. Ever since this JOURNAL undertook an inquiry into the doings of the College, these things have been said. But the fact is, that no single one of the statements made by us has ever been disproved; and we believe that no one of them is capable of being disproved.

This JOURNAL, it must be remembered, was the first to investigate seriously the management of the College, to show its unsuitableness, and to demand its reformation; and we think we may fairly claim from the profession no small amount of thanks for having now for several years consistently and persistently prosecuted the question—not making it a matter of narrow personal interests, but arguing it on the broad and general basis of the rights and interests of the profession at large. From the very first, we pointed out the evils and demanded the reform, which we now point out and still demand; but with this difference, that at the present moment the reform is manifestly near at hand. When we first demanded a vote by written papers for country Fellows, we were laughed at. When we first demanded that Examiners should have no seat in the Council, we were laughed at. When we demanded that Examiners should be elected by merit out of the whole body of Fellows, we were also laughed at. But now all this is altered. Now candidates for the Council appear on the platform, pledged to support all these innovations! Could any greater illustration of the correctness of the views adopted and steadily pursued by us in this very important matter be given? We beg to tender this fact—the fact, that candidates of the highest position in the profession, who now offer themselves for a seat in Council, actually, as a passport to the

seat, pledge themselves to carry out in Council the very reforms which we have for several years past been urging and enforcing upon the attention of the profession—we beg, we say, to tender this fact as our answer to gentlemen who assert that we have unfairly and untruly dealt with the Council. And it is in support of these principles, that we strongly urge the election of Mr. Turner and of Mr. Charles Hawkins. Both these gentlemen have but one sole object in view—viz., as Councillors, to do the work of the Council. Neither of them has any aspiring for an Examinership. Both have long conscientiously supported the principles which we here maintain, and are not converts by compulsion on the eve of an election.

Next week, we will give a general summary of the actual state of the College management, and inquire if it be a management which is suitable to the age in which we live, and just to the profession whose interests are so deeply mixed up with it.

ELECTION OF FELLOWS OF THE ROYAL SOCIETY.

A NOTE from a correspondent, concerning the election of Fellows of the Royal Society, published at another page, is suggestive of much that regards the interests of the medical profession, and therefore deserves our best attention. The allegation of favouritism in the elections of the Royal Society does not, however, seem to be fully justified. There may be some slight reform desirable in the mode of nominating the officers of the Society; but we venture to state, from information on which we can rely, that nothing can be fairer than the selection of the candidates. There is always a very grave and even anxious investigation into the scientific attainments of every one of them; and a fair selection is made, so as to represent every branch of science. Our correspondent has probably not taken into account the new scientific professions which have sprung up within a very short period. The naval and military professions, to begin with, which were once merely defenders of their country in active service, have now been obliged to become conversant with all the scientific topics of the day, so as to apply all new discoveries to the purposes of war. Even more than this, they are employed by the Government in scientific pursuits. Engineer officers are taking observations to ascertain the figure of the earth; meteorologists are working to develop principles which may lead to the establishment of one of the most practical of sciences; and naval architecture and nautical magnetism are being energetically pushed forward. Another newly created class of scientific men is to be found in the civil engineers; and there is still another class who make pure philosophy

their profession. All these make a large influx of new candidates to compete for admission with the medical profession, who were once almost exclusively engaged in inquiries into the laws of Nature. Regrets, therefore, as to the diminished proportion of medical men in the elections of the Royal Society, when only fifteen new Fellows are annually selected by the Council, are hardly called for. The apprehension hinted at, not only by our correspondent, but also in other quarters, that there is a general depreciation of our profession, whether in the general estimate of its scientific character, or as to its social position, is a topic to which we may refer hereafter, when we shall not deny that, whatever may be the wider bearings of the question, a certain amount of injustice is meted to us at the present moment. We must rest in the meantime in the trite but true reflection, that it is useless as well as unwise to complain of an injustice which belongs to human character and attaches to all human institutions; while we venture to remind our readers that it becomes all truly and highly educated men, especially those trained in the ancient universities, who most feel the pressure of a political and German partiality, to trust more to their own industry and pure love of science, and to value more the estimation of the scientific world than those preferences which are bestowed through foreign courtly influence. This influence, together with new experiments in education, though they will probably prevail during the present generation, must in time give place to justice and common sense.

NAVAL SURGEONS.

BEYOND the ordinary dangers to men who are dependent on the will of irresponsible boards, in pointing out the errors of administration that oppress themselves, our brethren of the army and navy labour under most un-English restrictions, intended to prevent appeal to public opinion, and to prohibit combination for the purpose of making joint remonstrance against injustice to individuals or of improving the position of a class.

This pernicious system can only be justified in war times. During peace, it is certain, that the more the weak point of our systems of defence and offence are examined, the more probability there is that they will be strengthened.

This policy of suppression of opinion and truth is a very short-sighted one, when applied to the medical profession employed by the Crown; and is, indeed, powerless to effect the desired object: for it is impossible to prevent our independent medical press from making known the grievances and vexations suffered by the army and navy medical officers. In fact, we think that much less of acrimony and dislike would creep out if open discussion were allowed, and officers could, in safety, avow their productions.

At the time when the Royal College of Physicians

of London has decided on taking action in behalf of these services, happily for the Royal Navy medical officers, a former colleague of theirs, and a highly respected member of our Association,* has stepped into the field to do for the navy what it cannot do for itself; *i.e.*, to ventilate the ground of complaint, and to explain what he believes to be necessary for the restoration of the navy to that popularity it once enjoyed with our profession.

Dr. Brown has shewn that, in very many particulars of emoluments, and notably in that of honorary distinctions, the Medical Service of the Navy is very far in the rear of the Army Medical Service; and he then very justly claims for the navy an equalisation on all points.

The real cause of this special injury to the Naval Service, Dr. Brown ascribes to the paramount influence of one class of officers at the Board of Admiralty, where every question of medical interest is received through the medium of an officer of the executive class—the Medical Director-General having no direct relationship with the Board. This fact alone will account for the *mala fides* that, Dr. Brown states, has been persevered in towards our profession through this century.

As the result of this antagonism of sections, it has come to pass that the Naval Service is without candidates, even of an inferior class; so that the Medical Service is so far virtually at a stand-still. To remedy this state of things, Dr. Brown demands for the navy medical officers that equality with the army medical officers which was granted, at the instigation of Lord Nelson, by Order in Council, 1805, and again by Order in Council, 1859; neither of which has been carried into effect. Discouraged by this continued and successful opposition to authorised claims of equality, Dr. Brown considers that the naval medical profession can look to Parliament alone for redress of wrongs so long endured.

We sincerely recommend Dr. Brown's admirable and forcible exposition to the consideration of the profession; trusting that, in the coming elections, they will lose no opportunity of impressing on candidates for Parliamentary honours, the necessity for the exertion of the authority of Parliament once more, in order to establish the State Medical Services on a satisfactory footing; so that there may be no necessity to remedy such an evil under the pressure of impending war.

One word more of advice let us give to those junior members of the profession who may be thinking of entering the Navy or Army Services; and it will be the advice which *Punch* once gave to people about to marry—"Don't do it." If our profession would only for a short time join in a resolution to obtain their rights, how easily they would be gained. If

* *Requisitions of the Naval Medical Officers.* By F. J. Brown, M.D., etc., formerly Assistant-Surgeon in the Royal Navy.

men would only abstain a very short time from entering the Army and Navy Medical Services, all their grievances would at once vanish.

WHAT IS THE NUTRITIVE VALUE OF BEEF-TEA?

WE dare say some of our readers may remember an anecdote told of a famous *chef de cuisine*. When asked by his noble master how he managed to use so many hams—some thirty or forty—for a single dinner, he gave the unanswerable reply: “Milor, I shall put them all into no bigger as my thumb!” What really went with the hams we can only guess; but we may safely affirm that the whole of the nutritive matter of the thirty hams was not employed for his lordship’s benefit. And the anecdote recurs to us in considering the subject of M. Liebig’s *Extractum Carnis*. Can the scientific chemist, any more than the accomplished *chef de cuisine*, concentrate in his extract all the most highly nutritive matter of the meat? We cannot but think that the profession is labouring under some very grievous error in reference to the use of beef-tea and extract of flesh. We would, indeed, like to suggest for the consideration of our brethren a few plain questions on the subject. Are there before us any plain and satisfactory data from which we may obtain an idea of the real value of these extracts of flesh? Do we really know what amount of nutritive material we are administering to our patients, when we give them ordinary beef-tea? May we not be deluding ourselves in this respect? Is it possible to substitute effectively *Extractum Carnis Liebigii* for the *caro* itself? What is the real amount of nutritive material extracted from a pound of flesh? What is the relative value, as nutritive materials, of a pound of beef, and of a pint of beef-tea extracted from that pound? Is it not (so far as we have any proof to the contrary) just possible that a dog fed solely on beef-tea would perish as rapidly as if he were fed only on water? Have we, as physicians, really any scientific knowledge at all concerning the actual nutritive power of this beef-tea, in the fabrication of which, as we have said, in one hospital alone in London, some 52,000 pounds of meat are annually consumed? Can any one give us anything approaching to a correct answer of such a question as the following? What is the relative nutritive value of 52,000 pints of beef-tea, and of the remains of the 52,000 pounds of meat out of which they were made? We venture to say, *à priori*, on the strength of the most patent scientific facts, that these remains, forming the great bulk of the beef, and consisting wholly of fibrinous and albuminous matters, contain almost all the nutritive material of the beef. Yet this solid nutritive matter we throw away as waste, and at the same time flatter ourselves that in the pint of

beef-tea we have all the virtue and excellence of the pound of beef! A pint of beef-tea, made from a pound of beef after Liebig’s prescription, yields, on evaporation, something less than half an ounce of solid matter! This half-ounce of solid matter, therefore, be it what it may, represents the return in nutritive matter of the pound of beef.

We are satisfied that every one who calmly considers the questions here proposed will agree with us, that the whole matter is one which urgently demands a very careful and scientific inquiry, from two points of view—1. To ascertain what is the actual value as a nutriment of the beef-tea which is so universally given by us to our patients; and 2. To ascertain whether there does not exist in all our hospitals at the present moment an enormous waste of nutritive materials, in the shape of meat—the *bouilli*—which is thrown away or sold as refuse, after it has been used in the making of beef-tea—the *bouillon*. We believe that a competent commission, appointed to answer these questions, would do a very great service to our beef-tea fed patients, and would effect an immense saving in the consumption of meat in our hospitals; and, we may add, that we really do not know any source from whence authoritative information on the subject can be obtained.

Since writing these lines, we read in the *Dublin Medical Press* of June 14th, the following remarks, by a no less authority than Dr. Henry Kennedy. In a paper “On the Use of Barm and other Agents in the Treatment of Fever”, he says:

“As it would not be possible to consider here all the class of agents known as stimulants, I shall confine myself to two or three. And first amongst these may be placed wine and beef-tea, though the latter be not, strictly speaking, a stimulant, but which I constantly hear spoken of as if they were the same, and that where the one was used the other ought to be given with it. In a large number of cases of fever, however, they cannot be given together with advantage; and, paradoxical as it may seem, wine, in my experience, causes infinitely less risk than beef-tea, and here it is the principle I wish to elucidate is clearly seen, for the composition of these two fluids, it need scarcely be observed, is very different. In beef-tea, the quantity of fibrine, gelatine, etc., is considerable, and in proportion with the strength of the fluid. In wine, on the contrary, it is in very minute quantity; and besides, the latter has in addition most, if not all, the elements which enter into the formation of our frames. Of these, I might mention the alkalies and alkaline earths, fatty matter, sugar, albumen, traces of iron, malic, citric, and tannic acids, and all these again combined with more or less of a direct stimulant, in the shape of alcohol. Really, if with a knowledge of the component parts of our bodies, we then set about making a fluid suitable to a wasting sickness, it must necessarily have a composition like that of wine, which, it may be almost said, Nature has given us freely. Besides, too, all experience has proved its sustaining powers, for there can be no doubt that life will be supported by it for an almost unlimited period, and it is a positive fact that it will be taken often when all other kinds of food will be refused.”

We quote this passage, not so much for the purpose of giving Dr. Kennedy's opinion as to the value of wine, etc., in fever, but to illustrate the truth of the statement above made; viz., how little even hospital physicians know of the actual constitution and nutritive qualities of beef-tea. Dr. Kennedy here tells us, and assumes as one of the bases of his argument, that the "quantity of fibrine in beef-tea is considerable": whereas, beef-tea does not contain a particle of fibrine, inasmuch as fibrine is completely insoluble in water!

WE have been made aware, by prospectuses we have lately received, of an attempt that is now being made to revive, in a modified form, a practice which not very long ago aroused a tempest of indignation, without a parallel (so far as we know) in the social history of British medicine. It is but eleven years, as any one may see by a reference to our columns for 1854, since the medical brotherhood throughout the country was protesting with vehemence against the continuance of what was succinctly and very descriptively termed "the puff biographical." The profession was then startled—not to say scandalised—by the weekly appearance of the autobiographies of living men, many of whom took credit to themselves for qualities and public services which had not previously been heard of; while men of mark who refused their countenance to so disreputable a system, were either "damned with faint praise", or dismissed with a contemptuous snarl. How odious the transparent device was to the great mass of the medical community, was proved by the unanimity with which the second resolution of the Liverpool meeting was echoed from every quarter of the country:—"That this meeting disapproves of, and will discountenance by every means in its power, the publication of the biographies of living members of the profession." This resolution seems to us to place the question in its true light. It objects, not to the way in which the thing is done, but to the thing itself. It is quite true, that the present project is free from the most obnoxious features of the "puffs biographical" of 1854; and if it were possible to divest the proposed sketches of eminent medical men of everything objectionable, the able and accomplished editor is as likely as any one we know to accomplish the task. But that even he has his misgivings, is very plain from an apologetic paragraph which he has introduced in a second edition of his prospectus, by way of meeting the objections which some, we doubt not, have already urged, and of anticipating those which many others have yet in store for him. After so unequivocal a *pronunciamiento* as that of 1854, we cannot imagine that the profession will accept any apology for "Contemporary Biography", even under the "proper limita-

tions" and "necessary restrictions" contemplated by the editor, who, we trust, with his wonted sagacity, will pause before he plunges into "a sea of troubles", from which it would be no easy matter to extricate himself.

If we may judge from a letter which has been forwarded to us, something like an active canvass must be going on in behalf of candidates for the councillorship of the College of Surgeons. We do not for a moment accuse the gentleman on whose behalf the letter was written of being any party to the injudicious proceedings of his officious friend the writer; but we think it our duty to remonstrate against a practice which has always been condemned by the sentiment of the profession. The idea has, we believe, always been this: that those gentlemen-Fellows who are worthy of a seat in the Council must be sufficiently well known and appreciated in the profession, and cannot, therefore, require any of the dubious or fictitious aid which is often obtained by the canvasser's art. The letter we refer to is addressed to a Fellow, and is written by a Fellow, of the College. As regards the claims to consideration put forward by the writer in behalf of his friend, as the advocate in Council of certain liberal measures, we may remark that Fellows are now beginning to ask, How comes it that none of the things mentioned in this letter (and, by the way, we do not see among them voting by proxy) have been carried out? They do not stop to inquire with whom the obstruction rests. They reason only on the fact that nothing has been done, and they reason rightly; and, in accordance therewith, have, it would seem, determined, *pour encourager les autres*, to turn out every Councillor in rotation, until the spirit of the Charter has been carried into action. The Fellows have at last discovered their power, and are learning to exercise it. But what a victory is all this to us—that even Councillors should now be actually apologising for the *not* doing of those things which we have for years been demanding, and which we were once ridiculed for even suggesting!

THE idea of a "doctor" finding his way into Parliament could not be alluded to by the *Times* without a sneer.

"We observe that Mr. Clement, a medical candidate for Shrewsbury, rests his claims on somewhat analogous grounds. He urges, with some reason, that every profession but his own is duly represented in the House of Commons, whereas only one member of Parliament is a doctor. Perhaps the practical exclusion of physicians and surgeons may be justified sufficiently by the nature of their engagements; certainly it is not due to any jealousy on the part of their patients. If Sir Charles Locock and Mr. Clement shall find their way into the House of Commons, they may do good service in the discussion of sanitary measures; but they must first approve themselves as politicians to the electors of the Isle of Wight and Shrewsbury."

It is generally understood, that Mr. Ransome has no idea of going to the poll on the present occasion of election of Councillors at the College of Surgeons. Indeed, if we are rightly informed, Mr. Southam signed his paper on condition that he retired before the day of election.

Three cases of cerebro-spinal meningitis have lately presented in Oppolzer's clinical wards, and a few cases have been also observed in private practice in Vienna.

M. Payen, in his work on alimentary substances, speaks sensibly of the actual value of horse-flesh as an article of food. Animals (he says) which are destroyed on account of injuries received by them when vigorous and healthy, yield flesh of excellent edible quality. But accidents of the kind are rare; and most horses, when arrived at the full stop of their existence, are wasted and exhausted by work and disease; their flesh is tough and distasteful. Of course, feeding horses for the meat market is out of the question.

CEREBRO-SPINAL MENINGITIS.

DR. NIEMEYER gives the following as results of fifteen autopsies of cases of the epidemic cerebro-spinal meningitis, made at Karlsruhe, Rastalt, and Freiburg.

The bodies were but little wasted. Rigidity lasted a long time. Herpetic vesicles were often seen on the face and other parts, and in a few cases petechiæ. The dura mater was congested. The large vessels of the pia mater, and often also the smaller vessels, were distended with blood. In the subarachnoid space there was serous or purulent effusion. In most cases, the effusion was observed on the convexity of the hemispheres. The base of the brain and the upper surface of the cerebellum seem to have been attacked in all cases. The brain-substance was congested and softened. In the ventricles was a little coloured fluid, and in a few cases much purulent fluid. The vessels of the dura mater of the spinal cord were congested; the large veins were distended with blood. Under the dura mater was a large quantity of thick purulent fluid. The substance of the cord was softened, but not broken down. The lungs were congested. The lower part of the intestines was congested, with a few ecchymoses of the mucous membrane. In some cases, the solitary and Peyer's glands were swollen.

Of the symptoms, severe headache was the most constant. Pain in the neck and back soon followed the headache. Pressure on the spine increased the pain in many cases, but not in all. Pain in the extremities was not frequently observed. Hyperæsthesia of the skin occurred in most cases. Tetanic spasms of the muscles of the neck and back were present in almost every case. Convulsions were rarely seen. Paralysis of different parts of the extremities was frequently present; hemiplegia; in two cases, facial paralysis. There were great restlessness, jactitation, complaints of headache and delirium, often ending in coma. Deafness was frequent.

Ptosis of one or both eyelids was frequently noted; so also diplopia. The pupils were generally contracted. The pulse was rapid; the respiration disturbed and interrupted, deep and sighing, then becoming rapid. The bowels were generally much constipated. In some few cases, the urine was albuminous. On the skin were seen only a few patches of herpes, about the mouth chiefly. In one case, on the eighth day, was seen an exanthematous kind of urticaria; in many cases were scattered dark-coloured roseola spots, which passed into petechiæ. Febrile symptoms attended the beginning of the fever. Generally, without any warning, the patient would have shivering, with great headache and sickness. The headache would rapidly increase, the patient becoming very restless; the pupils contracted; the pulse 80 to 100, and the respiration 30 to 40. The heat of the body was moderate. At the end of the first or second day, and seldom later, the head was drawn backwards; and the pain extended down the neck and the back. There was great restlessness; the abdomen was sunken; the patient had constipation, wanderings, and contracted pupils; the pulse and breathing became rapid. On the third and fourth days, tetanic spasms of the neck and back, sometimes with trismus; marked opisthotonos. Deep sopor, unconsciousness, and death, followed. In those cases which recover, the restlessness and all the symptoms diminish; and, if the case go on well, all signs of disease disappear in a few days, and then follows a long convalescence.

Dr. Niemeyer regards the symptoms of the disease as distinctly connected with purulent inflammation of the pia mater of the brain and spinal cord. As to the prognosis; of 126 cases observed at Rastalt between December and April, 38 died, or 30 per cent. At Rastalt, the treatment consisted of ice applied to the head and back; leeches behind the ears; and internally calomel; with the subcutaneous injection of morphia to relieve the restlessness and jactitation.

Dr. Zuelchaur of Graudenz gives, in the *Berlin. Klinische Wochenschrift* of May 1st, his experience of cerebro-spinal meningitis. The disease (he says) has been epidemic at Graudenz for some weeks.

The patients (most of whom appear to have been children under 15 years of age) are suddenly seized with great pain in the head, which sometimes remits, and then soon returns worse than before. The pain is seated chiefly in the fore part and top of the head. In children, sometimes, it is accompanied with unconsciousness. Sickness soon follows. A few hours later, pain comes in the nape of the neck (and in one case preceded the headache), so that the patient can no longer move the head freely; the head is drawn backwards, and at the same time the shoulders are drawn together, so that the patient, at first sight, appears to be the subject of spondyl-arthritis of the vertebrae of the neck. If any attempt be made to draw the head forcibly forwards, the greatest pain is felt in the neck. At the same time, the skin is hot, the cheeks of bluish-red colour, and the pulse strong. But, in very acute cases, the extremities soon become cold, the pulse weak and rapid, and then follow sopor and death. In the less acute cases, the symptoms are less rapid in progress, but still characteristic enough. In those who recover, the sickness ceases; but the headache often continues, with restlessness, etc., even when convalescence is far advanced. Convalescence is slow. In one case, complete deafness—evidently the result of effusion—remained. Another boy of 15 remained unconscious several days during the height of the fever; and there is much doubt whether he will ever fully recover his senses.

DEATH OF EDWARD DANIELL, Esq.

THE profession will hear with profound regret of the decease of one of the foremost members of the Association, Edward Daniell, Esq., late of Newport Pagnell. Mr. Daniell had only a few weeks retired from practice, in the active duties of which he had been engaged for half a century. He had taken a house at Stony Stratford; and had intended, in the quiet retirement of his life, to collect his scattered literary and scientific papers, and republish them in a revised and connected form. Unhappily, this was not to be. Mr. Daniell had been for some time past rather failing. Before he left Newport Pagnell, he had been subject to boils; but had not been confined to the house. In the latter part of May, a large carbuncular boil commenced to form at the back of the neck, and attained so much importance, that on June 4th, Dr. Richardson was sent for in consultation. For some days, it was hoped, although the local mischief was very extensive, that the patient would have sufficient restorative power to recover. In the course of the week, he kept up fairly, and on June 9th the carbuncular swelling was discharging freely from an opening which had been made after producing anæsthesia by cold. A part also looked healthy; but there was an evident decrease of systemic power. On the 13th, the stomach became irritable. From this time, he gradually declined until the 16th, when he died at 10.15 A.M. Mr. Daniell was attended throughout his illness with unremitting care by his two sons, Mr. Alfred Daniell of Kegworth and Mr. Wm. Daniell, and was also visited on several occasions by Dr. Richardson. He was in his seventieth year. Briefly recording his death, and offering, as we are sure we may do, the sympathies of the whole Association to his bereaved family, we reserve for a future number an account of his life and labours from the pen of one of his most intimate professional friends.

DIVISION OF THE CERVIX UTERI. Dr. Marion Sims answers Mr. Spencer Wells's objection in reference to this operation. "Mr. Wells says he has seen 'many women in whom,' after this operation, 'the vaginal portion of the cervix has curled up and almost disappeared, while the remains of the cervical canal or the os internum have become nearly impervious.' I have never seen such a result after any of my operations, and do not know what it means or how to account for it. My only trouble before, is to keep the os externum sufficiently open. I am greatly surprised to find Mr. Wells objecting to the use of the speculum. Does he not use a speculum almost every day, and sometimes very often in the day? If it is indelicate to use a speculum for incising the os, is it less so to resort to it for cauterising the same, or for other operations that demand its use? He seems also to object to my speculum because an assistant is necessary to hold it. It would be far better if all medical men would adopt my plan of having a third person in the room, whether as assistant or not, whenever a vaginal or speculum examination is to be made. It is much more delicate for a lady to be locked up in a room for half an hour with a doctor and a nurse than to be so locked up with a doctor alone!"

Progress of Medical Science.

MEDICINE.

APPLICATION OF MUSTARD IN INSANITY. Dr. S. Newington recommends a new remedial agent in the treatment of insanity and other diseases. It is the application of mustard as an irritant to the surface of the body. Five or six handfuls of mustard may be employed in an ordinary bath; or the mustard may be mixed with linseed meal and applied largely to the abdomen—the object being to produce a desiccative action of blood to the skin. Dr. Newington says that he finds the agent a powerful remedy in mania, inducing sleep where other remedies have failed. His theory of its use is, that the brain is in an unusual state of activity, and consequently there is an unnatural determination of blood to the organ, preventing sleep. By the remedy, blood is driven from the brain, and sleep induced.

HYDATID CYST OF THE LIVER TREATED BY CAUSTIC; INTRACYSTIC HÆMORRHAGE; DEATH. A man, aged 34, was admitted lately into the Hôtel Dieu at Lyons. He was apparently of vigorous constitution; but his health was greatly impaired by a disease of the liver. Four years previously, a tumour had appeared in the right hypochondrium, and now occupied a space bounded by two vertical lines passing, one at the distance of four finger-breadths from the umbilicus and the other through the centre of the ribs; and by two horizontal lines at the level of the xiphoid cartilage and of the right iliac crest. The development of the tumour had been accompanied by severe derangement of the digestive organs, by loss of appetite and of strength, and by icterus. The history and aspect of the case led to the supposition that it was one of hydatid cyst of the liver; and this opinion was confirmed by an exploratory puncture with a trocar. M. Gayet, under whose care the patient was, decided on opening the cyst by caustic, and afterwards washing it with disinfectant and slightly styptic solutions. Accordingly, Vienna paste was applied over an extent of seven *centimètres* parallel to and two finger-breadths below the false ribs; after which Canquoin's paste was applied for nine days successively, until the cyst was opened. Four quarts and a half of yellow liquid escaped, in which no trace of echinococcus could be found. The discharge was arrested, in order to prevent hæmorrhage into the vacuum; but, after the patient had apparently passed a day favourably, he was seized in the evening with rigor, nausea, hiccup, cold sweats of the limbs, and other symptoms of hæmorrhage. On the following day, the patient was in the same state; the abdomen had again become distended; and the finger, when introduced into the cavity, came into contact with a large mass of clots, beyond which was felt a soft floating substance, which might have been taken for intestine, but that it was certain that the peritoneum had not been entered. In order to prevent putrefaction, M. Gayet contrived an apparatus for the continuous irrigation of the sac; but the patient gradually sank, and died four days after the opening of the cyst. On *post mortem* examination, the liver was found to be enlarged, with the cyst occupying its lower surface. The gall-bladder was healthy. In the interior of the cyst, there was found to be a second cyst, having walls of a homogeneous translucent substance; there were no traces of vessels nor of organised structure. It was filled with vegetations, formed of a finely granular substance arranged

in alternately dark and clear bands, like the walls of echinococcus vesicles; but no hooklets could be found. (*Gaz. Méd. de Lyon*, 15 Mai, 1865.)

MUSCULAR CONTRACTION SUCCESSFULLY TREATED BY SUBCUTANEOUS INJECTION OF ATROPINE. Madame B., aged 31, had, at the age of 11, when her mother died, a severe attack of hysteria, which recurred several times. When she was 18 years old, a second attack was followed by a lethargic state which lasted three days. She was believed to be dead, and preparations were being made for her funeral, when she recovered. She was married at the age of 19, and became the mother of three healthy children. Her health seemed to be re-established; when, in November last, she had a hysterical attack (the precise nature of which is not stated) which lasted for twenty-four hours, and was followed by general contraction of the lower limbs. This yielded on the next day; but the left foot remained strongly retracted, presenting the appearance of a well marked varus. The external edge rested on the ground; the sole was very concave; the external malleolus projected, but the internal one could scarcely be felt. This state continued two months, in spite of all treatment; becoming indeed worse, so that the foot appeared subluxated. Dr. Boissarie, the patient's medical attendant, then injected at the point of exit of the sciatic nerve, twelve drops of a solution containing 5 centigrammes of sulphate of atropine in 20 grammes of water (1 part in 400). In half an hour, the patient had nausea, a sense of constriction of the throat, and disturbance of vision; these symptoms continued through the day and a part of the night. The foot, which hitherto no traction had availed to bring into its normal position, could now be moved readily in every direction. The patient was now able to walk; but this was attended with a tendency to the part of the foot, probably from weakness of the antagonistic muscles. As there was still some stiffness in the muscles which had previously been contracted, two injections—one of eight drops and the other of four—of the above-mentioned solution, were made at intervals of three days. They entirely removed all traces of contraction. (*Gaz. des Hôp.*, and *Bull. Génér. de Thé.*, Avril 1865.)

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

HYSTERICAL ANÆSTHESIA AND ATAXIA. M. Lasègue relates and comments on the case of a patient in the Hôpital Necker, a girl who, at the age of 18, was seized with hysteria, and afterwards with catalepsy. The cataleptic attacks recurred every two or three days at uncertain intervals, and lasted, on an average, two or three hours each. The sleep was calm, and difficult to be distinguished from physiological sleep. M. Lasègue applied to the patient electricity, pinching, pricking, and other means of irritation, without producing the least effect. All the muscles appeared to be under the cataleptic influence, except those of the face; the jaws were fixed, but the lips and eyelids resumed their normal position when the hands were removed after separating them. The patient had anæsthesia of the limbs and of part of the body; the face, skull, and a part of the neck retained some sensibility. The anæsthesia was not only cutaneous, but deep-seated; needles could be plunged deeply into the patient without producing the least evidence of pain. M. Lasègue availed himself of the opportunity of investigating the influence of this state on the muscular action, and arrived at the following results. When the patient's eyes were bandaged, she could move the muscles lying under the

parts where sensation remained, but not those lying under the anæsthetic parts of the body. Thus she moved the head, neck, and body; but the limbs were immovable, and, when put into any position, they remained there without producing the least fatigue, as if the patient were in a partially cataleptic state. This phenomenon was observed both in the lower and in the upper limbs; and yet the patient walked without looking at her feet, and with her eyes fixed on the ceiling. When her eyes were shut, she could not raise her hand to the head; but, if she had the fingers applied on a sensitive point of this region, she could, with some hesitation, perform definite movements. With her eyes open, the patient could, even with some expertness, perform the most delicate movements—provided that she never raised her eyes. When her sight was directed towards a distant object, her movements were restrained, but less so than when the eyes were closed. If obliged to look at an object within reach, she could not extend her hand to it, unless she could see her arm; but this became possible if she could distinguish the movements of the arm through her clothes.

M. Lasègue makes a number of interesting observations, and concludes as follows. The sense of muscular activity is more complex than appears at first. It is composed of elements furnished by sight, by touch, and by the slow and gradual education of movements. Each movement in itself represents a succession of phenomena, capable of being minutely analysed, from the time when motion has been determined on to the time when the object has been accomplished; and from this chain, apparently indissoluble, one or more links may be wanting. In hysterical cataleptics, the rigidity of the muscular organism, the disappearance of volition, the intervention of the sight and of touch, are so many elements, diversely modified according to circumstances, which change the results produced. (*Archives Générales de Méd.*, and *Gaz. Méd. de Paris*, 29 Avril 1865.)

CONSAINGUINEOUS MARRIAGES. Dr. A. Mitchell has discussed the question of "the Influence which Consanguinity in the Parentage exercises on the Offspring"; and the following are the conclusions at which he has arrived.

1. Consanguinity in parentage tends to injure the offspring. This injury assumes various forms. It may show itself in diminished viability at birth; in feeble constitutions exposing them to increased risk from the invasion of strumous disease in after-life; in bodily defects and malformations; in deprivation or impairment of the senses, especially those of hearing and sight; and, more frequently than in any other way, in errors and disturbances of the nervous system, as in epilepsy, chorea, paralysis, imbecility, idiocy, and moral and intellectual insanity. Sterility or impaired reproductiveness is another result of consanguinity in marriage, but not one of such frequent occurrence as has been thought.

2. When the children seem to escape, the injury may show itself in the grandchildren; so that there may be given to the offspring by the kinship of their parents a potential defect which may become actual in their children, and thenceforward appear as an hereditary disease.

3. Many isolated cases, and even groups of cases, present themselves in which no injurious result can be detected. This may occur even when all other circumstances are of an unfavourable character.

4. As regards mental disease, unions between blood-relations influence idiocy and imbecility more than they do the acquired forms of insanity, or those which show themselves after childhood.

5. The amount of idiocy in Scotland is to some extent increased by the prevalence of consanguine marriages, but the frequency of these marriages does not appear to be nearly so great as has been generally supposed. (*Edinburgh Medical Journal*, June 1865.)

PATHOLOGY OF HYDROPHOBIA. In a course of lectures on hydrophobia, published by Dr. T. C. Shinkwin from the manuscript notes of the late Dr. T. S. Holland of Cork, the following conclusions are given. 1. No one of the morbid appearances that are stated to have occurred in autopsies made on persons who died of hydrophobia, nor all taken collectively, could produce the symptoms essential to that disease, and that it presents phenomena for which none of these pathological changes can account. 2. Hydrophobia can proceed to a fatal termination without leaving in the dead body any trace of diseased change. 3. All the pathological appearances hitherto recorded must be considered as secondary or accidental lesions, to none of which can be assigned the place of the *proximate cause*, which is still unknown. 4. From a consideration of the sudden, interrupted, intense, and rapidly fatal character of the symptoms, it appears highly probable that as the blood is the most generally diffused and rapidly circulating medium, it is the receiver of and agent through which the nervous system is acted on by the poison and excited by it to produce the symptoms characteristic of hydrophobia. 5. Presuming the correctness of the last conclusion, it follows from it that treatment should be directed to remove the altered condition of the blood, and that attention should in all future autopsies be directed to discover the physical, chemical, and microscopical changes occurring in it and in the nervous system. 6. If it be necessary to give this disease a nosological order, it should be placed among a series of affections that may be included under the general term of toxo-sanguineo-nervous diseases. (*Dublin Medical Press*, May 17th, 1865.)

TUBERCULAR DISEASE IN A MONKEY. At a meeting of the Pathological Society of Dublin, the Rev. Professor Haughton exhibited the body of a large monkey (*Macacus Nemestrinus*), which had died recently in the Zoological Gardens of that city from tubercular disease. The animal was a very large and handsome one of its kind. Dr. Haughton observed that, although it is a common opinion, and is expressed in many works on natural history, that monkeys in confinement are very liable to tubercular disease, he had not found, during over six years' constant dissection of the monkeys who had died in the Gardens, one instance of the kind until the present. Most of the animals had died from scrofula or from pneumonia. The present macaque appeared perfectly healthy until about four weeks before death, when he suddenly lost his appetite, and became worse from day to day. Various foods were tried with him, but no medicine. He died rather abruptly. On making a *post mortem* examination, Dr. Haughton found the whole internal viscera affected with tubercular disease. The lungs, both right and left, but particularly the right, were filled both on the surface and through their substance with milary tubercle. The disease appeared to have attained its most advanced stage in the lungs. There were two or three specks on the surface of the heart, which had exactly the same feel as the milary particles in the lung. The liver contained five lobes, four of which were completely filled with tubercular matter; the fourth lobe was a complete mass of it; the disease in this was more advanced than in the others, and bore the appearance of a cheesy deposit. The spleen was also affected

with the same disease, and from its appearance Dr. Haughton thought the disease even more advanced in this organ than in either the liver or lungs. The mesenteric glands were conglomerated into one large tubercular mass. There was no diarrhoea during the progress of the disease, and exceedingly little cough. The glands of the lumbar region were healthy, but the spinal glands among the back of the thorax were the seat of tubercle. Dr. Haughton also found that the animal had suffered from chronic rheumatic arthritis, which had caused dislocation of both patellæ over the external condyle. The rheumatic arthritis had completely cut away the top of the external condyles of both thighs and the inferior surfaces of the patellæ. From this cause doubtless it was that the animal for some time previous to his death appeared to prefer sitting on his rump to any other attitude, squatting on the callosities of the skin. Some months ago Dr. Haughton dissected a lion which died in the Gardens, and found the animal had suffered from rheumatic arthritis of the left shoulder-joint. The appearance presented by the bone in both cases was identical, and showed that the disease must have originated while the animal was in a state of confinement, the bone having partially rotted away, and not exhibiting the polished ivory surface which it would present were the animal capable of enjoying its natural amount of exercise. (*Dub. Med. Press*, May 10th, 1865.)

RENO-PULMONARY ABSCESS. At a meeting of the Pathological Society of Dublin, Dr. Gordon exhibited a specimen of this rare disease. The subject, aged 24, had been a patient in the Whitworth Hospital. On admission, she was affected with hectic, profuse night-sweats, purulent expectoration, diarrhoea, and emaciation; and passed large quantities of pus in the urine. The physical examination of the chest discovered the existence of an abscess in the right lung. About four days before her death, in addition to the symptoms already enumerated, there was observed a peculiar strong gangrenous fetor, both from her breath and from the expectoration. This symptom continued up to her death, and from the moment of its appearance she began to sink most rapidly. On tracing the progress of the disease from the kidney, the original cause was found to have been the presence of a large calculus in the pelvis of the kidney, in addition to which was another large calculus lying loose in the distended kidney, which was completely filled with purulent matter. The capsule of the kidney was also separated from it, the intervening space being occupied by a very large quantity of purulent greyish matter, mixed with some soft tenacious lymph. This abscess had escaped in some degree from the distended capsule, and so prevented the enormous distension which takes place in many instances. From this the matter passed upwards, displacing the inferior edge of the liver forwards; and, passing up and occupying the posterior surface of the liver, it pressed upwards against the inferior surface of the diaphragm, forming a large pouch, lined with soft lymph, and with the abscess pressing it upwards. The diaphragm, though thin, was not actually perforated. On examining the upper surface of the diaphragm, a state of things was found to exist similar to what was below—viz., a large abscess lay on the wasted upper surface of the diaphragm, corresponding in position to that which lay on the inferior surface. The base of this upper abscess was formed by the diaphragm; the upper part was formed by a large abscess existing in the lung, which, under ordinary circumstances, would have opened in the cavity of the pleura and caused pneumothorax, but in this case was bound down by thick

and strong lymph all around it. If the patient had lived sufficiently long a communication would, no doubt, have been established between the two abscesses. On further examination, two large ulcers were found in the duodenum. Dr. Gordon thought these accidental, and not connected with the renal abscess, which was endeavouring to make its exit by perforation through the duodenum, and which the lung, as far as it could, was assisting on the upper surface. (*Dub. Med. Press*, June 14th, 1865.)

USES OF SUGAR AND LACTIC ACID IN THE ECONOMY. In the April number of the *American Journal of Medical Sciences*, is a paper on this subject by Professor S. Jackson. He says that the facts marked out by M. Claude Bernard prove that, in the first stage of organic or nutritive actions, in animal as in vegetable life, glucose (grape-sugar) is an indispensable agent in the formation of plastic matter and organic forms. Milk, which has sugar as a large constituent, is the food of mammalia. At a later period of life, the supply of sugar is obtained to a large extent from fruits, etc., and by the conversion of the starchy elements of food into saccharine matter. Nature also has endowed the liver with a glucogenic function, by which the organism is supplied with glucose. Although constantly formed, it never accumulates in health, so it must either be transformed or destroyed. In certain conditions neither is done, and the blood and all eliminations from it are found charged with glucose, as in diabetes mellitus. As a general rule the change of amyloid matter and cane-sugar occurs in the alimentary canal, usually the stomach in most animals, although in dogs it occurs further along in the duodenum, by the pancreatic fluid. Absorption of dextrin and glucose unchanged also may take place, and the transformation may occur in the blood or through the agency of some organ. Glucose cannot remain long as such under the influence of oxygen, heat and moisture, but is transferred into lactic acid. This product appears to be the final object of the vast provision of starch and sugar. Professor Jackson states in conclusion, that Drs. W. F. Atlee and J. H. Packard have recently treated gangrenous wounds successfully with sugar. The active principle is not the sugar as supposed, but the lactic acid into which the saccharine matter has "been converted, by contact with animal substances in a state of decomposition" (Liebig.) He suggests that lactic acid should be tried direct, by the use of sour milk. The wound should be thoroughly washed with milk, and cleansed of putrid matter, and then bound with lint, kept saturated with acid milk. His explanation is supported by the well known fact that the gastric juice, which is an antiseptic, always contains lactic acid, and thereby arrests putrefaction. (*Philadelphia Medical and Surgical Reporter*, May 13th, 1865.)

MIDWIFERY AND DISEASES OF WOMEN.

RELAXATION OF THE PELVIC ARTICULATIONS AFTER LABOUR. Difficulty of locomotion coming on after parturition has been several times noticed (especially by French writers). It is liable to lead to the idea that the patient is suffering from spinal or uterine disease. But when it occurs in women who have been recently delivered, the practitioner should bear in mind the possibility of its arising from relaxation of the articulations of the pelvis. By palpation and pressure over the sacro-iliac synchondroses and over the pubic symphysis, pain is produced; and the point of the finger can often, in the latter situation, be introduced between the bones. M. Trouseau, in a clinical lecture on the subject, recognises

the value of rest, topical astringents, and tonics; but he urges especially the necessity of applying a firm bandage so as to embrace not only the bones of the pelvis, but the trochanters of the thigh-bones. (*L'Union Méd.*; and *Bulletin Génér. de Thérap.*, Avril 30, 1865.)

Association Intelligence.

MEDICAL PROVIDENT SOCIETY.

CONTRIBUTIONS TO THE AUXILIARY FUND.

SIR,—I have much pleasure in stating that I have this day received from T. Taylor Griffith, Esq., of Wrexham, a cheque for Seventy Pounds, being the amount of donations collected by him for the Auxiliary Fund of the above named Society. Of this sum, £50, collected principally from members of the North Wales Branch, are intended as a response to the generous invitation made some time ago by Mr. Carden of Worcester; who has promised to give £50 (in addition to his former donation), provided that ten others will also each contribute a like sum.

The subjoined is a copy of the list sent me by Mr. Griffith.

	£	s.	d.
A Friend (Surgeon)	10	0	0
Dr. Hughes (Mold)	2	2	0
Dr. Roberts (St. Asaph)	2	2	0
Dr. Edward Williams (Wrexham)	2	2	0
John Dickenson, Esq., Surgeon (Wrexham)	2	2	0
A. E. Turnour, Esq., Surgeon (Denbigh)	1	1	0
Dr. Burton (Ruabon)	1	1	0
Dr. Davies (Wrexham)	1	1	0
Dr. Davies (Holywell)	1	1	0
T. F. Edwards, Esq., Surgeon (Denbigh)	1	1	0
J. Edmunds, Esq., Surgeon (Chirk)	1	1	0
Frederick Heaton, Esq., Surgeon (Wrexham)	1	1	0
T. Eytton Jones, Esq., Surgeon (Wrexham)	1	1	0
T. Evans Jones, Esq., Surgeon (Llanasa)	1	1	0
E. Turner Jones, Esq., Surgeon (Denbigh)	1	1	0
D. Kent Jones, Esq., Surgeon (Beaumaris)	1	1	0
Dr. Jenkins (Ruthin)	1	1	0
Dr. Jones (Ruabon)	1	1	0
L. L. Lodge, Esq., Surgeon (St. Asaph)	1	1	0
R. C. Roberts, Esq., Surgeon (Ruabon)	1	1	0
F. Theed, Esq., Surgeon (Rhyll)	1	1	0
Dr. Harvey Williams (Rhyll)	1	1	0
Dr. Williams (Mold)	1	1	0
Thos. G. Prytherch, Esq., Surgeon (Wrexham) ..	1	1	0
J. E. Eytton, Esq., Surgeon (Overton)	1	1	0
Wm. Bennett, Esq. (Morecambe)	1	1	0
T. T. Griffith, Esq., Surgeon (Wrexham)	8	10	0
	50	0	0
Miss Bennion (Wrexham Vechan), by Dr. Edward Williams	10	0	0
A Friend, by T. T. Griffith, Esq.	10	0	0
	70	0	0

In addition to this sum, and to £668:3:0 already announced in the JOURNAL, the following contributions to the Auxiliary Fund have been made since the publication of the last list.

	£	s.	d.
John Clay, Esq. (Birmingham)	10	10	0
Dr. J. G. Davey (Northwoods, Bristol)	5	5	0
Dr. Desmond (Liverpool), additional	7	7	0
Dr. Fitch (Chaddesley Corbet)	1	1	0
C. Hooper, Esq. (Aylesbury)	5	5	0
Dr. S. W. J. Merriman (London)	10	10	0
Dr. B. W. Richardson (London)	21	0	0

The Auxiliary Fund, therefore, now amounts to nearly £800: the greater part of which is placed at interest in a London bank.

I am, etc.,
ALEXANDER HENRY,
Secretary to the Medical Provident Society.

15, George Street, Portman Square, W., 20th June, 1865.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D. Cantab.

President-elect—S. J. JEAFFRESON, M.D. Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, May 16th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
CAMBRIDGE AND HUNTINGDON. [Annual.]	Ely.	Tuesday, June 27th, 11 A.M.
MIDLAND. [Annual.]	Town Library, Town Hall, Leicester.	Wednesday, June 28th, 2 P.M.
NORTHERN. [Annual.]	Library, Newcastle-upon-Tyne Infirmary.	Wed., June 28, 10.30 A.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 4, 12 noon.
WEST SOMERSET. [Annual.]	Clarke's Castle Hotel, Taunton.	Tuesday, July 4, 2.30 P.M.
EAST ANGLIAN. [Annual.]	Council Chamber, Town Hall, Ipswich.	Friday, July 14th, 2 P.M.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE Annual Meeting of the Cambridge and Huntingdon Branch will be held at Ely, on Tuesday, June 27th, at 11 A.M.; J. MURIEL, Esq., President, in the Chair.

Gentlemen intending to read papers or cases are requested to forward the titles of the same to the Honorary Secretary, without delay.

P. W. LATHAM, M.D., *Hon. Secretary*.

15, Sidney Street, Cambridge, June 1865.

NORTHERN BRANCH.

THE First Annual Meeting of the Northern Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Wednesday, June 28th, at 10.30 A.M.; D. B. WHITE, M.D., President.

Gentlemen intending to read papers and cases, are requested to forward the titles of the same to the Secretary, without delay.

G. H. PHILLIPSON, M.B., *Hon. Secretary*.

Newcastle-upon-Tyne, June 1865.

MIDLAND BRANCH.

THE Annual Meeting of the Midland Branch will be held on Wednesday, June 28th, at 2 P.M., in the Town Library, Town Hall, Leicester; JOHN BARCLAY, M.D., President.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same, without delay, to the Honorary Secretary.

JOHN SLOANE, *Hon. Secretary*.

Welford Place, Leicester, June 1865.

METROPOLITAN COUNTIES BRANCH.

THE Thirteenth Annual Meeting of the Metropolitan Counties Branch will be held at the Crystal Palace, Sydenham, on Tuesday, July 4th, at 3 P.M.

President for 1864-65 CHAS. F. J. LORD, Esq.

President-elect for 1865-66... E. H. SIEVEKING, M.D.

After the meeting, the members and their friends will dine together; E. H. SIEVEKING, M.D., in the Chair. Dinner on the table at 5.30 P.M. precisely.

A. P. STEWART, M.D.

ALEXANDER HENRY, M.D. } *Hon. Secs.*

74, Grosvenor Street, June 1865.

WEST SOMERSET BRANCH.

THE Annual Meeting of the West Somerset Branch will be held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at 2.30 P.M.; HUGH NORRIS, Esq., President.

Gentlemen are requested to give notice to the Secretary of cases or papers they may wish to communicate.

W. M. KELLY, M.D., *Honorary Secretary*.

Taunton, June 1865.

EAST ANGLIAN BRANCH.

THE Annual Meeting of the East Anglian Branch will be held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th, at 2 P.M.; A. H. BARTLET, M.D., President.

Dinner at 5 P.M.

Members are requested to forward to Dr. Chevallier the titles of any papers or cases they may wish to communicate, on or before June 30th.

B. CHEVALLIER, M.D., *Hon. Secretary*.

Ipswich, June 14th, 1865.

DRUNKARD CURING. It is said that the managers of the New York Inebriate Asylum have concluded, after trial, that they cannot cure a drunkard in less than a year.

THE YOUNG MEDICAL STUDENT. There was much which tended to damp my ardour in the beginning. A very few days were sufficient to overcome the disgust occasioned by my first entry into the dissecting-room; but the study of bones and muscles and bloodvessels was far from being attractive in the first instance. In the theatre and the dissecting-room, I felt, though with numbers around me, like a solitary person. Between myself and the great majority of the students there was nothing in common. In a medical school, indeed, there is a great mixture of persons. There is always a certain number of well-educated young men. But these are a minority. The effect of the absurd system of apprenticeship to an apothecary—which custom formerly, and since that an Act of Parliament, has imposed on what are called practitioners—is that the great mass of students are sadly deficient in this respect. There were only two among them with whom I had much acquaintance: one of them a young physician of the name of Crawford, a nephew of Crawford who wrote on animal heat, and who died not very long afterwards; and the other was Lawrence, who has since acquired so large and well-deserved a reputation. The latter was, even then, a remarkable person. I never knew any one who had a greater capacity for learning than he had, nor more industry, nor who at the same age had a greater amount of information, not merely on matters relating to his future profession, but on a great variety of other subjects. (*Sir B. Brodie's Autobiography.*)

Medical News.

UNIVERSITY OF CAMBRIDGE. Degree of M.D. conferred at a Congregation held on June 17.

Bagshawe, Frederic, St. John's College
 Cheadle, Walter Butler, Caius College
 Jeaffreson, Samuel John, Pembroke College

UNIVERSITY OF DURHAM. Examination for a Licence in Medicine.

Redwood, T. H., B.A., Bishop Hatfield's Hall

First Examination for License in Medicine and Mastership in Surgery.

Hope, John, Newcastle College
 Newcombe, Frederick William, Newcastle College
 Newton, R. C., Newcastle College

The Barry Scholarship has been awarded to John Caparn Cammack, Bishop Hatfield's Hall; and the Newby Scholarship to James Lister, University College.

APOTHECARIES' HALL. On June 15th, 1865, the following Licentiates were admitted:—

Arnulstead, John William, Leeds
 Haward, Frederick Robertson, Halesworth, Suffolk
 Jones, Alfred, Cardigan
 Mackinnon, Henry W. Alexander, Portugal Street, Lincoln's Inn

At the same Court, the following passed the first examination:—

Dalton, Benjamin Neale, Guy's Hospital
 Elliott, Arthur Bowes, Guy's Hospital
 Lamb, Barnabas Walter, St. Bartholomew's Hospital
 Square, William, St. Bartholomew's Hospital

APPOINTMENTS.

SUTTON, H. G., M.D., has been appointed Assistant-Physician to the Hospital for Diseases of the Chest, Victoria Park.

ROYAL NAVY.

AYRE, William G. J., Esq., Surgeon (additional), to the *Edgar*.
 BRAKE, William, Esq., Surgeon, to the *President*.
 BRICE, Frederick, Esq., Surgeon (additional), to the *Terror*, for Bermuda Hospital.
 SPENCILL, Charles, Esq., Surgeon, to the *Liffey*.
 WHITNEY, James L., Esq., Assistant-Surgeon, to the *Impregnable*.
 WRIGHT, F. L. W., Esq., Assistant-Surgeon, to the *Liverpool*.

MILITIA.

FOOTITT, W. F., Esq., to be Assistant-Surgeon Royal Sherwood Foresters or Nottinghamshire Militia.
 WRIGHT, H., Esq., to be Assistant-Surgeon East and North York Artillery Militia.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

JACKSON, H., Esq., to be Surgeon 1st Administrative Brigade Argyllshire A.V.

BIRTH.

BARBER. On June 16th, at Ulverstone, the wife of Henry Barber, M.D., of a son.

DEATHS.

*BOND, Charles, M.D., at Lutterworth, aged 42, on June 11.
 *DANIELL, Edward, Esq., late of Newport Pagnell, at Stony Stratford, aged 69, on June 16.
 O'CONNOR. On June 12th, at March, Cambridgeshire, aged 14, Ellen, daughter of T. O'Connor, Esq.
 *WILSON, William Murray, Esq., at Horsforth, near Leeds, aged 70, on June 19.

UNIVERSITY OF OXFORD. At a congregation held on Wednesday last, the honorary degree of D.C.L. was conferred on Robert Christison, M.D., of Edinburgh, and William Stokes, M.D., of Dublin.

UNIVERSITY COLLEGE HOSPITAL. The anniversary dinner was held on Wednesday last at Willis's Rooms; Lord Belper in the chair. About 120 gentlemen were present.

CEREBRO-SPINAL MENINGITIS. A few cases, in a mild form, of cerebro-spinal meningitis, have been observed at Vienna.

Dogs. On the motion of Mr. D. Damer, returns have been ordered of all persons bitten by dogs and conveyed to hospitals since the 1st of January, 1865, within the limits of the metropolis.

DR. GRAILY HEWITT is a candidate for the Professorship of Midwifery in University College. His success as a Lecturer at St. Mary's Hospital, and his well known literary labours in midwifery and the diseases of women, give him the highest claims to the consideration of the elective body of the College.

THE COST OF ALCOHOL. Professor Frankland, in a lecture delivered at the Royal Institution, stated that "the cost of a gallon of pure alcohol, as contained in the following wines and spirits, was, in brandy, 49s.; rum, 28s.; sherry, 85s.; port, 119s.; claret, 142s.; champagne, 172s.; in ale and stout only 15s."

IRISH LUNATICS. By a return issued a few days ago, it appears that in the year 1864 there were committed to county gaols in Ireland 460 dangerous male lunatics, and 292 females—752 in all. The number of insane persons confined in distinct asylums in the same year was 5914; while the total number of persons which such asylums are capable of accommodating is only 4959.

MR. WILLIAM WEBBER, well known as the defendant in the case of Wells *versus* Webber for libel, tried a few years ago, and for his allegations in regard to the insalubrity of Tunbridge Wells, has obtained a verdict for £50 against a printer of that place for not affixing his name to certain verses published in ridicule of Mr. Webber.

DR. PRITCHARD'S TRIAL. The trial of Dr. Pritchard is to come off on Monday, July 3rd. The number of witnesses for the prosecution is about 87. The indictment charges the prisoner with having poisoned Mrs. Pritchard and Mrs. Taylor with antimony, aconite, and opium. The Lord Advocate is to conduct the prosecution, and Mr. Rutherford Clark and Mr. Watson have been engaged for the defence.

SURGERY v. MEDICINE. After an experience of fifty years, I am confirmed in the opinion that the pursuit of what is called pure surgery, such as it is in large cities, in connection with a hospital and a medical school, is more replete with interest, and, on the whole, more satisfactory, than any of the other branches into which the *ars medendi* is divided. (Sir B. Brodie's *Autobiography*.)

DEATH FROM CHLOROFORM. The *Liverpool Mercury* gives the inquest held on a child about two years, which had died from chloroform administered for the removal of a finger. About thirty drops were placed on lint over the child's mouth for about two minutes. The child died in about five minutes after the commencement of the inhalation. The jury's verdict was: Died from the effects of chloroform by misadventure. No blame was attached to either Dr. Sinclair or Mr. Prytherch.

DISTRICT LUNATIC ASYLUMS (IRELAND.) In the House of Commons on the 16th instant, Mr. Blake asked the Chief Secretary for Ireland whether he had any objection to state if the Irish government, before appointing persons to the office of resident physician to the district lunatic asylums, required satisfactory proof that they had acquired a practical knowledge of the treatment of insanity; and, if candidates were examined as to their fitness to be entrusted with the care and treatment of the insane by the inspectors of asylums, and a report made thereon to the Lord Lieutenant. Sir R. Peel answered in the affirmative.

THE RAILWAY ACCIDENT AT REDNAL. Thirty patients injured by the railway accident at Rednal were admitted into the Shrewsbury Infirmary under the care of Mr. Wood. Nine persons were killed at the scene of the accident, and three died in the Infirmary. It is a somewhat singular fact that no (cutting) surgical operation was required in any of the hospital cases. Broken legs, ribs, clavicles, arms, and scapulas, and injury to the abdominal viscera, etc., were the injuries there treated.

ROYAL COLLEGE OF SURGEONS OF IRELAND. The annual meeting of the College was held on Monday, the 5th instant, when the Officers and Council of the College for the ensuing year were elected as follows. *President*—Samuel G. Wilmot. *Vice-President*—Richard G. H. Butcher. *Secretary*—William Colles. *Council*—Arthur Jacob, William Hargrave, Robert Adams, William Colles, James Barker, Hans Irvine, Robert Pentland, Thomas L. Mackesy, Awly P. Baron, Peter Shannon, Rawdon Macnamara, Hamilton Labatt, Benjamin McDowell, Edward Ledwich, William Jameson, Alexander Carte, James H. Wharton, George W. Hatchell, Albert J. Walsh.

LUNACY IN SCOTLAND. The seventh annual report of the Commissioners on Lunacy for Scotland has just been issued. The number of insane persons in Scotland on January 1st, 1864, of whom the commissioners had official cognisance, was 6,391. Of this total 1,039 were supported by private means, 5,320 by parochial rates, and 32 were criminal lunatics in the Central Prison at Perth. The statistics of the seven years ending January 1st, 1864, show on the whole much steadiness in the extent and distribution of lunacy, with latterly some tendency towards diminution in most counties. On comparing the mortality of private and pauper patients, the commissioners find the ratio to be nearly alike on both sides.

ABERNETHY'S LECTURES. He was an admirable teacher. He kept up our attention so that it never flagged, and that what he told us could not be forgotten. He did not tell us so much as some other lecturers; but what he did, he told us well. His lectures were full of original thought, of luminous and almost poetical illustrations, the tedious details of descriptive anatomy being occasionally relieved by appropriate and amusing anecdotes, which, though they had been repeated over and over again, as one course succeeded another, were very agreeable to us new comers. Like most of his pupils, I was led to look up to him as a being of a superior order. (*Sir B. Brodie's Autobiography.*)

POLLUTION OF RIVERS. Instructions have been issued from the Home Office to the commissioners appointed to inquire into the pollution of rivers, directing them to take selected river basins, illustrating different classes of employment and population, with a view to ascertain whether a measure absolutely prohibiting the discharge of the refuse of mines and manufactories into rivers, or absolutely compelling town authorities to carry town sewage on to the lands, might not be remedying one evil at the cost of an evil still more serious in the shape of injury to health and damage to manufactures. The Secretary of State suggests that the following river basins might be taken:—1. The Thames Valley, both as an example of an agricultural river basin, with many navigation works, such as locks and weirs, and mills affecting the flow of water, and many towns and some manufactories discharging their sewage and refuse into the stream from which is mainly derived the water supply of the metropolis; 2. The Mersey Valley, including its feeders, particularly the Irwell, as an example of the river basin most extensively polluted by all forms of manufacturing refuse,

particularly that arising from the cotton manufacture and processes connected therewith; 3. The Aire and Calder Basin, as an additional example of the same class, particularly in connexion with the woollen and iron manufactories; 4. The Severn Basin, for the same reason, but in particular connexion with the great seats of the iron trade; 5. The Taff Valley, in connexion with mining and industry applied to metals; and 6. A river basin comprising a mining district in Cornwall.

POLLUTION OF RIVERS. The Queen has appointed R. Rawlinson, Esq., J. T. Harrison, Esq., and J. T. Way, Esq., to be her Majesty's Commissioners for the purpose of inquiring how far the present use of rivers or running waters in England for the purpose of carrying off the sewage of towns and populous places, and the refuse arising from industrial processes and manufactures, can be prevented without risk to the public health or serious injury to such processes and manufactures; and how far such sewage and refuse can be utilised or got rid of otherwise than by discharge into rivers or running waters, or rendered harmless before reaching them; and also for the purpose of inquiring into the effect on the drainage of lands and inhabited places, of obstructions to the natural flow of rivers or streams caused by mills, weirs, locks, and other navigation works, and into the best means of remedying any evils thence arising.

ENGAGEMENT OF DR. SUTHERLAND. In the House of Commons, on Monday last, Sir S. Northcote asked the Under-Secretary of State for War in what capacity Dr. Sutherland was employed by the War Department; what pay and allowances he received; whether he was paid by salary or by day pay when actually employed, and, if by day pay, for how many days in the year he was employed on an average—from what vote of the Estimates the payment was made; whether the arrangement had received the approval of the Treasury; and whether there would be any objection to lay upon the table of the House a copy of the terms of his original appointment, and of any correspondence between the War Office and the Treasury on the subject. The Marquis of Hartington said that, at the conclusion of the Crimean war, a Royal Commission was appointed to inquire into the sanitary state of the army. Several subcommittees were subsequently appointed. Dr. Sutherland, who had been a member of the Royal Commission, was appointed to serve on four of these subcommittees; and he still continued to serve on the most important of them, the Army Sanitary Committee. The duties of that committee were to consider and report upon all questions relating to sanitary improvements in existing barracks and hospitals, and the most healthy form of construction for new buildings. Dr. Sutherland's great experience and knowledge enabled him to render services upon the committee more valuable probably than those of any other gentleman who could be found. The rate of remuneration was fixed by General Peel at £3:3 per day; and afterwards, upon the recommendation of Mr. Herbert, then President of the Royal Commission, it was continued at the same rate so long as he was completely occupied upon these duties. Dr. Sutherland's time had since been entirely occupied on the details of the business of the Sanitary Committee, and he therefore continued to receive the above rate of remuneration. His salary was charged to the sanitary vote of the Army Estimates. There would be no objection to lay upon the table all the correspondence between the War Office and the Treasury on the subject. The Marquis of Hartington was unable to say whether there was no officer of the army who was qualified to discharge the duties

performed by Dr. Sutherland. It was the opinion of the present Secretary of State, and it had been the opinion of two or three of his predecessors, that these duties were better performed by Dr. Sutherland than they could be by any other person.

CASE OF SUSPECTED SLOW POISONING BY ZINC AND IRON. Mr. Herapath, sen., of the Bristol Medical School says in the *Chemical News*, that at Malmsbury on May 20th an inquest was held on Ann Lait, wife of a horse doctor. Dr. Salter stated in evidence that he had attended Mrs. Lait from April 12th for uterine hæmorrhage and vomiting; the former rapidly ceased, but the latter continued till two days before her death on May 6th. She complained of burning heat of the stomach, fauces, and gullet, coppery taste in the mouth, great thirst and nausea after eating and drinking, followed by vomiting after from half an hour to an hour. The husband had entirely waited upon and fed her. Dr. Salter continued to attend her till the 23rd, on which day he called, and found her coming down stairs; she vomited in his presence; this he secured in a bottle, and subsequently Mr. Herapath received it. He had been struck with her peculiar symptoms, and on calling on the 24th, he saw the husband and wife together, and then said to both that he thought it his duty to tell her "that her symptoms were those of poison, not of disease, advised her to leave home, telling her that if she did she would get well; but if she remained at home she would die, and that he should refuse a certificate in case of her death." They neither of them expressed any concern. On the 29th he gave Lait for her three powders containing oxalate of cerium; on May 5th he called and heard she was sleeping; on the 7th a message was left at his surgery to say she was dead, and in the evening Lait called, and said "he had called in Dr. Jeston, who had seen her on the Tuesday and Thursday before her death." Dr. Salter and Dr. Jeston both refused a certificate. An inquest was held, and a *post mortem* examination followed. On receiving the matters Mr. Herapath found the stomach considerably inflamed in the cardiac portion, and the surface in a strange blistered state; there was not much inflammation of the intestines. In the vomit he found traces of sulphates of zinc and iron, also in the contents of the lower intestines; but in the remains of food in the stomach and duodenum he found only sulphate of iron. These salts, particularly that of zinc, would produce the effects described, but if used as a means of slow poisoning they would, as far as he knows, constitute the first case in which they had been resorted to for the purpose.

THE LATE DR. VALENTINE MOTT. The following account of the funeral of this distinguished American surgeon is abridged from the *Philadelphia Medical and Surgical Reporter* of May 6th. The funeral took place on Sunday, April 30th. The church building in which the funeral services were held, was unable to contain those whose sympathies and feelings induced them to attend. The altar was profusely decorated by crosses, crowns, anchors, wreaths, and massive baskets of flowers, contributed by relatives and admirers of the deceased. One of the baskets bore the letters V. M., in white flowers on a blue ground; another, the word "*Resurgam*"; while, above all, hung a rich wreath surrounding an embroidered cross, with the words, "Christ, our Passover", in illuminated letters across its face. In front of the altar, and beside the pulpit, stood, the pedestal for the coffin, richly draped in sombre black velvet, with floral crosses ornamenting the face of the pall. The font was also filled with flowers, the whole surmounted by a standing cross of japonicas. The reading desk and pulpit were likewise decorated by wreaths. The

mourning drapery for the late President Lincoln, with which the church was hung, still remained. Immediately following the coffin, as it was borne into the church, were the pall-bearers, the members of the Faculty, of the Academy of Medicine, and of the University in Fourteenth Street. Among the gentlemen composing the *cortège*, were nearly all the leading members of the profession in which the deceased held so high a position while living. The pall-bearers were as follows:—Lieut.-Gen. Winfield Scott; G. Bancroft, Esq.; Dr. Martyn Paine; Dr. I. Wood; G. Opdyke, Esq.; Rev. Dr. J. M. Matthews; G. Bibby, Esq.; Dr. W. H. Draper; Dr. A. C. Post; A. T. Stewart, Esq.; Dr. G. T. Elliott; Mr. Routh. Attendant upon the remains were the physicians who were with Dr. Mott during his last illness. Upon the lid of the coffin was a solid silver plate, with the following inscription. "Valentine Mott, M.D., Emeritus of Surgery. Born August 25th, 1785; died April 26th, 1865."

TESTIMONIAL TO DR. ALDIS. At a meeting recently held by medical men and others, it was resolved—"That a testimonial be presented to Dr. Aldis in acknowledgment of the successful efforts which he has made in sanitary progress during a period of twenty-one years, and for the untiring energy with which he has fulfilled the duties of Medical Officer of Health to the parish of St. George, Hanover Square, for more than nine years." In 1844 the Report of the Health of Towns Commission contained some important evidence of Dr. Aldis. He subsequently joined the Health of Towns Association, the Metropolitan Sanitary Association, and assisted in establishing the City and Liberty of Westminster Sanitary Association in 1847, of which he was chairman of the committee during two years, the Earl of Shaftesbury being president. He also gave evidence before the Metropolitan Sanitary Commission when the outbreak of fever occurred at Westminster School and cloisters. During this period sanitary reformers met with much opposition, were thought to be visionaries, and treated with a good deal of contempt; but they devoted much time and money to the object in which they were engaged, and became the pioneers of that sanitary legislation which has produced immense benefit to the labouring population. Among them Dr. Aldis has been an earnest worker; he was always one of that body of unrequited labourers—the dispensary physicians; he has delivered lectures to the working classes on sanitary subjects; in fact, long before he obtained the moderate emoluments of office, his time, purse, and brains were at the service of the poor and of those fellow labourers who desired evidence or information to strengthen their cause. Therefore, we heartily wish success to the "Aldis Testimonial Fund," which the following gentlemen, with others, have already consented to promote—namely, Viscount Walden, Drs. David Davies, Druitt, Ince, S. Day Goss, W. H. Jones, O'Flaherty, W. Pearce, Yearsley, Synnot, Way, Walte, and Webb, the Rev. Messrs. K. B. Foster, J. Cooper, and Lusignan, Messrs. J. R. Lane, J. Teevan, C. A. Elliott, F. Hatchard, and J. Randolph.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH. At a meeting held on Saturday evening, May 27th, Dr. Druitt, President, in the chair, Dr. Clouston, of Carlisle, read a paper upon The Production of Dysentery by Sewage Irrigation. It consisted in an account of an outbreak of dysentery in the Cumberland and Westmoreland Lunatic Asylum, which was caused by the effluvia from a field irrigated by sewage. The land which was irrigated by the undiluted sewage was a stiff clay, and although the irrigation was practised during the three years

1862-4, it was not until February 1864, that the first case of dysentery occurred. In April three cases of typhoid occurred in an adjoining cottage, but none in the asylum. The dysentery continued until August, when the irrigation being stopped and the sewage diverted from the field, the disease ceased to appear among the inmates of the asylum. Dr. Clouston traced very completely the accordance of the several attacks with such meteorological conditions as were calculated to promote the arrival of the effluvia at the asylum wards. One of the most interesting portions of his paper was that in which he described the pathology of the disease. Altogether there were 31 cases of dysentery, of which 20 were fatal. *Post mortem* examinations were made in 16 of these. The most remarkable feature was the implication of the lower end of the ileum in the inflammation, Peyer's patches, however, being invariably free from disease. He stated that this unusual occurrence was observed also during the dysentery which attacked the British troops during the Walcheren expedition, and also during an epidemic of dysentery at Prague described by Dr. Finger. The following is the summary with which Dr. Clouston concluded his paper. 1. An epidemic of dysentery of a very fatal character occurred in the Cumberland and Westmoreland Asylum in the years 1864-5. 2. All the positive evidence that can usually be produced to determine the cause of any disease can be produced to connect this epidemic of dysentery with exhalations from a field irrigated by sewage as effect and cause. Ample negative evidence can be produced to show that no other probable cause of such an epidemic was in operation. 3. The old paralysed and diseased patients were chiefly attacked, but it was not confined to these. 4. The majority of the patients attacked were inmates of the wards on the ground floor of the asylum, showing that the sewage effluvia is most concentrated near the ground. Little or no wind and a high barometric pressure would seem to be the most favourable conditions for the injurious effects of the poison to manifest themselves. 5. It would seem to be unsafe to apply sewage in any form to land with a stiff clay subsoil within 350 yards of human habitations. 6. Diarrhœa in its ordinary form may also be caused by sewage exhalations. 7. There are strong reasons for believing that the sewage effluvia which caused dysentery and diarrhœa in some persons caused typhoid fever in others. 8. The sewage poison had a period of incubation in most cases before the dysentery appeared; the length of the period was probably from three to five days. 9. The dysentery was of a very fatal character, and the ipecacuanha treatment so successful in tropical dysentery was not so in this epidemic. 10. The two morbid appearances most characteristic of this epidemic were, 1, a soft membranous deposit on the mucous membrane of the intestines; and, 2, the diseased condition of the lower part of the small as well as the large intestines in all the cases. 11. The poison which caused the dysentery seemed to occupy an intermediate position between the poison which causes the continued fevers and that which produces ague and its concomitants.

IRISH MEDICAL ASSOCIATION. The annual meeting of this association was held on Monday, June 5, in the College of Surgeons, Dublin. Dr. Mackesy, the chairman, in an eloquent address, referred to the present social position of the profession in Ireland. At the last meeting he said they had reason to believe that superannuation would be granted to the poor-law medical officers of Ireland; but they had been disappointed. He, however, did not despond, for the justice of the claims of the poor-law medical officers must be recognised. The attorneys, by acting in

union, had sixty-two Irish members to vote in favour of relieving them from a tax. The medical profession had only eleven members to vote in favour of an act of justice and mercy to the broken-down and worn-out members of their profession. How was that? It proceeded from want of union. The medical officers of lunatic asylums, jails, and all other public institutions, had fixed regular salaries, but the poor-law medical officer was subject to being told by his board, that if he continued to be so expensive in the treatment of his patients a resolution would be moved for a reduction of his salary. He (Dr. Mackesy) trusted an amended Medical Charities Act would be introduced which should secure a minimum salary of £100 *per annum* to dispensary surgeons. He hoped that those medical men in Dublin holding high positions who were anxious for educated men to enter the profession, and had not as yet favoured their provincial brethren with their support towards obtaining this most desirable object, would see the advantage of their giving assistance. Unless the poor-law medical officers came forward themselves they must be satisfied to remain as they are, or possibly to sink lower in the social scale. Dr. Mackesy then spoke of the Medical Council. He said: "The time has now arrived for the medical profession generally to speak out, and to record their convictions that the General Council of Medical Education has signally failed in its duty to the public and the profession in not exercising the power entrusted to them; in not laying down a proper standard of preliminary education for candidates about to enter on the study of medicine and surgery; and in not enforcing uniformity and efficiency of examination in the granting of the diplomas by the licensing medical bodies of the United Kingdom. From such omissions on the part of the Medical Council the public are suffering, and the medical profession rapidly deteriorating. The proof of this cannot be more forcibly brought before you than by the result of the examination of candidates during the year 1864 for commissions in the medical departments of the army and navy." Dr. Mackesy read a letter addressed by him to Sir J. Gibson on the subject of the examination of candidates for the army, to which the Director-General replied "that, so far from being third-rate men, the majority of the successful competitors are above the average of those who pass through the schools, as is proved by the fact, that although all must have legal qualifications to practise both medicine and surgery, one-third of those who competed at the last examination failed to obtain the minimum number of marks required to qualify them for admission into the service. Dr. Mackesy next remarked on the breach of faith towards army medical officers relative to the Warrant of 1858, and concluded by referring to the advances made in sanitary science.—The following resolutions were subsequently passed at the same meeting. 1. "That we persevere in our efforts to procure a retiring allowance or a compensation for Poor-law and dispensary medical officers when incapacitated by old age or loss of health in the performance of their duties as public servants." 2. "That the approaching general election will afford the members of our profession an opportunity of bringing under the notice of the several candidates for their support the claims of a profession which hitherto has had but little attention given to it in the British Parliament; and that we urge our brethren not to lose the opportunity of urging said claims in as forcible a manner as possible under the consideration of all parties who aspire to represent them in the House of Commons." 3. "That we value the expressed opinion of the Poor-law Commissioners, who deem less than a hundred a year insufficient payment

for the dispensary medical officers; and that we exercise every legitimate influence to ensure this sum as the minimum." 4. "That it is much to be desired that some fixed principle on the part of the army and navy medical department as to the rank and pay of medical officers be adopted, so as to ensure the best qualified men for appointments in Her Majesty's service." 5. "That the present arrangements for remuneration of members of the medical profession for attending as witnesses in courts of justice, at petty and quarter sessions, are in an unsatisfactory state, and require the earnest and immediate attention of the authorities." 6. "That five guineas be fixed as the minimum charge for the coroner to pay a medical man for performing so dangerous and disagreeable a duty as a *post mortem* examination." 7. "That the Coroners' Bill now brought before the House of Commons be referred to the Council of the Association, in order that such amendments may be adopted as may meet the general wishes of the public and the profession."

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY....St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY......Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Spencer Wells, "On Ovariectomy"; Dr. Drysdale, "Against Use of Mercury in Syphilis"; and other papers by Mr. T. Smith, Dr. B. Howard, Mr. Gant, Mr. J. L. Clarke, Dr. Fenwick, and Dr. Sutton.—Zoological.—Ethnological.

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ERRATUM.—At page 625 of last number, column I, line 45, for "expend", read "expend".

THE GRIFFIN TESTIMONIAL FUND.—SIR: At a meeting of the Committee on the 12th instant, it was unanimously resolved that the above Fund should be finally closed on October 1st proximo. Intending subscribers would oblige by forwarding their contributions. The following subscription has been further received:—Haynes Hardwicke, Esq. (Saxlingham), 5s.

Amount previously announced, £124:11:9. Received at the *Lancet* office, £9:9.

I am, etc.,

ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate Street Without, June 22nd, 1865.

IS CAPTAIN GROSVENOR A HOMŒOPATH?—The captain, in reference to the subject of Dr. Tweedie's letter to him, has written as follows to the *Morning Post*.

"As the medical profession is in the act of pausing for a reply, and as, moreover, it is peremptory in the demand that such reply shall be immediate and final, perhaps you will allow me in your columns to state that I have no bias in favour of any particular variety of medical practice; but that, being firmly attached to the principles of liberty, I uphold every man's right to his own opinion, and to a practical expression of it as far as is consistent with the law. I am, therefore, resolutely opposed to anything like persecution arising from difference of opinion, whether in religious, political, or scientific matters."

There can be no doubt that the captain's liberal opinions are perfectly correct; and, in accordance with them, he will of course admit that Dr. Tweedie and every other medical man has "a right to his own opinion", even if the "practical expression of it" should be the refusal to vote for a promoter of homœopathy. Dr. Tweedie in so doing is not guilty of intolerance or persecution; he simply gives, as the captain calls it, a "practical expression" to his opinion.

ELECTION OF FELLOWS OF THE ROYAL SOCIETY.—SIR: Thanks for your remarks on the Royal Society, etc. I have been somewhat behind the scenes there for some years. The elections are, for the most part, carried by favour. Men who are utterly unknown to science are elected, while those who have done good work, but who are in our profession, are rejected. You would do well to compare the names which are now suspended with those of the elected during the last four or five years. I am, etc.,
June 8rd, 1865. M.D.

A QUESTION OF MEDICAL ETIQUETTE.—SIR: Will you be kind enough to give your opinion on the following case.

The husband of an old patient of mine (who is from home for the recovery of her health, on my recommendation) is suddenly taken ill. The friends (not relatives) send for the nearest medical man; he attends the case until the return of the wife, when she, finding that her husband does not improve, sends a note for me, requesting my attendance. In the note, she distinctly states that she told the gentleman in attendance on the case that she intended to send for me. She does not ask me to meet him in consultation. After I saw and prescribed for the patient, and just when I was about to leave the house, the wife said: "Will you see Mr. C.?" Thinking that this question referred to the treatment that had been previously adopted, I replied: "There is no occasion for it." Now, was I, upon this remark of the wife, and considering my previous position in regard to the patient and his wife, bound to call upon Mr. C., to consult with him as to the treatment of the case? An answer in your Notice to Correspondents will oblige. I enclose my card. I am, etc.,
June 1865. A MEMBER.

[It does not appear that Mr. C. was dismissed from attendance on the case. Indeed, from the wife's asking "A Member" to see Mr. C., we might conclude that she looked upon the meeting as a consultation. Under these circumstances, we think "A Member" would have done well to have seen Mr. C. before taking charge of the case. EDITOR.]

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, General Secretary.

Birmingham, June 1865.

COMMUNICATIONS have been received from:—Dr. KELEBENE KING; Dr. WATERS; Dr. SYNNOT; Mr. A. B. STEELE; Dr. JOHN R. WARDELL; Mr. H. W. FREEMAN; Mr. EADON; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. W. GRAHAM; Dr. ALLFREY; Dr. H. JACKSON; Dr. H. BARBER; Mr. T. O'CONNOR; Mr. H. B. SPERGIN; and Dr. THORNTON.

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Original Communications.

ON CERTAIN FUNCTIONAL DISEASES OF THE RETINA.

By J. Z. LAURENCE, F.R.C.S., M.B. Univ. Lond., Surgeon to the Ophthalmic Hospital, Southwark.

[Concluded from p. 637.]

I now come to speak of a very common form of partial paralysis of the retina—a form characterised by its excessively gradual and chronic character. I mean that form which accompanies strabismus.* It had been long known that persons who squinted suffered also from defective vision. But this knowledge was—and even now is—not so widely diffused as, in the interests of humanity, it should be. A squint is, even in these days, unfortunately too often regarded as a mere personal deformity, which may, or may not, according to the patient's position or prospects in life, be well left to his own taste and discretion to be cured or not.

That the exact nature of the paralysis of the retina which accompanies squinting may be completely understood, I may be permitted to make a slight digression, in inquiring whether there exists any predisposing cause that, in the first instance, induces the malady in question? In doing so, I shall limit myself to the question as it affects the most ordinary form of squint, that of a concomitant convergent one.

It had been long known that there existed a defect of the eye, which consisted in its possessing an unduly high refractive power in proportion to the length of its optic axis, and which constitutes the essence of the optical defect known as short sight, or myopia. But there is a second optical defect of the eye, which, although its existence had been also long known, had always been regarded as quite an exceptional and uncommon form of optical anomaly. We are indebted to the labours of Donders for teaching us that this second anomaly is equally common with myopia, if not more so, and of equal importance. I mean hypermetropia; which I may briefly designate as a deficiency of refractive power in the eye. Myopia is corrected by a concave lens, hypermetropia by a convex one. Now, it had further been incidentally observed by various authors, that persons who squinted inwards presented a peculiar form of assumed "short-sight", which was remedied, not by concave, but by convex glasses. I myself, some years ago, published a paper on this subject in the *Glasgow Medical Journal*, entitled "On the Short-sight of Squinters"; in which I adduced several cases of this to me at that time inexplicable apparent contradiction of facts. But after Donders had recognised the widely spread diffusion of hypermetropia, he further remarked that an overwhelming percentage of cases of ordinary convergent squint was accompanied by this optical defect. Subsequent researches have fully proved the important fact, that hypermetropia is in these cases the cause of the squint; that this latter is a mere symptom in them, and no more a substantial disease than are the eruptions of fever or small-pox.

This was a most important step. The way in which hypermetropia induces convergent strabismus

may be briefly alluded to. The eye is deficient in refractive power; it would supplement this deficiency if it could. Has it any intrinsic power of doing so? It has; in its power of increasing the convexity of the crystalline lens by contraction of the ciliary muscle. Now, in the healthy eye, this method of increasing the refractive power of the eye is what we all do when we wish to see near objects; it constitutes what is known as the adjusting power of the eye, or its accommodation. This accommodation, however, we only normally exercise when we wish to see a near object; this involves a second muscular act, that of the internal recti muscles—we, in a word, converge the eyes to the near object at the same time that we accommodate their refractive power to it. Thus, convergence and accommodation have, probably from long association, become two almost inseparably connected acts. If we converge the eyes, we instinctively accommodate them; and if we wish to accommodate the eyes, we must at the same time converge them. Now, the hypermetropic eye, in regarding a near object, must accommodate two-fold: firstly, to supplement its intrinsic deficient refraction; secondly, it has to exercise that normal amount of accommodation that all eyes have to do to overcome the divergence of the rays of light emanating from near objects. It has then, on the whole, to exert an unusual abnormally large amount of accommodation; this excessive action is often associated with excessive convergence of the eyes. In other words, the eyeballs, in many hypermetropic eyes, to see a close object critically distinct, must converge to a nearer point than that at which the object is actually situated.

Hypermetropic eyes have two choices: imperfect binocular vision or perfect monocular vision. When the latter is attained, one eye necessarily converges so powerfully inwards, as to deviate its optic axis (macula lutea) altogether away from the object which the straight eye is regarding, and, by a power of mental abstraction, ignores the images of any objects formed on its retina. Of course, there remains still a residuary evil—that of a want of binocular vision; this the patient has no further power of correcting. Why most hypermetropic patients prefer imperfect definition to squinting, and what secondary circumstances predispose to the one or the other state, are points which it would lead us too far to discuss in the present paper. The squint is, when it first takes place, not permanent; but occurs only when the patient fixes his eyes intently and attentively on any particular object. I have met with several patients who were perfectly conscious that they did squint under these circumstances. In one very striking instance of a man aged 42, there existed a hypermetropia of $\frac{1}{11}$. This man was always sensible of a strong squint in the one eye, whenever he wished to see an object distinctly. Moreover, what is an additional cogent proof of the dependence of strabismus convergens on hypermetropia, is that natural hypermetropics, who ordinarily exhibit neither a periodic nor a permanent squint, in many instances may be observed to do so, if we cover one eye, when they accommodate for a near object; the covered eye then often exhibits a marked inward squint. And what is still more remarkable, a normal eye made artificially hypermetropic by a concave lens exhibits the same phenomenon.

To resume; the squint is then at first periodic, and may at this stage be generally cured without an operation, by convex glasses, prisms, or Javal's stereoscopic method of ocular gymnastics.

In two cases of squint (both in myopic patients, one a convergent and the second a divergent squint), the patients before the operation never could conceive what

* This subject will be found more fully treated of in the tenth chapter of my work on *The Optical Defects of the Eye*.

amusement people could find in looking through a stereoscope: they saw no difference, whether the slides were in or out of the stereoscope. But within a few days these two patients were agreeably surprised at then, for the first time in their lives, being able to appreciate the beauties of the stereoscope. I now systematically direct all patients on whom I have operated for squint, to commence, as soon as possible, a regular daily course of stereoscopic practice. I prefer ordinary slides to Javal's wafers, as the former, by the amusement they afford, keep the patient up to his work.

I consider this a most important and interesting supplement to the after-treatment of the operation for squint. Indeed, I would go a step further, and suggest the stereoscope as a curative measure against squinting in its first (periodic) stage, correcting at the same time any coincident optical defect. That most sagacious observer, our eminent Dr. Mackenzie, has suggested (in 1854) the stereoscope as an useful exercise in *di-vergent* squint. This limitation, I respectfully submit, is unnecessary. For, if I understand the action of Brewster's stereoscope rightly, no convergence of the eyes ensues in its use. One proof of this is, that myopic patients require their reducing concave glasses to see a stereoscopic slide distinctly. One of the above patients required as high a concave as a five-inch one; I myself require a ten-inch one. Another proof is direct observation. The eyes of persons looking through a stereoscope I have always observed to be perfectly central.

The idea of utilising the stereoscope for the above purposes, must, doubtless, have occurred to others. I claim no other merit, than that of bringing the method more prominently before the profession.

After the operation for strabismus, the tendency to squint still exists, and may reassert itself in all its former intensity, if the patient do not, at any rate for all close work, use proper convex glasses.

CASE VII. I operated, by double tenotomy, on a boy aged 11, for a concomitant convergent squint of the right eye, both eyes being hypermetropic, and having an acuteness of vision (S) of about $\frac{1}{2}$. When I saw him about three weeks after the operation, I found the squint had recurred to the degree of 2" in the right eye, although I was convinced I had performed the tenotomy completely. I ordered him to wear his 1-16th inch convex neutralising glasses. When I again saw him three weeks later, and subsequently upwards of three months afterwards, the squint was quite cured, and had not returned.

In how many such cases a second operation has been unnecessarily performed, from the operator's impression that the muscle had not been "completely" divided in the first operation, I am not in a position to say.

After the squint has persisted a considerable length of time, it becomes confirmed. The eye turns in, more or less, always; and from this time forwards *its vision gradually diminishes*. This arises, I believe, from a secondary change occurring in the retina of the squinting eye, which will now form the subject of our further consideration, and which, indeed, has in the first instance induced us to offer the previous rather digressive explanation of the more intimate nature of squinting. Hypermetropia originates in a congenital smallness of the eye, especially in its antero-posterior axis; and, in a restricted sense, may be regarded as an instance of congenital arrest of development. It is not unnatural under these circumstances to suppose that the retina participates in the general want of formation; and this view is borne out by facts. The acuity of vision is generally somewhat less than normal in all hypermetropic eyes (al-

together apart from any exceptional co-existence of astigmatism), and is markedly so in all the higher degrees.

The following table contains an analysis of the acuteness of vision in 112 hypermetropic eyes which I have carefully examined during the last five years.

Acuity of Vision (S) in 112 Hypermetropic Eyes.

Degree of Hypermetropia.	Average Acuteness of Vision.
$\frac{2}{7}$ to $\frac{2}{9}$	$\frac{1}{4}$
$\frac{1}{5}$ " $\frac{1}{10}$	$\frac{1}{3}$ (nearly)
$\frac{1}{10}$ " $\frac{1}{16}$	$\frac{1}{2}$ "
$\frac{1}{18}$ " $\frac{1}{20}$	$\frac{3}{5}$ "
$\frac{2}{10}$ " $\frac{1}{30}$	$\frac{1}{3}$
$\frac{1}{30}$ " $\frac{1}{50}$	$\frac{1}{5}$ (nearly)

I had formerly been in the habit of using Mannhardt's and Jäger's types as the tests of the patient's sight. In the above table, I have reduced them to those of Snellen. In every case, with a very few exceptions, the vision has been tested by the patient's power of reading the larger types when he stood exactly twenty (English) feet from them. For this purpose I have employed Nos. 23 to 18 (inclusive).

A person (with his refraction corrected, if necessary) reading:

At 20 feet, has an acuteness of vision (S) of:		
No. 18 (Jäger)	= XVIII (Snellen)...	$\frac{20}{18} = \frac{10}{9}$
" 19 "	= XXVI "	$\frac{20}{19} = \frac{2}{3}$ (about)
" 20 "	= XXXVIII "	$\frac{20}{20} = \frac{1}{2}$ (about)
" 21 (Mannhardt)	= LXX "	$\frac{20}{21} = \frac{2}{3}$
" 22 "	= LXXXIV "	$\frac{20}{22} = \frac{10}{11}$
" 23 "	= cc (about) "	$\frac{20}{23} = \frac{2}{3}$ (about)

If these equations be not strictly true, still they are perfectly applicable to the question I wish to solve, which is one of a purely relative nature. A glance at the table proves the important fact that the acuity of vision (S) exhibits a progressive diminution as the degree of hypermetropia rises. This would tend to show, that the imperfect development of the retina proceeds *pari passu* with that of the eyeball generally.

Indeed, in one hypermetropic patient, I observed an amblyopia quite equal in amount to that which is, as I shall directly revert to, witnessed in an eye which has squinted for many years.

CASE VIII. Thomas C., an Essex schoolmaster, aged 67, consulted me in August 1863, on account of his having observed the sight of the right eye gradually failing him for the previous six months. He was so amblyopic with this eye, that with or without glasses he could read no type, however large, if it were any distance off; but with a 9-inch convex glass, he was able to read No. 19 (a very large type) at eight inches. With the left, on the contrary, he read No. 19 as far as twenty feet off with a 30-inch convex glass; and No. 1 (the most minute type) with a 9-inch convex glass at eight inches off. There existed then, firstly, a slight degree of hypermetropia; and, secondly, a high degree of presbyopia. In addition to the extreme amblyopia of the right

* When I visited Professor Donders' clinique at Utrecht in 1860, I copied, and subsequently had reprinted in London, a series of large types, with which, up to the time of Dr. Snellen's introducing his improved test-types, I determined the far-point in patients. I had always thought these large types were the ones Jäger introduced as supplementary to the third edition of his well known book of types. But Dr. Snellen, in a recent communication, informs me that Nos. 21, 22, and 23, of the ones I have for the last five years been using, are those of Dr. Mannhardt of Hamburg. I have here to express my obligation to Dr. Snellen in assisting me in forming the table of equivalents to which this note refers. In the calculations, I have neglected the fact that S decreases somewhat, especially in advanced age. This error is of no account, as but few of the cases in the table are over forty years of age.

eye, its field of vision was limited to a circumscribed area around the yellow spot. Now, the interesting fact in this case was, that both fundi oculi appeared identical. In both, the optic papilla was bright at its centre; in both, the choroidal vessels were very clearly seen; in both, the direct image was seen without an eye-piece (hypermetropic refraction); in neither, were any morbid changes to be detected. In a letter, dated Feb. 1st, 1865, he writes me, "My right eye is no better; my left as perfect as ever."

Donders has also remarked the diminution of the acuteness of vision in hypermetropic eyes. He says "that, even after the correction of the astigmatism of the hypermetropia, the acuteness of vision usually remains rather considerably below the normal." (*On the Anomalies of Accommodation and Refraction of the Eye*, p. 255.) Yet, when we come to inspect such eyes with the ophthalmoscope, we can detect nothing morbid (as we do in all the higher degrees of myopia), if we except the low degree of refractive power of the organ.

The only explanation that I can give of the amblyopia in these cases is, as I have before said, that the retina is imperfectly developed—an hypothesis which future anatomical investigation may one day verify; but which the ophthalmoscope is at present powerless in revealing. Admitting such a predisposition to imperfect visual perception, we might *a priori* assume that, in an eye which has not participated in vision for perhaps many years, the perceptive faculty of the retina becomes so blunted, or altogether practically abolished, as to constitute in it what I venture to designate as a condition of *functional paralysis*, or as Donders terms it, a "loss of physiological sensibility through psychical exclusion", or inertia.

This assumption is fully borne out by facts. Of thirty-three accurately observed cases of convergent squint, in no fewer than twenty-six was the acuity of vision of the squinting eye less than that of the usually straight eye; the average ratio of the one to the other being indeed as low as 1 to 6. What influence the age of the patient, the degree and duration of the squint, the degree of the hypermetropia, severally and jointly exert on the acuity of vision, I am not in a position to say. One fact, however, I can vouch for; that is, the utter inadequacy of the ophthalmoscope in explaining this diminution of vision—as in all the cases I have ever examined, I never remember having seen anything further abnormal than a hypermetropic refraction of the eye.

I think, then, we may fairly admit some such predisposing case, as I have above suggested, to explain the whole case. For it is a well known fact that, under other circumstances, an eye may be excluded from vision for years without any paralysis of the retina ensuing. Mr. Soden relates a remarkable case of the kind, in which he removed a cataract of seventy-six years' standing, and the patient regained her sight.*

I have myself operated on a similar case.

CASE IX. Thomas B., a middle aged man, in the employ of an eminent engineering firm, consulted me last October, on account of the sight of his right eye having begun to fail him for the last two months; so that he could not recognise a person's features at forty or fifty yards; but I found he could read No. 22 at twenty feet, and that the eye was emmetropic. Focal illumination showed that the impairment of vision was due to commencing cataract, there being several peripheral opaque striæ in the lens. On

examining his other eye, I found the pupil blocked up by dead white, perfectly opaque lens-capsule; and, on further inquiry, learnt that he had been *blind of this eye for thirty years*, from a thorn striking it when beating cover. He would not at first hear of any operation on the left eye, as he said he was convinced that it was irremediably lost. However, as he had excellent perception of light with this eye, I at last induced him to submit to an operation on it. This consisted in my removing nearly all the opaque capsule with cannula-forceps; but some lens-matter that remained behind, set up repeated attacks of slight recurrent iritis, for which I performed iridectomy. These attacks at last ceased; and he regained sufficient vision with the eye to enable him to recognise objects readily and to read a large-sized type (No. 16).

I have often been asked by practitioners, Do you recommend operating early for squint? Certainly, if the squint be confirmed, as early as possible, if the patient is not to lose the sight of the squinting eye. Such an unfortunately too common occurrence entails two evils. In the first place, the patient loses binocular vision—not so small a loss as may be imagined; and, what is more important, should he by any chance lose the sight of his straight eye—a chance to which a one-eyed person is especially liable from his imperfect power of judging of distance—from an accident, from inflammation, etc., he becomes reduced to a state of altogether irremediable blindness. A case, of another kind however, in which this very nearly happened, actually took place in a patient on whom I operated.

CASE X. A woman, 44 years of age, had had for nine months soft cataract in the right eye; but, as she had the left eye sound to go on with, she never troubled herself about the loss of sight in the other eye. But on May 23rd, 1864, she met with a very curious accident. She was a needle-woman by occupation, and had the habit of carrying her scissors suspended round her waist by a piece of elastic. A dog, seeing the scissors dangling at her side, jumped up in play and snapped at them; he did not succeed in catching them, but they rebounded from his mouth and struck the patient's left eye. On examining the eye, I found a vertical linear wound of the cornea, a wound of the upper part of the iris, the anterior chamber filled with blood, the fundus not illuminable, and vision reduced to mere perception of light. In another ten days, the eyeball was so disorganised, that I was compelled to remove it; and shortly afterwards I began to endeavour to procure the absorption of the soft cataract in the right eye by repeated punctures, extending over a period of about five months. The ultimate result has, fortunately for her, turned out most brilliant. When I last tested her vision, Jan. 19th, 1865, she was able to read No. 1 (Jäger) with her reading-glass (+3), and XL (Snellen) at fifteen feet with her distance-glass (+5). I may incidentally mention that, in this case, I adopted the expedient of having the two lenses, for reading and distance respectively, set in one (reversible) frame—a practical hint worthy of noting in all cases of operated cataracts in which only one eye is used in vision.

I shall, finally, advert to another and distinct functional disease of the eye which has been, very properly I conceive, termed by Dr. Hughlings Jackson "epilepsy of the retina." It is characterised by transitory loss of vision; the patient partially or wholly loses his sight for a varying period, and then again recovers it in all its previous integrity. The ophthalmoscope reveals no morbid conditions of the fundus oculi. In many cases, the patient has previously suffered from genuine epileptic seizures,

* A great part of the preceding remarks on convergent strabismus—written originally for this JOURNAL—is incorporated in my recent work on the *Optical Defects of the Eye*.

either amounting to actual fits, or only to an aura epileptica.

The following are two of some instances which I have seen of epilepsy of the retina.

CASE XI. Stephen P., aged 22, had had two years before I saw him an attack of epilepsy, of which (he said) the effects lasted for three days. On recovering, he found the left eye closed (ptosis), and he could not open it for seven days. From that time, he had had no further fits. He did not remember his sight failing him for any time, or immediately before the fit. What he now complained to me of was, that about once a week or fortnight he would lose his sight for a time, but that he recovered it again. I found that he was amblyopic with the left eye, and appeared to be slightly myopic with both. With the ophthalmoscope, I detected neither a hypermetropic nor a myopic refraction of the eye; the optic discs were reddish, their contours rather ill-defined; the vessels were rather small; there was an appearance of tension in the internal tissues.

CASE XII. A man, aged 21, a year ago, whilst at work, found a "mist" come over his eyes sufficiently dense to obscure objects around him. He has ever since been subject to these attacks every four or five weeks. They last for from five minutes to half an hour at a time; the average being a quarter of an hour. During an attack, he can see his way about, and even read with difficulty. He has never had any fits, but occasionally feels giddy. After one of his attacks, he feels sickish and has a headache.

I am quite aware how imperfect is the above sketch that I have ventured to offer on these obscure functional impairments of the retina. It is necessarily so, from the comparatively slight amount of attention the subject has hitherto commanded. Imperfect as it is, I trust, however, that it may prove sufficiently suggestive to induce others to follow up what I cannot help considering as a most interesting and important study, not only for the ophthalmologist, but for all who are interested in the investigation of disease generally.

CARCINOMA OF THE STOMACH.

By JOHN RICHARD WARDELL, M.D., M.R.C.P., Physician to the Tunbridge Wells Infirmary.

[Concluded from page 639.]

To attempt to assign any real or regular cause of cancer, would be at the best but a vain endeavour; and all that we can assert, in the present state of our knowledge, are mere hypotheses and vague surmises, which are either not borne out, or are absolutely refuted, by the facts which accumulated cases present. We know, however, that some occult cause, whatever it may be, effects a very potent change in the fluids; that it institutes some morbid condition of the blood capable of favouring the genesis of those flagrant cell-growths known as malignant. We see this condition in persons whose bodily conformation and external appearances are most opposite; sometimes in the ruddy and muscular, as well as in the pale and attenuated. The belief of many that it is an hereditary disease is a creed which has long been entertained, and one that is becoming still more prevalent; for certain it is that, in many instances, other members of a family are, upon inquiry, found to have died of the same disease. Nor is the acknowledgment of this transmission by inheritance at all inconsistent with what we know of the vital properties of the organism. Absolute cancerous material cannot be transmitted with the germ; but some hidden, inscrutable impress is transmissible, which impress at a remote period favours the development

of that product; and we must confess that it cannot be entirely divested of any material relations. We know that other diseases, as tuberculosis, gout, insanity, are hereditary; and there is no reason why the cancerous diathesis should not be transmitted in like manner. That constitutional tendency is, however, very greatly promoted or retarded by the operation of external agencies; and there is no doubt that a high state of civilisation conduces to its progress and results. With the exception of the uterus, there is no organ so prone to cancer as the stomach; numerical data in our own and other countries having abundantly attested this fact. Men are more decidedly prone to it than women, probably on account of their more intemperate habits, greater exposure to vicissitudes of temperature, and greater mental anxieties. Some few instances are given of its occurrence before the age of thirty. It is, however, very seldom observed before the age of thirty-five; far more frequently in those approximating fifty, and in still more advanced life. It belongs to those heterogeneous changes in the assimilation of the tissues which proclaim declension of vital power, and are intimately associated with age. There is no reason for believing that one class is more prone to it, or enjoys a greater immunity from it, than another. We meet with it in persons occupying every social position—in the well-nourished, as well as in the half-starved; in those who live in the country, as well as those who live in cities.

In the great majority of examples, it is primary cancer which affects the stomach. This organ may, it is true, be the seat of the secondary form; but such cases are mere exceptions to a great general rule. The lymphatic glands may become contaminated by the presence of the disease in neighbouring viscera; as, for example, when the head of the pancreas, the liver, the spleen, the omentum or mesentery, are affected. Some pathologists have affirmed that it is the colloid variety which is most generally found in the stomach. It would, I think, more correctly express the fact, if we say that it is the scirrhus-colloid which is most frequently met with in that particular situation—the hard, fibred basic substance upon which is superimposed the gelatiniform, locular mass. Colloid may and does coexist with the villous, encephaloid, and melanotic forms; but these combinations are not nearly so often observed. The carcinomatous matter is infiltrated into the areolar tissue; because, in such loose and comparatively unresisting structure, it there finds less opposition to its deposit. In the course of time, the muscular and other tissues become encroached upon, and cancerous cells are formed within the muscular filamentous sheaths, the molecular constituents of the muscles being absolutely displaced and occupied by the new formations. One of the great characteristics of carcinoma is displacement and occupation. The product which is substituted not only does not possess the secretory capabilities of the parts removed, but it gravely interferes with the functions of the organ or organs which it has selected as its *habitat*. Again, the vitiated secretions, which are poured out into a hollow viscus, confer additional disorder. Carcinoma of the stomach fully illustrates this evil. The large jelly-like mass, by mixing its perverted exudations with the gastric juice, so injuriously operates upon the normal qualities of that fluid as to render it quite unequal to the due performance of its office; hence one cause of the sour ejections, the dyspepsia, the occasional attacks of diarrhoea, and that gradual diminution of flesh and strength, which an impaired chyme must inevitably produce. The encephaloid variety grows most rapidly; the scirrhus most slowly. Scirrhus and colloid may exist in the stomach for

years before they destroy; the encephaloid will produce a fatal issue in the course of a few months. The one typifies the acute, the other the chronic form. The encephaloid and scirrhus are considered to give the most pain; the colloid the least. The loculi or alveoli, which are so characteristic of the colloid, are formed simply by irregular infiltration; they vary in size and configuration, according to the circumferential pressure, the amount of fibrous tissue, and their deep or superficial position. In the stomach and peritoneum, the colloid mass is more diffuse and less nodular than when deposited in glandular structures. Microscopic investigation has in latter years cleared up much that was previously obscure respecting the ultimate structure of cancer; and, by this acquired knowledge, diagnosis has been rendered much more certain than it was when mainly based upon clinical observation and empirical practice. Cancer-cells are regarded by Lebert as modified lymph-cells, often monstrously altered in size. Collis says they present more or less resemblance to typical forms; and in any specimens there will be much variation in the size and outline of individual cells, yet with much elementary similarity in the tumour. Lebert describes the colloid cells as being large, pale, oval, round, or tubular, lying in clusters. There are also small granular irregularly shaped corpuscles, which are regarded as cancer-cells hindered in their development. The pyloric end of the stomach is most prone to carcinoma; next in frequency, the cardiac orifice; after that situation, the lesser curvature. The splenic end is least liable to the affection. It is a curious fact—nevertheless, one which is true—that the deposit is rarely or never seen to extend into the duodenum; and the only reason why this abrupt termination thus obtains appears to be, that the duodenum is far more scantily supplied with areolar tissue than the stomach. The mass may present much resemblance to effused lymph; and it should not be forgotten that lymph will sometimes be deposited in the walls of the stomach, especially towards the pylorus, to considerable extent. But the malignant growth is much less uniform in its configuration; and there is not superficial softness in mere lymphic deposit. When the disease pervades the cardiac orifice, the growth will extend into the œsophagus, and cause organic stricture. When the liver becomes secondarily affected, the germs are transferred by the lymphatics and the veins, especially by the latter; because, it should be remembered, the gastric veins run to the liver. The reason why the lungs are not implicated in carcinoma of the stomach, is supposed to be on account of the cancer-cells being too large to pass through the hepatic lobular plexus. When the liver has become carcinomatous, sometimes unevenness and pitting may be felt on its surface. I have known this in marked manner when there has been much emaciation. The stomach is often found agglutinated to the liver, and more especially when the disease is at the pylorus. When the growth at the pyloric orifice becomes considerable, the pylorus will fall into the right iliac fossa, simulating tumour or impaction at the ileo-cæcal junction. I recently saw a case which I believe to be very illustrative of this fact. Rokitsansky has known the pylorus to touch the symphysis pubis. We have seen in Case iv above recorded, that even when the mass hangs from the lesser curvature, the pain may be chiefly referred to the right fossa. This is a fact which, in a practical point of view, is of much importance. This falling down can, of course, only be when there is no attachment to neighbouring viscera. On reference to Case iv, it is stated that the patient was always in the least pain when in the

erect position. The autopsy fully explained this peculiarity. The mass was pressed upon in the sitting or lying postures; but, on the resumption of the erect position, it would hang tolerably free in the gastric cavity.

The symptoms by which this formidable disease can be recognised are, in the earlier date of the affection, often obscure, and by no means easy of interpretation. When it has made progress, the diagnosis becomes comparatively easy. Sometimes it happens that the complaint has considerably advanced before it was even suspected. Again, it occasionally occurs, as Dr. Watson has remarked, without from first to last presenting any pathognomonic symptoms at all. It usually begins with dull, aching pain at the epigastrium, sour eructations, and an uneasy feeling of fulness and distension, which are at first merely attributed to indigestion; afterwards, there are loss of appetite, depression of spirits, and, curiously enough, an unwonted petulance and irritability of temper. The tongue is comparatively clean; nor is there any symptomatic fever. Costiveness, alternating with occasional attacks of diarrhoea, supervenes, doubtless caused by undigested food and that butyric fermentation which the unhealthy secretions from the cancerous surface are known to produce. No symptom, however, augurs greater import than the loss of flesh; and, if accompanied with the yellowish dusky cachexia, in addition to the more obvious and ordinary symptoms, the prognosis must needs be most unfavourable. When the ordinary stomachic remedies fail, and the wasting goes on, there can be but little doubt of malignancy. As the complaint advances, vomiting generally comes on. In two of the foregoing cases, it came on immediately after eating. In both, the disease was at the cardiac end of the stomach. In Case ii, where there was partial stricture of the œsophagus, the food was instantly rejected. In all the cases, the ejections were invariably sour. Sometimes there will be mixed with the glairy mucus black or coffee-grounds looking flakes, the results of hæmorrhagic exudation, or the erosion of some of the smaller vessels; or there may be active hæmorrhage. This symptom is in the latter stage. At the first, simple ulcer may be simulated; but, in simple ulcer, the pain is not so persistent, nor so sharp and lancinating; it occupies but a small area; and the rest of the mucous membrane is healthy, and there is little or no loss of flesh. When the orifices are not obstructed, sickness is less urgent, and the patient lives longer. When the pylorus is the seat, a special train of phenomena supervene. This orifice becomes gradually narrower until positive occlusion well-nigh results; the imperfectly digested food can then but with great difficulty pass through the contracted portals; the stomach labours to overcome the obstruction; and the applied hand can feel a vermicular movement resulting from its efforts. By this excess of action, and the abnormal gases which are generated by perverted secretion, the organ becomes large, and percussion elicits preternatural resonance. When there is constricted pylorus, the intestines are empty, and the belly drawn in—a condition which is seen in some other forms of disease; for example, in typhus, when there is diminished chyle and great deoxidation of the tissues. When the cardiac orifice is the seat of the tumour, the swallowed morsel gives rise to pain immediately after its descent into the œsophagus. There will then be instant rejection, or (Case ii) the food will feel to stick as it were at the epigastrium; and the pain to which such obstruction gives rise is excessively severe. When the growth is in the lesser curvature, it very generally extends to one or both orifices. In Case iv, it did not do so. Sickness may

be a distressing symptom even when the inlet and outlet are free from disease. The mental faculties usually keep clear to the last. In all of the above examples, this was the case.

I have said the diagnosis is more difficult at the first than afterwards. When the affection has progressed, palpation will assist the formation of an opinion very materially. Pressure gives pain at some circumscribed spot. This pain often radiates through into the back. Frequently, a large, irregular, hard substance can be felt in the right epigastric region, between the mesial line and the right false ribs. The movement of this substance gives pain. When the cardium is the site of the growth, some thickening can be discerned (after emaciation has progressed) towards the splenic end of the organ. The patient's description of the pain should never be disregarded. Sharp, stabbing, hot, burning, were terms employed by the patients whose cases have been given above. We should bear in mind that the pain may simulate that of renal calculi, of ordinary hepatic pain, of tumour in the posterior mediastinum, of abdominal aneurism, of lumbago. There may, however, be but little pain, as sometimes little vomiting, from first to last. I have known carcinoma of the uterus be attended with scarcely any pain. If the branches of the par vagum enter the mass, there will be great suffering. If the tumour lie in front of the abdominal aorta, it will be lifted up by the pulsations, and simulate aneurism. Negative and stethoscopic facts will, however, guard us against such a mistake. In chronic or acute irritation of the gastric mucous membrane, the pain is diffuse, and referred to the entire epigastrium—not circumscribed as in malignant tumour. The ejected matters will assist in some measure in arriving at a correct diagnosis, not only as regards the true nature of the disease, but as to its particular position in the organ. Under the microscope, cells of a specific character can, on careful examination, be discovered mixed with the vomited fluids. If the growth be at the pylorus, the food will be partially digested; if at the cardium, it will generally be little altered. If there be much blood, we should suspect the encephaloid or melanotic variety. Notwithstanding all the foregoing rules for observation, necroscopy will from time to time reveal conditions unsuspected, and disappoint us by not displaying those which we had anticipated.

Some time ago I was requested by Mr. Hutchinson of Lamberhurst to see with him a patient who had long been affected with persistent stomach-disease. There was no very decided cachectic expression; yet he got thinner, and his condition caused anxiety. The tongue was livid, flabby, smooth, creamy; the appetite impaired; the epigastrium full and resonant. Pressure gave pain, which was not localised, but diffused over the whole region. There was pain after meals, but no vomiting. The urine was voided in normal quantity; specific gravity 1015; excess of triple phosphates. I gave it as my opinion, notwithstanding the loss of flesh and other doubtful symptoms, that his case was not malignant. Mineral acids, bitter infusions, morphia at bedtime, and a regulated diet, were followed by gradual improvement; and for more than twelve months he has been quite well. An in-patient was admitted into the infirmary under my care several months ago, in the person of a tall, powerful woman, who had been servant in a gentleman's family. For more than half a year she had had epigastric pain, and more especially after eating. She looked sallow, anæmic; and had become thinner. Her spirits were much depressed, and she believed she laboured under a fatal malady. A medical opinion had been given sus-

pecting cancer. I was written to by the lady with whom she had lived, respecting her going into the Cancer Hospital. The epigastrium was rounded and resonant; no tumour; no hardness; and pressure gave diffuse dull pain, which did not lancinate into the back. Tongue creamy, flabby, not loaded. Right hypochondrium duller than normal. I expressed my decided opinion that her affection was not cancer. A blister to the epigastrium, a mixture with infusion of rhubarb and calumba and the bicarbonate of soda, with small doses of strychnine, mild mercurial alteratives, and an easily digested and nourishing diet, were followed by speedy improvement. She soon left the hospital well, and her health continues good at this date.

In saying a word relative to treatment, there cannot be much discrepancy of opinion upon this head. When we are impressed with the belief of the existence of malignancy, the remedies can only be palliatives, or at most such as are deemed to possess the power of retarding the progress of the complaint. All depressing mental emotions should be avoided, as well as every description of ingesta which might irritate the lining membrane of the stomach. The food should be light, digestible, and nourishing. Solids are to be utterly discarded. The various farinaceous articles of diet are to be taken; and these may be advantageously given in combination with soups, broths, and jellies; new laid eggs, milk (mixed with lime-water when there is acidity), pounded meats, and like bland articles of food. With regard to medicines, the nitrate of bismuth, as a mineral astringent, has been much lauded. It may be given in combination with hydrocyanic acid and some bitter infusion. When there is excess of acidity, the aqua calcis is preferable to the other antacids. If this be not employed, Brandish's alkaline solution, with some aromatic water, will be found serviceable. Morphia, henbane, and conium I have found of great service, even at the earlier stage, in tranquillising the nervous system and giving sleep. When the disease shall have advanced, morphia is the all-important remedy. When sulphuretted hydrogen is developed, the creasote pills produce much benefit. The bowels may be regulated by pills of aqueous extract of aloes, extract of belladonna, and quinine. An opium and belladonna plaster to the stomach has a comforting effect; and towards the close, when the pain becomes excessive, opiate epithems are not to be omitted. When the stomach will not retain food, nutritive enemata may advantageously be employed.

DANGER OF INJECTIONS INTO ANEURISMS. A man in the Aix Hospital had a traumatic aneurism of the brachial artery at the elbow-joint. Compression was tried for a month, but failed. M. Goyrand therefore injected into the tumour five drops of perchloride of iron. The aneurism at once became firmer, the thrill of it ceased, the pulsation in it was less, but still continued. A second similar injection was therefore tried. Immediately thereupon the whole hand became pale; the sensation in the fingers was most painful; the temperature was lowered. The hand was like that of a dead person. All pulsation of the tumour had ceased. Frictions and hot applications were applied to the hand. On the next day, a blue circle was seen at the finger and gradually increased. Deep pain was felt in the hand. Eventually the hand was separated at the wrist by dry gangrene, and the man left the hospital cured in a month. The accident was accounted for by supposing that a clot of fibrine had been driven into the ulnar and radial arteries.

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IS THE COLLEGE OF SURGEONS PROPERLY GOVERNED?

It may be well for us to take this particular occasion of the College of Surgeons' election of Councillors, to bring prominently before the profession its anomalous government; and thereby to illustrate the necessity (so long insisted on by us) of a reconstruction of its Charters. The time will soon come, we venture to prophesy, when the profession will not only cease to wonder at our persevering criticisms of the Institution, but will express surprise that such a government could have ever existed.

Assuredly, the present Charters are not suited to these times. They were obtained by those who had command of the entire good things of the College—who regarded those things as, in some sense, their private property; and having, were resolved to keep, the possession in their hands. Unfortunately, the spirit which directed the acts of those who were in power when the present Charters were obtained, has steadily survived even to the present time; but it is a spirit which is dissonant from common sense and common justice, and which, therefore, cannot long survive the judgment of modern opinion. And, happily, we can see approaching the end of misrule; and we think that we may fairly claim the thanks of the profession for having been the first to attack in earnest the bad system; to lay bare its unseemliness; and to point out the right path of reform.

When we first spoke of, and as, year after year, we insisted on, the necessity for a new Charter, votes by voting-papers for country Fellows, and separation of the Court of Examiners from the Council of the College, we excited the ridicule of some and the wrath of others. But what a change has since come over Fellows' minds! The old system of re-election of Councillors has been ruthlessly arrested; and now candidates for the Council find themselves compelled to make the most liberal confession and promises as the passport to their admission! Ay! candidates enter the Council pledged to assist in obtaining the very reforms which we have so long been maintaining as essential! Could a more striking justification be given of the propriety of the course which we have steadily and firmly pursued in this matter?

The inquiry which we now propose to make may be entered into by asking, What is the meaning of the annual and eager contest for seats in the Council?

The answer is, it is the annual contest for a desirable, but *in futuro*, prize—an examinership—for

an office which, when obtained, it is the practice to hold for life; and worth, some say, at least £400 a-year.* Few, indeed, are they who seek the Councillorship solely for the purpose of being Councillors.

The office of Councillor is merely a post of moderate honour and of considerable labour. It is not worth, in a money point of view, the outlay it involves. The fees to be paid by a Councillor, on taking office, are twenty pounds; and a man must be a long time in office before he recoups himself this sum.

But why, an ordinary person might say, should a Fellow, who has no mind for the work, be forced to pass perhaps eight, ten, or even more years in the Council in order that he may become an Examiner? Does the Charter require this? No! nothing of the kind. The Charter says that Fellows who are not on the Council, may be elected Examiners. But the Council—or rather the Court of Examiners, which rules the Council—say:—We will do nothing of the kind; we know what is wanted better than the Charter does; the office of Examiner is, and always has been, the property of senior London surgeons, and descends to them according to seniority. The older men are, the better Examiners they make; and, at all events, custom and old habits lead us to regard the office as our legitimate property, and we mean to hold to it as such. As for electing as Examiner a man not on the Council, merely because he is a first-rate teacher of anatomy, or physiology, or surgery, it is out of the question, and contrary to all precedent. Mr. Paget and Mr. Hewett might (as you say) make very good Examiners; but the idea of elevating them, young men, over the heads of numbers of their seniors, grey haired veterans, who are, and have been long, waiting their proper rotation turn of seniority for the coveted prize, is really outrageous! Their turn will come all in proper time. To be sure, some six or eight years hence, they may not be quite as well up in physiology and anatomy, as they now are; but then they will know quite as much as others do, and quite enough for the purpose of choosing good surgeons. The lucrative office of Examiner is (as we determine it) vested in, and appertaining to, London surgeons, to be held by them according to seniority, and held for life. Fellows, as far as we can manage it, shall come into the Council according to seniority; and from the Council they shall, as vacancies occur, and according to their behaviour there and antecedents, be draughted into the Court of Examiners.

Now let us note the necessary practical working of this mode of dealing with the Examinerships.

* On this, as on so many other points, the Council do not think it right to give the profession any distinct information. The fees of Examiners are in the published balance-sheet of the College expenditure, mixed up under the same head with "coals, law expenses, wages, salaries, diploma stamps, auditors, etc." This compound item of disbursement—including *Councils and Examiners' Fees!*—in the list for 1861 (lying before us), amounts to £-831.

As Examiners, by the system of quinquennial re-elections, virtually hold office for life, and as Examiners are (by the system) all chosen out of the Council, vacancies in the Examinerships are few and far between. Then, as the practice, till lately, has been to re-elect retiring Councillors, and to elect new Councillors from the College list of Fellows according to seniority, Fellows do not become Councillors until at about (on an average) the mature age of from 50 to 60. Then, again, as they must necessarily remain several years in office as Councillors before their "turn" comes for being made Examiners, it can rarely happen that a man is made Examiner before the age of 60 and upwards. And thus it is that, long after men have ceased to teach surgery, long after they have ceased to study or teach anatomy and physiology, both whilst overwhelmed with the cares of large London practice, and even after they have retired from practice, they still hold the office of Examiner.

And now, we ask, Is this system in accordance with the best interests of the College and of medical science? No one will, we suppose, assert that Examinerships were established for the benefit of senior London hospital surgeons; and no one will, we think, venture to assert that it is for the best interests of the profession that they should be held solely by London surgeons according to seniority. Nevertheless, it is thus that they have hitherto been held, and held contrary to the spirit and intention of the Charters under which Examiners are elected. Thus, in truth, the very evils which the last Charters were obtained to remedy are still maintained in vigorous operation.

Surely, therefore, we are thoroughly justified in making this inquiry—in asking, Is the government of the Royal College of Surgeons carried on in full accordance with the best interests of medicine? Are not the interests of medicine sacrificed to private interests? Surely we are so justified, when we find the express intentions of the Charters ignored by those who govern under them; when we see the College governed, not by the spirit, but by the letter of the Charters.

We will venture to say, that not in the wide world can such another system of management be found in operation, as that which at present prevails in the Royal College of Surgeons of England. Let us for a moment try the system, by seeing how Examiners are elected in other kindred corporations.

We suppose every one will concede that the system of the University of London may be regarded as something approaching to a model system; to one which represents the opinion of the present day. Now, the Examiners of the London University are elected *annually* by the Senate. No member of Senate is eligible as an Examiner; and no Examiner is eligible for election more than four years consecutively. Ex-

aminers, moreover, are elected out of the whole body of the profession.*

And let us see who the men are, thus elected by those whose sole object is to put the right men in the vacant places—to get the best Examiners. Are they taken by seniority, as at the College of Surgeons? Nothing of the sort. The London University selects for its Examiners men of the following stamp—men of the following age and standing in the profession: Drs. Sibson, Parkes, Tyler Smith, West, Braxton Hicks, Priestley, Frederick Farre, Garrod, Habershon, Guy, and Odling; Messrs. Hilton, Erichsen, Viner Ellis, Redfern, Savory, and Huxley. These are the sort of men selected for Examiners by those who do not assist in electing themselves, and whose only object and desire are to get the best men for the work.

The men whom we have here named are chosen Examiners by the London University, all in the strength and vigour of their age and scientific labours; and all of them up to the level of the science of the day. Do not their very names, as selected Examiners, irresistibly condemn by comparison the system of self-election by seniority which prevails in Lincoln's Inn Fields?

Then, again, we ask, on what principle of right or reason is it that the Examinership of the Royal College of Surgeons should be held for life? One of the express objects of the Charter was to do away with these life-appointments. But of what avail was the introduction into the Charter of quinquennial election of Examiners, if Examiners are systematically re-elected into office, and virtually re-elected by themselves? Will any one believe—will the Council of the College venture to assert—that this system of life-holding of Examinerships is the system best adapted to the interests of the College and of the profession?

Let us see how it works. Under this life system, only a comparatively very small number of the Fellows of the College can ever become Examiners. But why should the public, and the profession, and the College, be deprived of the services of the many highly educated surgeons and anatomists found in the body of Fellows of the College; and solely in order that a privileged few may enjoy the benefits, and, as it is very wrongly regarded, the rights of life-Examinerships?

And, we ask, again, why should not these very high and much sought for prizes of Examinerships be open to distinguished men of science of the rising generation of Fellows—open to them, also, at a time when the very money value of the prize would be an

* The Senate, in fact, advertise annually for and elect candidates; the Examinerships being open to all qualified candidates. Since these lines were written, we see, by an advertisement, that Dr. Sibson resigns his Examinership because he has been elected to the Senate of the University. But the College of Surgeons does exactly the reverse. It says: You shall not be an Examiner unless you are in our Senate.

exceeding boon—during the early struggles of professional life? On what principles of right, reason, or justice, is the good thing to be bestowed upon those only who have already won their way to wealth and honour and advanced age, who are, it may be, overwhelmed with the business of private practice, and to whom the mere duties of Examinership must be ever a weariness and a drudgery?*

Surely, it is not because a bad system has been long permitted to exist, and has become (so to say) consecrated by time and custom and familiarity, that therefore it should be for ever continued; and what can the warmest defenders of the system here spoken of say in its defence, except that "it has been the custom."

Such a state of things can only exist so long as the profession is ignorant and apathetic, but cannot long survive the force of professional sentiment when brought to bear against it. To expose is to condemn it.

And we would observe that, in saying all this, we say it not to the blame of individuals, but to the condemnation only of the system which has been passed into their hands for administration. Our sole desire is to rescue the College from the unfortunate groove in which it is running; and we believe its rescue is to be found only in a new Charter. The College possesses, and has long possessed, powers enough under its present Charters for its reformation; but it has never used those powers. As every one knows, many Fellows have of late years entered the Council on reforming principles, under the idea of compelling the Council to obey the spirit of the Charter. But what have they effected? They enter the Council; and we hear no more of them, or of their promises, until their names are announced as Examiners, or until they offer themselves for re-election as Councillors! Never yet in one single instance has the Council carried into action the new and liberal spirit of its latest Charter. It has power to elect, as its President and Vice-President, Councillors who are not members of the Court of Examiners; but it has never done so. It has power—we might say it is enjoined by its Charter—to elect as Examiners Fellows who are not members of Council; but it has never done so; it has invariably elected members of Council only. Examiners once held office for life; but, under the present Charter, they are elected to office for the

term of five years only, and are so elected for the very purpose of doing away with the life-holding system. Being, however, re-eligible, the Examiners have been invariably re-elected to office by the Council, or rather we should say, by themselves; the Examiners' influence being predominant within Council. And in this way has the office of Examiner been maintained as a life-office, contrary to the spirit and the very intention of the new Charter; and in this way have been maintained the worst evils of the old system, spite of the Charter which was obtained for their express removal.

Despite, therefore, of the "infusion of new blood", as it is called, into the Council, despite of the election (from which so much was expected) of *soi-disant* reformers into the Council, all these things negating and violating the spirit of the Charter still go on just as they have ever done. Therefore have we lost faith in reforming candidates for office. We blame them not; it is the system which is at fault. *Les choses sont plus fortes que les hommes.* In Council, the Fellow soon finds he must forget the lessons which he learnt and the promises he made out of office. The temptation to discretion is great; and the value of the wise word, "Silence is gold," is soon forcibly brought home to him within the Council-chamber. A reforming Councillor must of necessity be antagonistic to the Court of Examiners. But to have the Examiners (who rule in Council) hostile to the Councillor is to have that Councillor excluded from the benefits of a seat in the Court of Examiners. And therefore is it most evident that only a new Charter can bring relief—a Charter which *compels*, not simply permits, the Council to carry its spirit into action. That a new Charter must, at any rate, be had, is certain; for it is impossible much longer to refuse to the country Fellows that small modicum of justice which they claim—a vote by voting-papers.

In conclusion, we would say that, in what is here set down, we sincerely believe that we have not misstated in the smallest particular the actual facts; and we can most conscientiously repeat, that we have thus plainly detailed them for one only object—the good of the profession—to enlighten the general ignorance of the profession on the subject. We believe that our medical brethren, from one end of the kingdom to the other, will agree with us that it is not well for the profession that the Examiners of the College of Surgeons should be elected to office at sixty years of age and upwards; nor that, being so elected, they should hold office for the remainder of their lives;* that it is neither right nor well that Examiners should assist in electing and re-electing themselves to office; and that it is not well that the

* On this score, we may usefully quote the words of Sir B. Brodie, as taken from his *Autobiography*: "My own view of the matter is, that while hospital surgeons somewhat advanced in their profession should be the principal element in a Court of Examiners, it will be well to have conjoined with them a certain number of younger men, fresh from their anatomical studies, who, not being much engaged in practice, would have more leisure to bestow on the anatomical part of the examination than the elders of the profession." And the words of Mr. Lawrence, spoken thirty years ago before a Committee of the House of Commons: "I think that many competent Examiners might be found between the age of 25 and 36; and, if men of sufficient eminence could be found younger than 36, I see no objection to their being Examiners."

* Calculating from the date of membership, as given in the College list, the following represents, we believe, a pretty accurate view of the ages of present examiners; 82, 76, 69, 67, 66, 65, 63, 62, 60.

mere seniority of Fellows as London and hospital surgeons should be the accepted passport to the office of Examiner.† We firmly believe that every impartial member of the profession, when master of the facts of the case, will agree with us that the connexion of the Council with the Court of Examiners is an unnatural connexion; that no Examiner ought to be a member of Council, or assist in his own election; and that, in truth, the presence of Examiners in the Council is the main producer of all the evils we here tell of; that Examiners should be elected annually, and elected by the Council indifferently from out of the whole body of Fellows—the best men being taken, independently of age or seniority; that no Fellow should hold office as Examiner for more than three or five years, nor be eligible for re-election when his term has expired; that the prize of an Examinership should not be reserved for a few favoured senior London surgeons, but that it should be open to all Fellows of the College, and bestowed on those to whom it would naturally be given if the Council had no other object in view in the election than that of obtaining for the College the most competent Examiners.

THE LOCALISATION OF SPEECH.

M. VELPEAU has for the moment rather puzzled M. Bouillaud, who has again been ventilating, in the Academy of Medicine, his favourite theory of the localisation of speech in the anterior lobes of the brain. M. Bouillaud has, it appears, offered a prize to any one who can produce a case of lesion of the anterior lobes unaccompanied with affection of the speech. To this prize M. Velpeau says he thinks to lay claim. "No one," replies Bouillaud, "is more worthy of it."

"What I fear is," rejoins Velpeau, "that your prize will be like Delpech's. Delpech asserted that it was impossible to cure fracture of the neck of the femur without deformity, and offered 2,000 francs to any one who could show him such a case. To all the cases, however, which were sent to him, he took exception; but, having at last become convinced of the fact, he announced in the journals that he had at length himself met with such a case, and had, therefore, adjudged the prize to himself!"

M. Bouillaud replied to the spiritual Velpeau, that he was not a Gascon,* though he lived near Gascony; and that he should certainly with pleasure give the prize when gained. The prize was small, it is

true; but, if he had been in M. Velpeau's position, he would have made it ten times greater.

"As for the amount of the prize," replies Velpeau, "that signifies nothing; if I gain it, I shall give it to the Medical Benevolent Fund. My case is this. In 1844, a most talkative *perruquier* entered La Charité for incontinence of urine. He was remarkable for his incessant loquacity, his jokes, and his cynicism. He died at the end of seventeen days, but never ceased talking. The day of his death, he spoke, and answered properly all questions. There was nothing to suggest any disease of the brain. The brain was examined incidentally; and the anterior lobes were absent. They were, in fact, both of them replaced by a tumour as large a hen's egg, of a scirrhous nature. What says M. Bouillaud to this case?"

"If M. Velpeau will present me a similar case," was the reply, "I will give him the prize."

"Oh," says M. Velpeau, "the case is perfectly authentic, and on record. There is no need of a second case."

M. Delpech then joins in, and declares that he himself had made the autopsy; that he had presented the specimen to the Anatomical Society; and that the case was unanswerable. Says M. Bouillaud:

"I declare the fact impossible, and that the *interne* who made the autopsy witnessed a miracle! You may call me mad, if you please; but I will never believe that an injury of the two anterior lobes of the brain can exist without any disturbance of the speech or of the intelligence."

M. Velpeau: "I think M. Bouillaud is going beyond the limits of scientific discussion. It is a matter of indifference to me where the regulation of speech resides. I have no wish to upset M. Bouillaud's theories. But, after all, we must confess that we know very little about the functions of the brain; and it seems rash at present to localise a faculty in any particular part. As for a second case, I certainly shall not attempt to find one; it belongs to the future; and the demand reminds me of the amusing reply of the embalmer Gannal. He assured us that his process would preserve bodies for two thousand years; and, when we told him he was joking, he replied, 'Well, you will see!'"

M. Bouillaud then asked the Academy to appoint a committee to decide whether the prize was gained; but M. Velpeau, having told his tale, declined to have anything to do with it.

On the 27th ultimo, Dr. Acland of Oxford delivered the Harveian Oration at the Royal College of Physicians, before a very crowded audience. The Prince of Wales, Mr. Gladstone, and other celebrities, were present. Dr. Acland devoted his discourse to a discussion of the doctrine of final causes. He especially referred to Comte's denial of the doctrine, as exemplified by him in the case of the crystalline lens. Comte asserted, that the lens was not only of no use, but that it was worse than useless, in that in its diseased state it prevented the use of the eye. Dr. Acland showed, by reference to very recent ophthalmological observations, the error of this crucial in-

* In 1834, the late Sir B. Brodie said on this point before a Committee of the House of Commons:—

"With respect to the College of Surgeons, I can say first what the Court of Examiners ought not to be. The mode of electing them ought not to be that which it is at present (1831). The Examiners are now appointed according to seniority, or nearly so. The Examiners ought to be those of whom there is reason to believe that they are the best qualified for the office, whether they are the younger members of the body or the older ones."

In the sense of these very words were the new Charters of the College framed; but, nevertheless, thirty years after they were spoken, the very system which was condemned by Sir B. Brodie and Mr. Lawrence, and which those Charters were to have reformed, is still in as vigorous operation as ever!

* Gascons are notorious jokers!

stance of Comte's—the exact use of the lens having been demonstrated. The lens has been shown to undergo alteration of form during vision, so as to adapt the organ to the varying distances of objects. Dr. Acland paid an eloquent tribute to the genius of Harvey; and deduced from his writings the conclusion that his method of observation was correct; that he did not allow his scientific observations to be swayed by any theological dogmas; but followed out the true path of scientific research fearlessly and to the end. There are hopes and distant aspirations, Dr. Acland said, which science cannot satisfy. This Harvey acknowledged; and admitted also that there were sentiments which the heart alone can feel. Dr. Acland's oration was a most highly polished address, worthy of the University which he represented and of the College. This was the first occasion on which it was ever given in English; and we think we may safely say, that it was never listened to by a more numerous audience, consisting mainly of the *élite* of the profession.

In the House of Commons last week, Lord C. Paget was asked by Sir J. Pakington,

“Why surgeons in the Royal Navy had been recently appointed to do assistant-surgeons' duty, and if it be owing to a scarcity of the latter officers, or that there are no candidates on the list for admission into the medical service of the navy; and if the Admiralty had taken any steps to remove so great an evil. To this he replied, that several young surgeons had been lately appointed on promotion, particularly on foreign stations, in order to retain their services on board ship, and with the view of keeping young surgeons well employed, as there was always more or less difficulty in keeping the places of assistant-surgeons filled, there being so much employment for them elsewhere. The Admiralty were certainly not in a great want of assistant-surgeons; but the young surgeons were employed to do surgeons' duty with the view of keeping them from going into private practice. The Admiralty did not think it necessary to take any steps for giving additional facilities for assistant-surgeons entering the service.”

Now, this answer is a complete official blind, and a direct perversion of the real facts of the case, which, as we are informed on the best authority, are as follows. It is positively true that there are at the present time no naval assistant-surgeons available for service, and that there are no candidates for office on the list; the necessary consequence of which is, that the authorities are forced to appoint surgeons to do assistant-surgeons' duty. Moreover, all our naval hospitals are in want of assistants, and none are to be had. Lord C. Paget, indeed, deserves the praise of having exercised the highest art of officialism on this occasion; viz., of taking credit for excellent management, whilst explaining away a truth most damaging to the credit of the department over which he rules. If we remember rightly, this is not the first time he has shown ability in this crafty art of statesmanship. The statement that young surgeons

are appointed to do assistant-surgeons' work, in order to keep their hands in, is, we are informed, accurately untrue. They are so appointed out of pure necessity; viz., because assistants are not to be had. Lord Paget, again, speaks of *young* naval surgeons out of employ as if they were as plenty as blackberries. We have heard, of late, nothing but complaints of slowness of promotion; and have, therefore, no belief whatever in the abundance of these *young* surgeons. Now here, as we said a few weeks ago, is a case in which the profession has the game distinctly in its own hands. Will it play it out successfully? Will it take warning from the error committed in the case of the Army Medical Department? Let medical candidates only continue to abstain from applying at the Admiralty, and the required reform in the Naval Medical Department is secured. We urge our professional brethren to do their best to prevent candidates from offering their services to the navy until those services are duly acknowledged by proper treatment.

An application has been made to the College of Physicians by the Committee appointed in France to carry out the erecting of a monument to Dr. Jenner. Our readers may remember that the scheme is of very many years' standing; but it is now likely to be soon carried out. By decree imperial, permission has been lately obtained for raising the statue at Boulogne. But the Committee are still met with a difficulty—want of funds—to complete the design. The College, considering the liberality shown by France, America, and other foreign nations, in subscribing to the monument of Jenner once erected in Trafalgar Square, and afterwards removed to Kensington Gardens for the admiration of nurses and children, have decided to forward £25 for the purposes of the Boulogne statue.

THE College of Physicians, on the 26th ult., adopted a letter drawn up by the President and Censors, addressed, in the name of the College, to the Secretary of War and the First Lord of the Admiralty. The letter calls attention to the fact of discontent being universal in the army and navy medical services; that our best men do not enter those services; and that medical lecturers throughout the kingdom advise their pupils not to enter them under present conditions. The College deplores, for the sake of the soldier and the sailor, this unfortunate state of things—this antagonism between the profession and the public services; and respectfully hopes that the army and navy authorities will take steps to remove the sources of discontent, which must necessarily be seriously prejudicial to the interests of the soldier and the sailor. The College expresses a belief that a return to the Warrant of 1858, a guarantee of its

being faithfully carried out, and the giving of a definite position to the army and navy medical officers, would remove the discontent now existing, and be the means of inducing the best educated men to enter the service. The College has, in fact, we are glad to see, accepted the recommendations of its own Committee; but, instead of making an appeal to Parliament, has thought it better to write to the Secretary of War and the First Lord of the Admiralty.

THE Metropolitan Counties Branch will hold its thirteenth annual meeting at 3 P.M. on Tuesday next, under the presidency of Dr. Sieveking. The meeting will be followed by a dinner at half-past five, at which also Dr. Sieveking will take the chair. We trust that the high professional position of the President on the occasion, and the esteem in which he is held by his brethren, will secure a full attendance of the members of the Branch and of their friends. We are glad to learn that the Branch is in a prosperous state; and that its numerical strength will present an increase over that of last year.

At the recent annual meetings of the Lancashire and Cheshire and of the South-Eastern Branches, resolutions in favour of the BRITISH MEDICAL JOURNAL were proposed and carried without dissent. The vote of the Lancashire and Cheshire Branch, proposed by Dr. Waters and seconded by Mr. Steele of Liverpool, was:

"That the members of the Branch desire to express their entire satisfaction with the JOURNAL, and to record their undiminished confidence in the ability and judgment displayed by the editor in its management."

The South-Eastern Branch, on the 22nd, agreed to the following resolution, proposed by Mr. Heckstall Smith of St. Mary Cray, and seconded by Dr. Carpenter of Croydon.

"That, in the opinion of this meeting, the JOURNAL has greatly improved under the management of Dr. Markham, and is worthy of support."

We can honestly say that we have endeavoured to raise and maintain the character of the JOURNAL; and, naturally, we feel highly gratified and encouraged by these repeated and independent expressions of confidence in our management of it, on the part of the Branches of the Association.

Professor Matteucci has been nominated to the post of Director of the Museum of Natural History in Florence, in the room of the late Marquis Ridolfi.

Dr. Giuseppe Giglioli, Professor of Anthropology in the University of Pisa, has lately died. He for some time practised law at Bologna, but in 1831 was obliged to expatriate himself; and, after taking the degree of M.D. in Edinburgh, he practised medicine in England until his return to his country in 1848.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-third Annual Meeting of the British Medical Association will be held at Leamington, on Tuesday, Wednesday, Thursday, and Friday, the 1st, 2nd, 3rd, and 4th days of August next.

President—G. E. PAGET, M.D. Cantab.

President-elect—S. J. JEAFFRESON, M.D. Cantab.

The Address in Medicine will be delivered by W. STOKES, M.D., Regius Professor of Physic in the University of Dublin.

The Address in Surgery will be delivered by JAMES SYME, F.R.S.Ed., Professor of Clinical Surgery in the University of Edinburgh.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, May 16th, 1865.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held at Birmingham, June 22nd, 1865.

PRESENT—Sir Charles Hastings, M.D., D.C.L., etc. (in the Chair); Mr. Bartleet; Dr. Bryan; Mr. Clayton; Dr. Falconer; Dr. Richardson; Mr. Southam; Dr. Stewart; Dr. Wade; Dr. Wilkinson; and Mr. Watkin Williams (General Secretary).

Resolved: That this Committee is desirous to co-operate with the Medical Association of Ireland in forwarding the objects stated in Dr. Mackesy's letter.

Resolved: That the public, under the privilege of the President, be permitted to attend the meetings of the Association at which the discussions take place. (a.) On Scientific Medicine. (b.) On State Medicine.

Resolved: That the Report of the Charter Subcommittee, the Draft-Charter, and the Petition to Her Majesty, be printed as a supplement to the BRITISH MEDICAL JOURNAL, at as early a date as possible.

The Report to be presented at the Annual Meeting was approved of.

The Programme for the Annual Meeting was approved of.

T. WATKIN WILLIAMS, *Gen. Sec.*

13, Newhall Street, Birmingham, June 26th, 1865.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 4th, 3 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 4, 12 noon.
WEST SOMERSET. [Annual.]	Clarke's Castle Hotel, Taunton.	Tuesday, July 4, 2.30 P.M.
BATH AND BRISTOL. [Annual.]	Philosophical Institu- tion, Bristol.	Thursday, July 13, 4.45 P.M.
EAST ANGLIAN. [Annual.]	Council Chamber, Town Hall, Ipswich.	Friday, July 14th, 2 P.M.

METROPOLITAN COUNTIES BRANCH.

THE Thirteenth Annual Meeting of the Metropolitan Counties Branch will be held at the Crystal Palace, Sydenham, on Tuesday, July 4th, at 3 P.M.

President for 1864-65 CHAS. F. J. LORD, Esq.

President-elect for 1865-66... E. H. SIEVEKING, M.D.

After the meeting, the members and their friends will dine together; E. H. SIEVEKING, M.D., in the Chair. Dinner on the table at 5.30 P.M. precisely.

A. P. STEWART, M.D. } Hon. Secs.
ALEXANDER HENRY, M.D. }

74, Grosvenor Street, June 1865.

WEST SOMERSET BRANCH.

THE Annual Meeting of the West Somerset Branch will be held at Clarke's Castle Hotel, Taunton, on Tuesday, July 4th, at 2.30 P.M.; HUGH NORRIS, Esq., President.

Gentlemen are requested to give notice to the Secretary of cases or papers they may wish to communicate.

W. M. KELLY, M.D., *Honorary Secretary.*

Taunton, June 1865.

NORTH WALES BRANCH.

THE Sixteenth Annual Meeting of the North Wales Branch will be held at the Royal Hotel, Rhyl, on Tuesday, July 4th, at 12 noon; JOHN R. HUGHES, M.D., President.

Gentlemen who may have papers and cases to communicate, will be good enough to forward the titles of the same without delay to the Secretary.

Dinner at 3 P.M.

D. KENT JONES, *Hon. Secretary.*

Beaumaris, June 1865.

BATH AND BRISTOL BRANCH.

THE Annual Meeting of the Bath and Bristol Branch will be held in the Philosophical Institution, Bristol, on Thursday, July 13th, at 4.45 P.M.; when R. W. FALCONER, M.D., President, will resign the Chair to F. BRITTAN, M.D., President-elect.

The dinner will be held at the Volunteer Club, Bristol, at 6.30 P.M.; F. BRITTAN, M.D., in the Chair.

HENRY MARSHALL, M.D. } Hon. Secs.
R. S. FOWLER. }

Clifton, July 26th, 1865.

EAST ANGLIAN BRANCH.

THE Annual Meeting of the East Anglian Branch will be held in the Council Chamber, Town Hall, Ipswich, on Friday, July 14th, at 2 P.M.; A. H. BARTLET, M.D., President.

Dinner at 5 P.M.

Members are requested to forward to Dr. Chevallier the titles of any papers or cases they may wish to communicate, on or before June 30th.

B. CHEVALLIER, M.D., *Hon. Secretary.*

Ipswich, June 14th, 1865.

HULL BRANCH: ANNUAL MEETING.

THE second Annual Meeting of this Branch was held at the Vittoria Hotel, on June 13th, 1865, at 5 P.M.; J. DOSSOR, Esq., President, in the Chair. The meeting was numerously attended; many visitors also being present.

Officers for 1865-6. All the officers were unanimously re-elected.

Papers. The following papers and communications were made.

1. Idiopathic Tetanus. By J. H. Gibson, Esq.
2. A Peculiar Form of Goitre. By K. King, M.D.
3. Poisoning by Strychnine. By H. Munroe, M.D., F.L.S.

4. A Peculiar Form of Abscess, with Microscopic Examination of Contents. By W. Hendry, Esq.

5. The Detection of Organic Impurities in Water. By T. Walton, Esq.

The papers read at the meeting will be forwarded for publication in the JOURNAL.

Dinner. At half-past six o'clock, an excellent dinner was provided at the Vittoria Hotel. The President (J. DOSSOR, Esq.), as an old member of the Association, made some very encouraging remarks as to the progress which the British Medical Association of late years had made. He hoped shortly to see the names of many more members of the profession added to its list. The profession at large had derived already much benefit from the Association; and, by unanimity of feeling and co-operation of its members, much good might yet be accomplished.

A very interesting discussion too place, as to the gratuitous services of medical men to charitable institutions.

Dr. MUNROE hoped the time would soon arrive when every member of the profession would be amply and justly paid for his services; and that charitable institutions, the noblest monuments of England's greatness, would yet reward the medical man for his labours. If the members of the medical profession would be true to themselves, the remedy for the grievance is in their own hands. Mr. BROWNIDGE, Mr. CARNLEY, and Mr. GIBSON advanced further arguments in favour of the services of medical men being remunerated. Dr. KING, with great judgment and much charitable feeling, spoke somewhat in favour of the present system carried on at most of our charitable institutions, believing that the medical officer's true and independent position would be interfered with if he were paid for his services. Many other topics were broached and discussed by the members, tending to the advancement of the *status* of the medical man. A very pleasant evening was passed.

BIRMINGHAM AND MIDLAND COUNTIES
BRANCH: ANNUAL MEETING.

THE Annual Meeting of this Branch was held at the Hen and Chickens Hotel, Birmingham, June 13, under the Presidency of Dr. JAMES RUSSELL. There were also present, T. J. Anbin, Esq. (Kingswinford); E. Bartlett, Esq. (Campden); T. H. Bartlett, M.B.; J. Bassett, Esq.; C. E. Busigny, Esq. (Ombersley); H. D. Carden, Esq. (Worcester); T. A. Carter, M.D. (Leamington); M. H. Clayton, Esq.; H. Downes, Esq. (Handsworth); T. Ebbage, Esq. (Leamington); D. Everett, Esq. (Worcester); G. Fayrer, M.D. (Henley-in-Arden); A. Fleming, M.D.; Bell Fletcher, M.D.; B. W. Foster, M.D.; J. S. Gaunt, Esq. (Alvechurch); Dr. Harrison (Walsall); G. Jones, Esq.; F. Jordan, Esq.; E. S. Machin, Esq. (Erdington); J. Manley, Esq. (West Bromwich); F. A. Nesbitt, Esq. (Wolverhampton); Langston Parker, Esq.; J. Scurrah, M.D.; H. E. F. Shaw, Esq. (Sutton Coldfield); J. V. Solomon, Esq.; T. Swain, Esq.; W. F. Wade, M.B.; C. Warden, M.D.; T. Watkin Williams, Esq.; G. Yates, Esq. (Paradise Street).

Report of Council. Dr. WADE (Honorary Secretary) read the Report of the Council, which congratulated the members upon the continued success of the Branch, as shown by the number of its members, and by the excellence of the papers which had formed the subject of discussion during the past year. The

formation of the Medical Provident Society was dwelt upon as the most important medical event of the last twelve months; and the members were strongly urged to take advantage of its provisions. The Council also congratulated the Branch upon the excellence of its choice in electing Mr. Bartleet of Campden, Dr. Fayer of Henley-in-Arden, and Mr. John Clay of Birmingham, as its representatives on the Board of Directors of the Medical Provident Society. The experience of these gentlemen (particularly of Mr. Clay, who drew up the tables afterwards approved by Mr. Finlaison) had been of the greatest service in starting the new movement upon sound financial principles.

The Report was adopted, and ordered to be entered on the minutes.

The Report of the Treasurer (Mr. Watkin Williams), which had been audited by Mr. Alfred Baker and Mr. Clayton, was also approved and adopted.

Election of Officers and Council. Dr. T. A. Carter of Leamington was unanimously appointed President-elect for the ensuing year.

The following appointments were also made.

Members of Council. Country Members: E. H. Coleman, Esq. (Wolverhampton); D. Everett, Esq. (Worcester); G. Fayer, M.D. (Henley-in-Arden); J. S. Gaunt, Esq. (Alvechurch); W. J. Kite, Esq. (West Bromwich); J. E. Male, Esq. (Leamington); H. E. F. Shaw, Esq. (Sutton Coldfield); W. Smith, Esq. (Redditch). *Town Members:* Alfred Baker, Esq.; M. H. Clayton, Esq.; J. Clay, Esq.; J. J. Hadley, Esq.; F. Jordan, Esq.; Langston Parker, Esq.; Oliver Pemberton, Esq.; J. F. West, Esq.

Representatives of the Branch in the General Council of the Association. Alfred Baker, Esq.; E. Bartleet, Esq.; H. D. Carden, Esq.; M. H. Clayton, Esq.; D. Everett, Esq.; G. Fayer, M.D.; O. Pemberton, Esq.; J. Russell, M.D.; and W. F. Wade, M.B. (*ex officio*).

Directors of Medical Provident Society. Sir Charles Hastings, M.D.; H. D. Carden, Esq.; and G. Fayer, M.D., were elected.

President's Address. The President (Dr. RUSSELL) then delivered a very apposite and thoughtful address, for which a vote of thanks was accorded to him by acclamation.

Dinner. The members and their friends subsequently dined together at the Hen and Chickens Hotel—Dr. Russell in the Chair, and Dr. Carter (President-elect) in the Vice-chair; and a most agreeable evening was spent.

EXTRAORDINARY LONGEVITY. The obituary in *The Times* of June 21st and 22nd, contain some rare illustrations of prolonged life, in the case of six ladies and the same number of gentlemen whose united ages amounted to 1,044 years, giving an average of exactly 87 years to each; the eldest lady having reached 94 and the youngest 81 years of age, the eldest gentleman being 95 and the youngest 81 years of age.

UNIVERSITY OF LONDON. Dr. Sibson has been elected a member of the Senate of the University of London, and has therefore resigned his Examinership in Medicine at the University. The appointment is in the hands of the government; but at every third election of Senate, convocation is permitted to send up three names, and the government selects him who has the largest number of votes. Dr. Sibson on this occasion had the majority, 280 votes. In consequence of Dr. Sibson's election to the Senate, a vacancy occurs in the office of Examiner in Medicine at the University. Candidates must send in their applications to the Registrar before July 8th.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, June 26th, 1865, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Cheadle, Walter Butler, M.D. Cantab., 8, Old Cavendish Street
Leighton, Edmund Thomas, M.B. Cantab., 4, Henrietta Street, Cavendish Square

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Belcher, Paul, Burton-on-Trent
Birtch, John, M.D., Fingal, Canada West
Collins, Charles Phillips, Maidstone
Evans, John Tasker, M.D. Aberdeen, Hertford
Moore, Thomas, Cradley Heath
Plowman, Richard, Bridgewater
Pointon, James, Huyton, Lancashire
Thursfield, Thomas William, M.D. Aberdeen, Kidderminster

The following gentlemen were reported by the examiners to have passed the *first part* of the Professional Examination for the Licence of the College:—

Arnold, John, St. Bartholomew's Hospital
Budd, Herbert Golding, Guy's Hospital
Burn, William Barnett, St. Bartholomew's Hospital
Dalton, Benjamin Neale, Guy's Hospital
Elliott, Arthur Bowes, Guy's Hospital
Lamb, Barnabas Walter, St. Bartholomew's Hospital
Morris, Henry, Guy's Hospital
Parsons, Frederick William, King's College
Plowman, Richard, St. Thomas's Hospital
Randall, John George, St. Mary's Hospital
Sedgwick, Henry, St. Bartholomew's Hospital
Square, William, St. Bartholomew's Hospital

Fellows elected on June 26th:—

Austie, Francis E., M.D. Lond.
Dickinson, William H., M.D. Cantab.
Hicks, John Braxton, M.D. Lond.
Keinion, George, M.D. Edin.
Roberts, William, M.D. Lond.
Sankey, William H. O., M.D. Lond.
Washbourn, Thomas E., M.D. Lond.

APOTHECARIES' HALL. On June 22nd, 1865, the following Licentiates were admitted:—

Jeffreys, Richard, Portland Road Villas
Lucas, Herbert, Hitchin
March, John, New Wandsworth, Surrey
Marriott, Henry Thomas, Colston Bassett, Notts
Mason, Samuel, Teignmouth, Devon
Rowlands, James David, Carmarthen

At the same Court, the following passed the first examination:—

Cheetham, Joseph Priestnall, Guy's Hospital
Smith, Frederick Walter, St. Thomas's Hospital

APPOINTMENTS.

*WELLS, J. Soelberg, Esq., elected Professor of Ophthalmology in King's College.

ARMY.

CHAPPEL, Staff-Surgeon R. A., to be Surgeon Royal Artillery.
CLARK, J. E., Esq., Assistant-Surgeon 22nd Foot, to be Assistant-Surgeon 38th Foot, vice T. Wright.
CUNY-GHAME, Staff-Assistant-Surgeon R. J. B., M.D., to be Assistant-Surgeon Rifle Brigade, vice A. Guthrie, M.D.
DEMPSTER, Staff-Surgeon C. C., to be Surgeon Royal Artillery.
DRYSDALE, Staff-Surgeon A. K., to be Surgeon Royal Artillery.
GALBRAITH, Staff-Surgeon-Major G. T., M.D., to be Surgeon 71st Foot, vice W. Barrett, M.B.
GALBRAITH, Staff-Surgeon-Major G. T., M.D., from half-pay, to be Staff-Surgeon-Major, vice A. K. Drysdale.
GASCOYNE, Staff-Assistant-Surgeon G. E., to be Assistant-Surgeon Royal Artillery.
GIBAUT, Staff-Surgeon W. M., to be Surgeon Royal Artillery.
GIBBONS, Surgeon J., 95th Foot, to be Surgeon Royal Artillery.
GIRAUD, Staff-Assistant-Surgeon B. T., M.D., to be Assistant-Surgeon 19th Hussars, vice G. R. Woolhouse.

HINTON, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 10th Hussars, *vice* I. G. Hooper.
 HOOPER, Staff-Surgeon L. G., to be Surgeon 104th Foot.
 HUTTON, Staff-Assistant-Surgeon G. A., to be Assistant-Surgeon 71st Foot, *vice* A. G. Young.
 KELLETT, Staff-Surgeon E. Y., to be Surgeon 101st Foot.
 MACBETH, Staff-Surgeon A. M., to be Surgeon 105th Foot.
 MACLEAN, Staff-Surgeon A., to be Surgeon Royal Artillery.
 MENZIES, Staff-Surgeon-Major E., to be Surgeon 19th Hussars.
 MENZIES, Staff-Surgeon R., to be Surgeon Royal Artillery.
 MILLS, Staff-Surgeon W. W., to be Surgeon Royal Artillery.
 MURPHY, Staff-Surg. T. J., to be Surgeon 95th Foot, *vice* J. Gibbons.
 NOOTT, Surgeon E. G., from half-pay, late 2nd Foot, to be Surgeon 108th Foot.
 O'DWYER, Staff-Assistant-Surgeon T. F., M.D., to be Assistant-Surgeon 20th Foot, *vice* J. E. Clark.
 POLLARD, Staff-Surgeon W. H., to be Surgeon 22nd Foot, *vice* R. B. Smyth, M.B.
 REID, Staff-Surgeon T. B., to be Surgeon Royal Artillery.
 RENNIE, Staff-Surgeon D. F., M.D., to be Surgeon 20th Hussars.
 RICKETTS, Staff-Surgeon C., to be Surgeon Royal Artillery.
 SINCLAIR, Staff-Surgeon E. M., to be Surgeon Royal Artillery.
 SMYTH, Surgeon R. B., M.B., 22nd Foot, to be Surgeon 102nd Foot.
 STUART, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 13th Foot, *vice* P. N. Jackson.
 THOMPSON, Surgeon-Major J. A. W., M.D., 86th Foot, to be Surgeon-Major Royal Artillery.
 TURNBULL, Staff-Surgeon G. A., to be Surgeon 21st Hussars.
 WOOLHOUSE, Assistant-Surgeon G. R., 19th Hussars, to be Staff-Assistant-Surgeon, *vice* B. T. Giraud, M.D.
 WRIGHT, Staff-Surgeon T., to be Surgeon 80th Foot, *vice* Surgeon-Major J. A. W. Thompson, M.D.

To be Staff-Surgeons:—

CHAPPLE, Assistant-Surgeon R. A., Royal Artillery.
 DE CHAUMONT, Staff-Assistant-Surgeon F. S. B. F., M.D., *vice* E. M. Sinclair, M.D.
 DEMPSTER, Staff-Assistant-Surgeon C. C.
 DUNLOP, Staff-Surgeon J. M.D., from half-pay, *vice* E. Menzies.
 GUTHRIE, Assistant-Surg. A., M.D., Rifle Brigade, *vice* R. Menzies.
 HOOPER, Assistant-Surgeon L. G., 10th Hussars.
 HUISE, Staff-Surgeon H., M.D., from half-pay, *vice* G. A. Turnbull.
 HUMFREY, Staff-Assistant-Surgeon A., *vice* A. M. Macheth.
 JACKSON, Assistant-Surgeon P. N., 13th Foot, *vice* W. W. Mills.
 KELLETT, Staff-Assistant-Surgeon E. Y.
 LUNDY, Staff-Assistant-Surgeon E. L., *vice* T. B. Reid.
 MACLEAN, Assistant-Surgeon A., Royal Artillery.
 MURPHY, Assistant-Surgeon T. J., M.D.
 POLLARD, Assistant-Surgeon W. H., Royal Artillery.
 RICKETTS, Assistant-Surgeon C., Royal Artillery.
 WOODMAN, Surgeon G. T., M.D., from half-pay, 39th Foot, *vice* D. F. Rennie, M.D.
 WRIGHT, Assistant-Surgeon T., 38th Foot.
 YOUNG, Assistant-Surgeon A. G., 60th Foot, *vice* W. M. Gibaut.

MILITIA.

SPURGIN, H. B., Esq., to be Assistant-Surgeon Northamptonshire and Rutland Militia.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

FINLEY, H., M.D., to be Assistant-Surgeon 31st Lanarkshire R.V.
 MAURITZ, R. H., Esq., to be Honorary Assistant-Surgeon 7th Cheshire R.V.
 PERRY, R., M.D., to be Surgeon 31st Lanarkshire R.V.
 YEARNAN, G., M.D., to be Assistant-Surgeon 31st Lanarkshire R.V.

KING'S COLLEGE. Mr. Soelberg Wells, Ophthalmic Surgeon to King's College Hospital, has been elected Professor of Ophthalmology in King's College.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. On June 26th, the following officers were elected for the ensuing year. *Censors:* A. Farre, M.D.; W. R. Basham, M.D.; H. Davies, M.D.; G. Johnson, M.D. *Treasurer:* J. Alderson, M.D. *Registrar:* H. A. Pitman, M.D. *Librarian:* W. Munk, M.D. *Examiners:*—(a) *On the Subjects of General Education:* F. Hawkins, M.D.; W. Munk, M.D.; H. Thompson, M.D. (b) *On the Subjects of Professional Education. Anatomy and Physiology:* C. H. Jones, M.B.; W. O. Markham, M.D. *Materia Medica, Chemistry, etc.:* G. O. Rees, M.D.; A. S. Taylor, M.D. *Principles and Practice of Medicine:* T. A. Barker, M.D.; W. H. Walshe, M.D. *Midwifery and the Diseases peculiar to Women:* C. West, M.D.; R. Barnes, M.D. *Principles and Practice of Surgery:* C. G. De Morgan, Esq., F.R.C.S.; H. Coote, Esq., F.R.C.S. *Curators of the Museum:* J. Alderson, M.D.; G. H. Roe, M.D.; W. Wegg, M.D.; F. Sibson, M.D.

EPIDEMIOLOGICAL SOCIETY. A meeting of this Society will be held on Monday, July 3rd, at 37, Soho Square, when Dr. Weber will read a paper, communicated by Dr. Hirsch of Berlin, on the outbreak of cerebro-spinal meningitis in the district of Dantzic.

SURGEON TO THE QUEEN FOR SCOTLAND. We understand that Mr. James Spence, Professor of Surgery in the University of Edinburgh, has been appointed Surgeon in ordinary to the Queen, in room of the late Dr. David MacLagan. (*Edinburgh Courant.*)

A MEDICAL CERTIFICATE. Mr. Longfield while detailing the Wilde "scandal" in the House of Commons, thus spoke of a medical certificate. "And now I come to a gentleman, Mr. Hey, the surgeon of Leeds, who must be held to be a man of honour and conscience, and who was almost the only one that was not implicated with the Bethell family."

ARRIVAL OF DR. PRITCHARD IN EDINBURGH. On the 26th ult. Dr. Pritchard was brought to Edinburgh from Glasgow. The prisoner on alighting smiled at the curiosity that was manifested by the passengers, and talked apparently at his ease to the officer as he proceeded to the cab which was in waiting in front of the station. He was handcuffed.

DEATH OF DR. FERGUSON. The death of this eminent physician is announced to have taken place on Sunday last, at his residence, Ascot Lodge, Winkfield, near Windsor. The deceased gentleman was physician extraordinary to the Queen, as well as physician-accoucheur to her Majesty. He was formerly physician-general to the Lying-in Hospital, and principal physician and also professor of midwifery at King's College Hospital. He was the author of various medical productions, among which his work *On Puerperal Fever* is best known.

THE CASE OF MR. DEBENHAM. Last week the body of Thomas Solomon, the ship's painter, which had been hurriedly buried by the parish undertaker of Mile End Old Town three days after he was shot by Mr. R. Debenham, a surgeon, was exhumed by order of the Home Secretary. The exhumation of the body was carefully conducted at 7 o'clock in the evening in the presence of the deceased's brother, Mr. Smith, Mr. Thompson, a surgeon in the Mile End Road, appointed by Mr. Lewis, sen., of Ely Place, on the part of the accused, and a military surgeon and his assistant appointed by the Home Secretary. The body was in a rapid state of decomposition. The head was opened by the medical men appointed by the Home Secretary, and upon careful examination it was found that the ball had entered the left temple, passed right through the skull, and imbedded itself in the bone at the posterior part of the skull. The ball was removed, and the cause of death and the direction it had taken being most clearly established, the body was again buried.

THE CASE OF SHOOTING BY A SURGEON. At the Thames Police Court, on Monday, Mr. R. Debenham, surgeon, surrendered on his recognisances to answer a charge of manslaughter in killing Thomas Johnson. Mr. F. Tothill, surgeon, said that the body, when examined, was much decomposed. At the junction of the left temple with the parietal bone, a wound of somewhat circular form was detected. The blood was extravasated under the scalp, and permeated the whole of the cellular membrane. On removing the scalp, a similar hole was found corresponding with that on the temple; and the occipital bones were extensively fractured. The ball was found firmly imbedded in the right occipital bone at the back of the skull, two inches from the right ear, and somewhat

below it. The ball had taken an oblique direction from the left temple, just above the eye, to the back of the head, below the right ear. The wound was, no doubt, the cause of death. The distorted and jagged appearance of the ball was not caused by striking the temple and bones of the skull. The ball must have struck some hard substance before it entered the skull, which was unusually thin. The ball was a common conical ball. The ball was not found embedded in the thickest part of the bone, but in that bone in which the thickest part is placed. Mr. Lewis said the evidence of Mr. Tothill supported his theory that Mr. Debenham never fired at the deceased; and that the ball struck the brick wall, the corner of which was chipped, and, from the deflection, struck the deceased. Mr. Paget remarked, that the valuable evidence given by Mr. Tothill proved the wisdom of the step adopted by the Home Office, in ordering the exhumation of the body. The Magistrate committed the prisoner for trial for manslaughter, taking the same bail as before, Mr. Debenham's own personal recognisances in £4,000, and four responsible householders in £1,000 each.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M. Professor Hirsch (of Berlin), "On the Outbreak of Cerebro-Spinal Meningitis in the district of Dantzic."—Entomological.
WEDNESDAY. Obstetrical Society of London, 8 P.M. Association Medical Officers of Health (Anniversary).

TO CORRESPONDENTS.

*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE COMING ELECTIONS.—We are glad to hear that Mr. Clement has a very excellent chance of being successful as candidate to represent Shrewsbury in Parliament.

DEFERRED COMMUNICATIONS.—Owing to the pressure on our space arising from the publication of the Index in the present number, we are obliged to defer some reports of Branch meetings and other communications.

THE COUNCIL OF THE COLLEGE OF SURGEONS.—SIR: Hearing that a report is in circulation that I am no longer a candidate for the Council of the College of Surgeons, may I beg of you to state that such report is not correct.

I am, etc.,
Savile Row, June 29th, 1865.

CHARLES HAWKINS.

THE COLLEGE OF SURGEONS.—Dr. Marriott, F.R.C.S., Surgeon to the Leicester Infirmary, thus writes to us concerning Mr. Quain's claims to re-election to the Council of the College of Surgeons:—"Mr. Quain has, for years past, stood nearly alone in the advocacy of a more liberal action in the Council of the College of Surgeons. Mr. Quain has for many years been pre-eminently active in bringing forward liberal measures in the Council of the College of Surgeons; and, if they had been given force to, that College would no longer be the type of all that is slow and obstructive; would no longer need changes and advances forced upon it; but would stand forth as the vanguard among liberal educational institutions. Four times in the last ten years has Mr. Quain brought forward a motion for an annual meeting of the Fellows, at which the Council shall be present; all changes in voting, in examinations, etc., to be laid before the Fellows for their approval. Another motion, strongly urged by Mr. Quain, was, that no member of the Council shall be an Examiner; that the Court of Examiners shall consist of two sets—one of younger men, Fellows and Teachers of Anatomy and Physiology; the other of older men, to examine in Practical Surgery, etc.;—both sets of Examiners to be appointed for a limited period. Again, Mr. Quain attempted for some years, in vain, to establish a publication of the proceedings in the Council, with the names of the movers and seconders of resolutions, and a record of the votes of each member at divisions. During the past year it has been carried that a calendar, with an abstract of the proceedings, shall be published. He also attempted to make the Fellowship more accessible, without invalidating the searching nature of the examination. In 1848, Mr. Quain proposed that the Membership Examination should be divided, as it is at present; but he was told it was 'impossible'. In 1857, however, it passed into law, mainly through his efforts. Mr. Quain has not talked about 'reform'; but devoted his best energies, and struggled against a majority, to establish those principles of a free and liberal education, which, in the conscientious discharge of his duty, he felt to be for the advancement of the best interests of the whole medical profession."

AN OLD ADVERTISEMENT.—SIR: I met a few days ago with the enclosed advertisement, taken from a newspaper, date 1794. It might interest some of the readers of the JOURNAL.

I am, etc.,
Clifton, June 22nd, 1865.

CROSBY LEONARD.

"Pregnant ladies, whose situation require a temporary retirement, may be accommodated with apartments to lie-in, agreeably to their circumstances; and depend on being treated with honour, attention, and secrecy; their infants put out to nurse, and humanely taken care of, by applying to Mr. White, surgeon and midwife, or Mrs. White, midwife, No. 2, Loudon-House Yard, the north side of St. Paul's Church Yard. Where may be had the Restorative Salo Pills, at £1:2 per box, an effectual remedy to remove all obstructions and irregularities. Also, Mr. White's Address to the Community, respecting Concealed Pregnancy, well worth the attention of pregnant ladies in every situation of life. Price 1s. All letters (post paid) attended to."

COMMUNICATIONS have been received from:—Dr. J. RICHARD WARDELL; Mr. C. H. MARRIOTT; Dr. BOYCOTT; Dr. BALMAN; Mr. W. C. WALKER; THE HON. SEC. OF THE EPIDEMIOLOGICAL SOCIETY; Dr. J. SPURGIN; Mr. D. KENT JONES; Mr. WILLIAM COPNEY; Dr. C. HOLMAN; Dr. WESTALL; Dr. J. S. WARTER; Dr. W. F. WADE; Mr. FITZGERALD; Dr. MUNROE; A MEDICAL CERTIFICATE; Dr. THORNBURN; Dr. DICK; Mr. J. G. COOK; and Dr. W. ROBERTS.

BOOKS RECEIVED.

1. A Letter to Members of the House of Commons on Poor-Law Medical Relief. By R. Griffin. Weymouth: 1865.
2. Observations on Hay-Fever, Hay-Asthma, or Summer-Catarrh. By W. Abbotts Smith, M.D. London: 1865.
3. Contributions to assist the Study of Ovarian Physiology and Pathology. By C. G. Ritchie, M.D. London: 1865.
4. An Address, or rather an Appeal, to the Governors of the Huddersfield and Upper Abbrigg Infirmary. By T. R. Tatham, M.D. Nottingham: 1865.
5. Strictures on the Administration of Affairs pertaining to the Huddersfield and Upper Abbrigg Infirmary. By T. R. Tatham, M.D. Nottingham: 1865.

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